

Generali Central Sampoorn Loan Suraksha

Generali Central Sampoorn Loan Suraksha is a **Group, Non-linked, Non-participating (without profits), Pure Risk Premium, Credit Life Insurance Plan.**

Dreams and aspirations big or small, are milestones of a happy life.

And as your borrowers plan to achieve these dreams and aspirations, you need to ensure that their life's uncertainties do not come in the way. In case of an unfortunate event not only are their plans disrupted but also their family & loved ones have to bear the financial burden of loan repayment for a very long time.

We understand your customers, therefore when we don't just protect their loans and credits, we give assurance of peace of mind to them and their loved ones.

Presenting the Generali Central Sampoorn Loan Suraksha - a Single Premium Non-linked, Non-Participating (without profits), Pure Risk Premium, Credit Life Insurance Plan. This plan secures your assets against contingencies like death and critical illnesses by providing total financial protection to your borrowers.

Unique Product Benefits

- Generali Central Sampoorn Loan Suraksha is a Single Premium Group Credit Term Insurance Plan which has been designed specifically for the new/existing customers of financial institutions. The Plan secures the credit/loan by providing death and critical illness cover to the borrowers. . The Plan comes with 3 options:
 - i. Option1: **Base Cover:**
This option provides insurance cover on:
 - a. Death
 - ii. Option 2: **Base Cover + Standard Critical Illness Cover**
This option provides insurance cover for:
 - a. Death or
 - b. 6 Standard Critical Illness conditions, whichever occurs first
 - iii. Option 3: **Base Cover + Extended Critical Illness Cover**
This option provides insurance cover for:
 - a. Death or
 - b. 19 Extended Critical Illness conditions, whichever occurs first

Note - The critical illness conditions covered under Option 2 and Option 3 have been defined under section 'Insured Benefit'

- The Plan covers housing loan, loan against property, education loan, vehicle loan, personal loan, business loan, merchandise loan, consumer durable loan, credit card groups, asset backed loan, agriculture loan and gold loan.
- The Plan can be taken on a single life as well as on a joint life or as a co-borrower. On a joint life cover, a discount of 10% is applicable on each joint-life premium calculation. Joint-life / co-borrower will be allowed in case where there is a joint loan, provided there exists insurable interest between such members.

- In case of minor lives, policy can be taken only in case of joint life cover
- The Plan will be offered under the following variants:
 - **Reducing Cover** i.e. Under this variant, the Sum Assured (Life Cover) reduces in line with the Loan Schedule as provided in the Certificate of Insurance.
 - **Level Cover** i.e. Under this variant, the Sum Assured (Life Cover) remains fixed during the Coverage Term.
- Moratorium period from 1 month to 7 years is also available and the period is calculated in multiples of one month. Moratorium cover options available are
 - With payment of interest during the moratorium period
 - With no payment of interest during the moratorium period.

Plan Summary

Entry Age	Minimum: 14 years (in case of Education Loan) 18 years (in case of other loans) Maximum: 70 years
Maturity age	Minimum: 14 years and 3 months (in case of Education Loan) 18 years and 3 months (in case of Other loan) Maximum: 75 years
Sum Assured Range	Minimum: Rs 10,000 Maximum: No Limit (Will be based on the loan amount and is subject to Underwriting Policy) At no point in time the reduced cover shall be less than the minimum Sum Assured of Rs. 10,000
Policy Term Range	3 months to 360 months Policy term for a member shall not be greater than the initial loan tenure.
Premium Payment Term	Single Premium only
Minimum Group Size	20 members

Insured Benefit

	Option 1	Option 2	Option 3
Insured Event	Death	Death, or 6 standard Critical Illnesses, as defined below under list of critical illness conditions, whichever occurs first	Death, or 19 extended Critical Illnesses, as defined below under list of critical illness conditions, whichever occurs first

		Provided diagnosis of any of the covered critical illness occurs within lower of policy term and 10 years.	Provided diagnosis of any of the covered critical illness occurs within lower of policy term and 10 years.
List of Critical Illness Conditions	-	i) Cancer of specified Severity ii) Open Chest CABG iii) Myocardial Infarction (First Heart Attack of specific severity) iv) Kidney Failure requiring regular dialysis v) Major Organ / Bone Marrow Transplant vi) Stroke resulting in permanent symptoms Please refer to the Section "Definition-Critical Illness Conditions" for exclusions under the above mentioned critical illnesses	i) Cancer of specified Severity ii) Open chest CABG iii) Myocardial Infarction (First Heart Attack of specific severity) iv) Kidney Failure requiring regular dialysis v) Major Organ / Bone Marrow Transplant vi) Stroke resulting in permanent symptoms vii) Benign Brain Tumor viii) Coma of Specified Severity ix) End Stage Liver Failure x) End Stage Lung Failure xi) Open Heart Replacement or Repair of Heart Valve xii) Loss of Limbs xiii) Blindness xiv) Third Degree Burns xv) Major Head Trauma xvi) Permanent Paralysis of Limbs xvii) Loss of Independent Existence xviii) Apallic Syndrome xix) Major Surgery of Aorta Please refer to the Section "Definition- Critical Illness Conditions " for exclusions under the above mentioned critical illnesses
<p>Waiting period for Critical Illness Benefit (under Option 2 and 3):</p> <p>i. Waiting Period is 90 days from the date of Risk Commencement of the Policy or revival date (whichever is later)</p> <p>ii. No Critical Illness Benefit shall be payable under this Policy for the listed critical illness conditions, diagnosed or manifested within 90 days following the date of Risk Commencement of the Policy or revival date (whichever is later) and the Critical Illness Benefit under the Policy will terminate.</p> <p>iii. Waiting period in case of revival shall not be applicable if Policy is revived within 90 days of last premium due date and a continuous waiting period of 90 days has been served.</p>			
<p>Amount of Benefit payable on occurrence of insured event shall be as per Loan Schedule given in the Certificate of Insurance.</p>			
<p>Coverage Term for Critical Illness condition under Option 2 and Option 3 shall be lesser of 10 years</p>			

and Initial loan coverage term.

Under Option 2 and 3, for loans of tenure greater than 10 years, all benefits other than 'Critical Illness' Benefit shall continue as specified in the Certificate of Insurance.

Cover for Insured Member terminates on payment of benefit under any one of the insured events under the plan option.

Amount of Cover

	Single Life	Co-borrower	Joint Life Cases
Coverage Amount	Loan amount (Sum Assured) as per the Loan Schedule given in the Certificate of Insurance	His/her respective loan amount (Sum Assured) as per the Loan Schedule given in the Certificate of Insurance	Covered for 100% of loan amount (Sum Assured) as per the Loan Schedule given in the Certificate of Insurance
Amount Payable on Occurrence of Insured Event	In case of occurrence of any one of the insured events, the outstanding loan amount (Sum Assured) as on date of occurrence of the insured event as per the Loan Schedule given in the Certificate of Insurance is payable and coverage shall terminate	In case of occurrence of insured event with anyone/ each of the co-borrowers, his/her respective share of loan amount (Sum Assured) as on date of occurrence of the insured event as per the Loan Schedule given in the Certificate of Insurance is payable	In case of occurrence of any one of the insured events with any one the joint borrowers or in case of occurrence of any one of the insured events together for more than one joint borrowers, where all the borrowers are insured on the entire loan amount, only one claim of loan amount (Sum Assured) as on date of occurrence of the insured event as per the Loan Schedule given in the Certificate of Insurance is payable. No other benefit shall be payable and the policy shall terminate and the insurance cover will cease on surviving borrower(s).
Insurance Cover for surviving member	Not applicable	The Insurance Cover on the surviving member will continue for his/her respective loan share for the balance coverage term	No Insurance Cover for surviving member(s).

If Master Policyholder is a	To whom the Insured Benefit is Payable
1. Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Cooperative Banks) 2. NBFCs having Certificate of Registration from RBI 3. National Housing Bank (NHB) Regulated Housing Finance Companies 4. National Minority Development Finance Corporations (NMDFC) and its State Channelising Agencies 5. Small Finance Banks regulated by RBI 6. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such societies 7. Microfinance Companies registered under Section 8 of the Companies Act, 2013 8. Any other category as approved by IRDAI	Subject to terms and conditions of the Master Policy, the insured benefit will be directly payable to the Master Policyholder to the extent of outstanding loan amount, subject to consent / authorization provided by Insured member as part of the Member Enrollment Form; Insured Benefit amount in excess of outstanding loan amount (if any) will be paid to the Insured Member/Nominee/Beneficiary /Legal Heir of the Insured Member
Other Master Policyholders	Subject to terms and conditions of the Master Policy, the insured benefit will be paid directly to the Insured Member/nominee/beneficiary /legal heir or estate of the Insured Member

Maturity Benefit - There is no Maturity Benefit under this Plan

Definitions

Definitions of terms used:

- Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or any other country or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license; but excluding the Physician who is:
 - Insured/Policyholder himself or an agent of the Insured
 - Insurance Agent business partner(s) or employer/employee of the Insured or
 - A member of the Insured's immediate family.

1. Critical Illness Conditions

The Insured Member will be considered to be diagnosed with any of the below mentioned Critical Illnesses if he/she is conclusively diagnosed by a (panel of) specialist medical practitioners.

However, the same may be confirmed by an independent Medical Practitioner appointed by the Company. The cost of consultation in such case will be borne by the Company.

a. Cancer of specified Severity

A malignant tumor characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. 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
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- iii. Malignant melanoma that has not caused invasion beyond the epidermis
- 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 leukaemia 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

b. Open chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

c. Myocardial Infarction (First Heart Attack of specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- 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.

d. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

e. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells.
- iii. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

f. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii Vascular disease affecting only the eye or optic nerve or vestibular functions.

g. Benign Brain Tumour

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

- i. 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.

h. Coma of Specified Severity

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:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.
Coma resulting directly from alcohol or drug abuse is excluded.

i. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

j. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂<55mmHg); and
- iv. Dyspnea at rest.

k. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

l. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction.

Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

m. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

n. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted body surface area charts covering 20% of the body surface area.

o. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- i. 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;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- i. Spinal cord injury;

p. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

q. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact.

The definite diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioural responses to external stimuli
- iv. Preserved brain stem functions
- v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

r. Loss of Independent Existence

A definite diagnosis as a result of "disease or disorder" supported by objective medical evidence such as imaging or blood tests [before age 65] of a total inability to perform, by oneself, at least 3

out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery and despite medical treatment.

The Activities of Daily Living are:

- i. 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.
 - ii. Getting dressed and undressed: the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
 - iii. Feeding oneself: the ability to feed oneself when food has been prepared and made available.
 - iv. Maintaining personal hygiene: the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
 - v. Getting between rooms: the ability to get from room to room on a level floor.
- Getting in and out of bed: the ability to get out of bed into an upright chair or wheelchair and back again. The diagnosis has to be confirmed by a Specialist.

s. Major Surgery of Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta

Little Privileges, For You

Free-Look Period (Master Policyholder and Member)

For Master Policyholder:-In case you disagree with any of the terms and conditions of the policy/coverage, you can return the policy/Certificate of Insurance to the Company within 30 days of its receipt (whether received electronically or otherwise), for cancellation, stating your objections. We will refund the policy premium after the deduction of proportionate risk premium for the period of cover (If Applicable), stamp duty charges, cost of medical examination, if any and stamp duty.

For Insured Member: - On receipt of the Certificate of Insurance, the Insured Member may review the Terms and Conditions stated herein. In case the Insured Member is not satisfied with Terms and Conditions, he / she has an option to return the Certificate of Insurance to the Company within 30 days of its receipt (whether received electronically or otherwise), with a request for cancellation, stating reasons for the same. On such cancellation of the Certificate of Insurance, we will refund the premium after deducting a proportionate cost of insurance for the period covered (If Applicable); expenses incurred towards medical examinations, if any, and stamp duty.

Top-up Loans

Top Up Loans are not allowed. Any Top-up (additional loan availed) would be treated as a 'new loan', independent of the base loan, with corresponding new Loan Schedule and a separate Single Premium Term Cover for this additional loan. The Premium would be based on the age as on the date of availing the Top-up Loan, the loan outstanding schedule and the term during which the Top-up Loan is repayable.

Surrender Value (return of risk premium for unexpired Policy Term)

The Insured Member can surrender his / her insurance cover in case of loan foreclosure by making a request in writing to Generali Central Life Insurance Company Limited. Pre-closure of loan is not a compulsory condition for surrender of cover for any member.

The Guaranteed Surrender Value (GSV) payable is a percentage of single premium based on the year of surrender and Policy Term.

Guaranteed Surrender Value = GSV Factor * Single Premium (excluding taxes)

The GSV factors as a percentage of Single Premium for Reducing Cover or with moratorium loans are mentioned below:

Please note for policy term 3 months to policy term 12 months, the Guaranteed Surrender Value is NIL.

Year of Surrender → /Policy Term ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
13 to 24 months	8%																												
25 to 36 months	16%	8%																											
37 to 48 months	21%	15%	7%																										
49 to 60 months	26%	20%	14%	7%																									
61 to 72 months	30%	25%	19%	13%	7%																								
73 to 84 months	34%	29%	24%	19%	13%	7%																							
85 to 96 months	37%	33%	28%	24%	18%	13%	7%																						
97 to 108 months	39%	36%	32%	28%	23%	18%	13%	7%																					
109 to 120 months	42%	39%	35%	32%	27%	23%	18%	12%	7%																				
121 to 132 months	44%	41%	38%	35%	31%	27%	23%	18%	12%	6%																			
133 to 144 months	45%	43%	41%	38%	35%	31%	27%	23%	18%	12%	6%																		
145 to 156 months	47%	45%	43%	40%	37%	34%	31%	27%	23%	18%	12%	6%																	
157 to 168 months	48%	46%	45%	43%	40%	37%	34%	31%	27%	23%	18%	12%	7%																
169 to 180 months	49%	48%	46%	45%	43%	40%	38%	34%	31%	27%	23%	18%	13%	7%															
181 to 192 months	50%	49%	48%	46%	45%	43%	40%	38%	35%	31%	27%	23%	18%	13%	7%														
193 to 204 months	51%	50%	49%	48%	47%	45%	43%	41%	38%	35%	32%	28%	23%	18%	13%	7%													
205 to 216 months	52%	51%	50%	49%	48%	47%	45%	43%	41%	38%	35%	32%	28%	24%	19%	13%	7%												
217 to 228 months	52%	52%	52%	51%	50%	49%	47%	46%	44%	42%	39%	36%	32%	28%	24%	19%	13%	7%											
229 to 240 months	53%	53%	52%	52%	51%	50%	49%	48%	46%	44%	42%	39%	36%	33%	29%	24%	19%	13%	7%										
241 to 252 months	54%	54%	53%	53%	53%	52%	51%	50%	49%	47%	45%	43%	40%	37%	33%	29%	25%	19%	14%	7%									
253 to 264 months	54%	54%	54%	54%	54%	53%	53%	52%	51%	49%	48%	46%	44%	41%	38%	34%	30%	25%	20%	14%	7%								
265 to 276 months	55%	55%	55%	55%	55%	55%	54%	54%	53%	52%	50%	49%	47%	44%	42%	38%	35%	31%	26%	20%	14%	7%							
277 to 288 months	56%	56%	56%	56%	56%	56%	56%	55%	55%	54%	53%	51%	50%	48%	45%	43%	39%	36%	31%	26%	21%	15%	8%						
289 to 300 months	57%	57%	57%	57%	57%	57%	57%	57%	56%	56%	55%	54%	53%	51%	49%	46%	44%	40%	36%	32%	27%	21%	15%	8%					
301 to 312 months	58%	58%	58%	58%	58%	58%	58%	58%	58%	57%	57%	56%	55%	54%	52%	50%	48%	45%	41%	37%	33%	27%	22%	15%	8%				
313 to 324 months	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%	58%	58%	56%	55%	53%	51%	49%	46%	42%	38%	33%	28%	22%	16%	8%			
325 to 336 months	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%	60%	60%	59%	58%	56%	55%	53%	50%	47%	43%	39%	34%	29%	23%	16%	8%		
337 to 348 months	62%	62%	62%	62%	62%	62%	62%	62%	62%	62%	62%	62%	62%	61%	61%	59%	58%	56%	54%	51%	48%	44%	40%	35%	30%	23%	16%	9%	
349 to 360 months	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	63%	63%	62%	61%	60%	58%	56%	53%	50%	46%	41%	36%	31%	24%	17%	9%

The GSV factors as a percentage of Single Premium for Level Cover loans are mentioned below:

Year of Surrender → /Policy Term ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
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169 to 180 months	50%	49%	47%	46%	44%	42%	40%	37%	33%	29%	25%	20%	14%	7%															
181 to 192 months	50%	50%	49%	48%	46%	44%	42%	40%	37%	34%	30%	25%	20%	14%	8%														
193 to 204 months	51%	51%	50%	49%	48%	47%	45%	43%	40%	37%	34%	30%	26%	20%	14%	8%													
205 to 216 months	52%	52%	51%	50%	50%	48%	47%	45%	43%	41%	38%	34%	31%	26%	21%	15%	8%												
217 to 228 months	53%	52%	52%	52%	51%	50%	49%	48%	46%	44%	41%	38%	35%	31%	26%	21%	15%	8%											
229 to 240 months	53%	53%	53%	53%	52%	52%	51%	50%	48%	47%	45%	42%	39%	36%	32%	27%	21%	15%	8%										
241 to 252 months	54%	54%	54%	54%	54%	53%	53%	52%	51%	49%	48%	45%	43%	40%	36%	32%	28%	22%	16%	8%									
253 to 264 months	55%	55%	55%	55%	55%	54%	54%	53%	53%	52%	50%	49%	46%	44%	41%	37%	33%	28%	23%	16%	9%								
265 to 276 months	56%	56%	56%	56%	56%	55%	55%	55%	54%	53%	51%	50%	48%	45%	42%	38%	34%	29%	23%	16%	9%								
277 to 288 months	57%	57%	57%	57%	57%	57%	57%	57%	56%	56%	55%	54%	53%	51%	49%	46%	43%	39%	35%	30%	24%	17%	9%						
289 to 300 months	58%	58%	58%	58%	58%	58%	58%	58%	58%	58%	57%	56%	55%	54%	52%	50%	47%	44%	40%	36%	31%	24%	17%	9%					
301 to 312 months	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%	58%	57%	55%	54%	51%	49%	45%	42%	37%	32%	25%	18%	10%				
313 to 324 months	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%	61%	60%	59%	58%	57%	55%	53%	50%	47%	43%	38%	33%	26%	19%	10%			
325 to 336 months	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	62%	62%	61%	60%	59%	57%	55%	52%	48%	44%	39%	34%	27%	19%	10%		
337 to 348 months	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	64%	63%	62%	61%	59%	56%	54%	50%	46%	41%	35%	28%	20%	11%	
349 to 360 months	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	65%	64%	63%	61%	58%	55%	52%	48%	42%	36%	29%	21%	11%

Surrender Value is not payable if the policy is surrendered in the last policy year or if the amount is less than Rs 100/-. The policy will not acquire any paid-up value.

In case master policyholder discontinues the scheme for new members, the existing members shall have right to continue the cover on original basis as per Certificate of Insurance or surrender the cover. In case of continued coverage, the company/intermediary shall continue to be responsible to serve such members till their coverage is terminated.

Tax Benefits

Tax benefits as may be available under current income tax laws and are subject to change.

Riders

No riders are available under this product.

Nomination and Assignment

Nomination, in accordance with Section 39 of the Insurance Act, 1938, as amended from time to time, is permitted under this policy.

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

Terms and Conditions

Loan

No loans are available under this Group Policy either to the Group Policy holder or to the members of the Group.

Exclusions

Suicide exclusion under Death Benefit:-

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the Policyholder 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 policy is in force.

Exclusion under the listed Critical illnesses under Option 2 and Option 3-

Exclusions under Critical Illness

No Critical Illness benefit will be payable with respect to any listed Critical Illness condition arising directly or indirectly from, through, in consequence of or aggravated by any of the following:

- i. Pre-existing Disease: It means any condition, ailment, injury or disease:

That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued or its reinstatement by the insurer or

For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to effective date of the policy or its reinstatement.

Reinstatement means the revival of policy post expiry of grace period.

No Critical Illness benefits shall be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later, and the Company has accepted the same.

- ii. Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- iii. Self-inflicted Injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
- iv. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- v. Radioactive contamination due to nuclear accident.
- vi. War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence.
- vii. Illness or Injury caused by engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel, skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial fight other than as a fare paying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement.
- viii. Existence of any Sexually Transmitted Disease (STD) and its related complications.
- ix. Various other exclusions mentioned under the Critical Illness definition.
- x. Any other additional exclusions, under the Company's policy document shall apply.

Please refer to the section “Definitions” for exclusions under each of the critical illnesses under Option 2 and Option 3

Waiting Period for Critical Illness Benefit

- i. Waiting Period is 90 days from the date of Risk Commencement of the Policy or revival date (whichever is later)
- ii. No Critical Illness Benefit shall be payable under this Policy for the listed critical illness conditions, diagnosed or manifested within 90 days following the date of Risk Commencement of the Policy or revival date (whichever is later) and the Critical Illness Benefit under the Policy will terminate.
- iii. Waiting period in case of revival shall not be applicable if Policy is revived within 90 days of last premium due date and a continuous waiting period of 90 days has been served.

Grievance Redressal Processes

In case you have any grievances on the solicitation process or on the Product sold or any of the Policy servicing matters, you may approach the Company in one of the following ways:

- (a) Calling the Customer helpline number 1800-102-2355 for assistance and guidance
- (b) Emailing @ care@generalicentral.com
- (c) You may also visit us at the nearest Branch Office. Branch locator - <https://generalicentrallife.com/branch-locator/>
- (d) Senior citizens may write to us at the following id: senior.citizens@generalicentral.com for priority assistance
- (e) You may write to us at:

Customer Services Department

Generali Central India Insurance Co. Ltd,
Unit 801 and 802, 8th floor, Tower C,
Embassy 247 Park, L.B.S Marg, Vikhroli (W)
Mumbai – 400083

We will provide a resolution at the earliest. For further details please access the link: <https://generalicentrallife.com/customer-service/grievance-redressal-procedure>

Prohibition of Rebates

Section 41 of the Insurance Act, 1938, as amended from time to time, states

1. 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 of the insurer:
2. 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.

Non-disclosure

Section 45 of the Insurance Act 1938, as amended from time to time, states

1. No policy of Life Insurance shall be called in question on any ground whatsoever after the expiry of 3 years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of Life Insurance may be called in question at any time within 3 years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud. For further information, Section 45 of the Insurance laws (Amendment) Act, 2015 may be referred.

Why Choose Us?

Generali Central India Life Insurance Company Limited offers an extensive range of life insurance products and a distribution network which ensures that we are close to you wherever you go.

At the heart of our ambition is the promise to be a life-time partner to our customers. And with the help of technology we are making the shift from not only offering protection to our customers but also providing personalised services to them.

It starts with our extensive agent base who is at the core of this transformation. Through our distribution network we ensure that there is always a caring touch while servicing the individual needs of our customers. With this philosophy, we aim to make simplicity, innovation, empathy and care synonymous with our brand - Generali Central Life Insurance Company Limited.

For any assistance call us on 1800-102-2355 or write to us at [care@ generalicentral.com](mailto:care@generalicentral.com)

Generali Central Life Insurance Company Limited

(IRDAI Registration no. 133) (CIN No.: U66010MH2006PLC165288).

Regd. & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400 083

Website: <http://www.generalicentrallife.com>

ARN No.: ADVT/Comp/2024-25/October/1716 | UIN: 133N066V03

For detailed information on this product including risk factors, terms and conditions etc., please refer to the sample policy document and consult your advisor or visit our website before concluding a sale. Tax benefits are as per Income Tax Act 1961 and are subject to any amendment made thereto from time to time. You are advised to consult your tax consultant. Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS.

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.