



LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)
Registration Number: 512

LIC's Aadhaar Shila (UIN:512N309V02)
(A Non-linked, Participating, Individual Life Assurance Savings Plan)

PART – A

Ref: NB

(Address and e-mail id of Branch Office):

Space for Name and Address of Policyholder

Space for Address and e-mail id of Branch Office

Dear Policyholder,

Date:

Re: Your Policy No. _____

We have pleasure in forwarding herewith the above Policy Document comprising of Part A to Part G which please find in order.

We would also like to draw your kind attention to the information mentioned in the Schedule of the Policy and the benefits available under the Policy.

Some of our plans have certain options (including rider(s)) available under them. It is important that the options, if any, available under this plan and mentioned in the Policy Document are noted carefully as it will be helpful to you, in case you decide to exercise any of the available options. It is also essential to note that such option, if available and mentioned in the document of this plan has to be exercised in the right manner and during the stipulated time limit as prescribed herein.

Free Look Period

We would request you to go through the terms and conditions of the Policy and in case you disagree with any of the terms and conditions, you may return the Policy within a period of 15 days from the date of receipt of Policy Document stating the reasons of your objections and disagreement. On receipt of the policy we shall cancel the same and the amount of Premium deposited by you shall be refunded to you after deducting the **proportionate risk premium (for Base Policy and Rider(s), if any) for the period of cover and charges for stamp duty.**

In case you have any Complaints/Grievance, you may approach the Branch office on the address mentioned above or Grievance Redressal Officer/Ombudsman, whose address is as under:

Address of Grievance Redressal Officer:

Address and contact details of Insurance Ombudsman:

If you find any errors in this Policy document, you may return this Policy for corrections.

Thanking you.

Yours faithfully,

p. Chief/Sr. Branch Manager

Agent's/ Intermediary's Code	Agent's/ Intermediary's Name	Agent's/Intermediary's Mobile Number/ Landline Number

We would also like to draw your attention to the following aspects:

- 1) Change of Address: In case you change your residence, kindly ensure that you inform the change in address to the servicing Branch Office.
- 2) Assignment: Assignment should be in accordance with the provisions of Section 38 of the Insurance Act 1938, as amended from time to time. The current provisions of Section 38 are enclosed as Annexure-1 for reference.
- 3) Nomination: Nomination should be in accordance with the provisions of Section 39 of the Insurance Act 1938, as amended from time to time. The current provisions of Section 39 are enclosed as Annexure-2 for reference.
- 4) Within 90 days from the date of death, intimation of death along with death certificate must be notified in writing to the office of the Corporation where the policy is serviced for any claim to be admissible. However, delay in intimation of the genuine claim by the claimant may be condoned by the Corporation on merit and where delay is proved to be for the reasons beyond his/her control
- 5) Section 45 of the Insurance Act 1938: The current provisions of the same are enclosed as Annexure -3.
- 6) The approved version of Policy Document in respect of this plan is available on our website : www.licindia.in
- 7) Please avail LIC's e-services. Visit our website: www.licindia.in to enable us to serve you better.

These measures will enable us to serve you better.

PREAMBLE

THE LIFE INSURANCE CORPORATION OF INDIA(hereinafter called “the Corporation”) having received a Proposal along with Declaration and the first premium from the Proposer and the Life Assured named in the Schedule referred to herein below and the said Proposal and Declaration with the statements contained and referred to therein having been agreed to by the said Proposer and the Corporation as basis of this assurance do by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums as set out in the Schedule, to pay the Benefits, but without interest, at the Branch Office of the Corporation where this Policy is serviced to the person or persons to whom the same is payable in terms of the said Schedule, on proof to the satisfaction of the Corporation of the Benefits having become payable as set out in this Policy Document, of the title of the said person or persons claiming payment and of the correctness of the age of the Life Assured stated in the Proposal if not previously admitted.

And it is hereby declared that this Policy of Assurance shall be subject to the Definitions, Benefits, Conditions related to Servicing Aspects, Other Terms and Conditions and Statutory Provisions printed in this policy and that Schedule and every endorsement placed on the Policy by the Corporation shall be deemed part of the Policy.

SCHEDULE

DIVISIONAL OFFICE:

BRANCH OFFICE:

Policy Number:	Basic Sum Assured (Rs.): Instalment Premium for Base Policy (Rs.) Total Instalment Premium (Rs.) (Taxes, if any, as applicable from time to time are charged extra)	Due date of premium:
UIN:		Mode of payment of premium:
Plan &Policy Term:		Due Date of Payment of Last premium for Base Policy :
Date of Commencement of policy:		Date of Birth of the Life Assured:
Date of Commencement of risk:		Age of the Life Assured:
Date of Maturity:		Whether age admitted?
Proposal No:		Whether Option to take Death Benefit in instalments taken:
Date of Proposal:		
Date of Issuance of policy:		
Benefit Illustration Reference No:		

Details of Rider Opted: Conditions of the rider(s) opted and mentioned below are enclosed as endorsement to the policy

Rider Opted	UIN	Date of Commencement of Risk for Rider	Rider Sum Assured	Instalment Premium for Rider	Due date of payment of last premium for rider	Date of expiry of rider

Name and address of the Proposer	Name and address of the Life Assured
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Details of Nominee(s) under Section 39 of the Insurance Act, 1938

Nominee(s) Name	Nominee's Age	Percentage Share	Relationship to the Life Assured	Appointee Name (in case the Nominee is a minor)

Period during which premiums payable	Till the stipulated due date of payment of last premium or earlier death of the Life Assured.
Dates when premium payable	On the stipulated due date in.....

Signed on behalf of the Corporation at the above mentioned Branch Office, whose address and e-mail ID is given on the first page and to which all communications relating to the policy should be addressed.

Date:

Examined by:

Form No.:

p. Chief/ Sr. Branch Manager