

BHARTI AXA LIFE INSURANCE COMPANY LIMITED

Registered Office: Unit No.601 & 602, 6th Floor, Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai-400 063

Policy Document Bharti AXA Life EasyHealth

SECTION 1: DEFINITIONS

“Accidental Hospitalization” is defined as hospitalization due to bodily injury caused solely by external, violent, unforeseeable and visible means (but does not include any illness) and occurring independently of any other causes, proved to the satisfaction of the Company.

“Accidental Hospitalization Benefit (AHB)” is a fixed benefit per day equal to the DHCB amount, paid to the Policyholder for each day of hospitalization due an accident, lasting 48 hours or more while Policy is in force. This is a fixed amount and not linked to the actual expenses incurred during Hospitalization.

“Age” means the age at last birthday, in completed years.

“Benefits” means the Daily Hospital Cash Benefit, Get-well-soon Benefit, Accidental Hospitalization Benefit and Intensive Care Benefit.

“Daily Hospital Cash Benefit” (DHCB) is a fixed per day benefit paid to the Policyholder for each day of hospitalization lasting 48 hours or more while the Policy is in force. This is a fixed amount and not linked to the actual expenses incurred during Hospitalization.

“Family Member” means a person who is related to the Policyholder and is either:

- a. the legally married spouse, provided the spouse is at least 18 years of age and not more than 52 years at the time of Proposal, or;
- b. child (by birth or legal adoption), provided the child is at least 1 year old and not more than 22 years at the time of Proposal. Maximum three children can be covered under this product.
- c. natural father or mother, provided the person is not more than 52 years at the time of Proposal.

“Get-Well-Soon’ Benefit” is a benefit equal to three times DHCB amount is paid to the Policyholder incase of continuous Hospitalization of seven days or more while the Policy is in force. This benefit is payable only once in a Policy Year.

“Hospital” means an institution in India established for the indoor medical care and treatment of patients as long as this:

i) is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a Doctor in attendance for 24 hours a day; or

ii)meets all of the following criteria:

- (1) At least 10 In-Patient beds
- (2) A fully equipped and functioning operating theatre
- (3) Qualified nursing staff (i.e. any person who holds a certificate issued by a recognized nursing council) in attendance 24 hours a day
- (4) A Doctor who is in attendance 24 hours a day
- (5) Maintains daily records for each of its patients

The term "hospital" shall not include, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution.

"Intensive Care Benefit (ICB)" is a fixed benefit per day equal to the DHCB amount, paid to the Policyholder for each day of hospitalization in Intensive Care Unit, if the hospitalization lasts 48 hours or more while Policy is in force. This is a fixed amount and not linked to the actual expenses incurred during Hospitalization.

"Intensive Care Unit (ICU)" means a specially equipped and designated ward in any Hospital that is used for the sole purpose of the treatment of patients with a critical or exigent condition, and where the patient is under 24 hour care and monitoring, by a Physician and specially trained nursing staff.

"Issue Date" means the date of commencement of the Policy.

"Life Insured/Lives Insured" means the individuals who are covered under the Policy.

"Nominee" means the individual/(s) nominated by the Life Insured to receive the Benefits in the event of the death of the Life Insured while the Policy is in force and notified to the Company including any change of the nominated Individual which the Life Insured intimates in writing to the Company

"Policy" means and includes the Policy Bond, the copy of proposal for insurance accepted by You, the Policy Specifications and any attached endorsements or supplements together with all the addendums provided by The Company from time to time and any other document called for by The Company and submitted by You to enable it to process Your proposal.

"Policy Expiry Date" means the date on which the Policy in respect of a Life Insured comes to an end and is mentioned in the Policy Specification.

"Premium" means the premium payable by the Life Insured to the Company.

"Policy Term" means the period for which the Life Insured is covered under the Policy, commencing from the Issue Date to the Termination Date of Policy and shall be of a term of three Policy Years.

Policyholder is the owner of the Policy who is mentioned in the proposal form and may be a person other than the Life Insured.

"Pre-Existing Illness" means any condition, ailment or injury for which the insured had signs or symptoms, and / or were diagnosed, and / or received medical advice/treatment prior to the date of commencement of Policy. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the preexisting Illness shall be considered part of that pre-existing illness.

"Policy Year" is measured from the Issue Date and is a period of twelve consecutive calendar months.

"The Company" means Bharti AXA Life Insurance Company Limited.

"You"/ "your"/"yours" means the Policyholder as mentioned in the proposal form

SECTION 2: GENERAL PROVISIONS

2.1 Product Description

"Bharti AXA Life EasyHealth" is the name of the traditional insurance health product. The Policy benefits and the Policy Term are as mentioned in your Policy Specification.

At inception, the policyholder can opt for any of the four options available under this product. These options are: Option 1, Option 2, Option 3, and Option 4. The Benefits offered in the event of hospitalization of the Life Insured, subject to Terms and Condition under the Policy are:

1. Daily Hospital Cash Benefit (DHCB):
2. Accidental Hospitalization Benefit (AHB):
3. Intensive Care Benefit (ICB):
4. 'Get-Well-Soon' Benefit :

These benefits are a fixed amount and not linked to the actual expenses incurred during hospitalisation.

For more details on the benefits, please refer to Section 3 of the policy bond.

Only a duly authorized officer of the Company has the power to change the Policy as per the request of the Policyholder. Neither an agent nor anyone other than a duly authorised officer of the Company has the power to waive any of the rights or requirements of the Policy. "

2.2 Non-participating Policy

The Policy is not entitled to participate in the distribution of surplus that may be declared by the Company from time to time.

2.3 Assignment

The Policyholder can assign the Policy to another person and in that event the Policyholder will be referred to as Assignor and the person will be referred to as the Assignee. Assignment of the policy requires satisfactory written notice in the form specified by the Company accompanied by the original Policy Bond to be sent to us at the Company's office. The assignment would either be endorsed upon the Policy Bond or documented by a separate instrument, signed in either case by the Assignor stating specifically the fact of the assignment. The Company will not express any opinion on the validity or legality of the Assignment. Assignment can be done only for the entire Policy . Assignment shall automatically cancel a nomination except an assignment in favour of the Company.

2.4 Nomination

Where the Policyholder is also the Life Insured, the Policyholder may at any time before the Policy Expiry Date, nominate a person/(s) to receive the Policy Benefits in the event of the death of the Life Insured during the Policy Term. Where such nominee is a minor, the policyholder may also appoint any person who is a major (also referred to as "Appointee"), to so receive the Policy Benefits during the minority of the Nominee. The Company will not recognize a nomination or a change in nomination for the Policy, until it receives a written notice of the nomination or change in the prescribed nomination form from the Policyholder at its office. The Company will not express any opinion on the validity or legality of the nomination. Policyholder can make a nomination only with regard to the entire Policy. If no Nominee is alive at the time of death of the Life Insured, the Policyholder's estate shall be deemed to be the Nominee.

2.5 Eligibility conditions

Individual shall be eligible to be covered under EasyHealth on the fulfillment of all the following conditions:

1. she/he has attained the age of 1 year but not exceeded 52 years;
2. she/he is in good health and she\he\Policyholder has submitted the evidence of good health and insurability in the format prescribed by the Company.
3. she/he has fulfilled the underwriting requirements as prescribed by the Company

2.6 Evidence of good health and insurability

The Policyholder\Life Insured shall furnish the evidence of good health and insurability to the Company. The Policy will be issued on basis of the good health and insurability.

2.7 Mis-statement of Age and Gender

The Premium in respect of a Life Insured is calculated based on the Age of the Life Insured recorded in the list of Lives Insured. The Company may require proof of Age and gender as per the list of standard age proofs prescribed by the Company in respect of Lives Insured. Without prejudice to Section 45 of the Insurance Act, 1938, if the Life Insured's age has been misstated, as declared at the proposal stage, one of the following actions shall be taken:

a) If the Life Insured's actual age or gender is such that it would have made the Life Insured ineligible for the Policy, then the Company reserves the right, at its discretion, to take such action as it deems fit, including termination of the Policy and forfeiture of Premium received in respect of such Life Insured or;

b) If the correct age is higher than the age declared at proposal stage, the premium payable under the policy shall be revised corresponding to the correct age of the Life Insured, from the date of commencement of the Policy and the benefit payout will be reduced by accumulated difference between the revised premium and the original premium from the date of commencement of the Policy up to the date of such payment with interest at the rate, as decided by the Company from time to time. If the difference between the revised premium and original premium with the accumulated interest is higher than the Benefit to be paid out, the additional amount will be recovered from the Policyholder.

c) If the correct age of the Life Insured is lower than the age declared in the proposal form, the Company may, at its discretion, refund the accumulated difference between the original premium paid and the revised premium.

2.8 Validity

The Policyholder and the Life Insured under the Policy have an obligation to disclose every fact material to assessment of the risk of issuing the Policy. The Company will be entitled to deny a claim on the failure to disclose or on the misrepresentation of a material fact in accordance with the provisions of Section 45 of the Insurance Act, 1938.

As per Section 45 of the Insurance Act, 1938, no policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and Policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an Insurer on the ground that the statement made in the proposal or in any report of a medical officer, or referee, or friend of the Life Insured, or in any document leading to the issue of the Policy, was inaccurate or false, unless the Insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Life Insured and that the Life Insured knew at the time of making it that the statement was false or that it

suppressed facts which was material to disclose.

Provided that nothing in this section shall prevent the Insurer from calling for proof of age at any time if he/she is entitled to do so, and Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the application.

2.9 Commencement of Policy

Policy in respect of all eligible Individuals to be insured will commence with effect from the Issue Date subject to completion of all the following conditions:

1. Policyholder/Life to be Insured has provided all information, details as per the proposal form to the Company;
2. the Company has received the evidence of good health and insurability;
3. the Company has received and realised the full Premium in respect of the proposed Life Insured;
4. the Company has accepted the risk for the proposed Life Insured

2.10 Notice

Any notice to be given to you under the Policy will be issued by post or electronic mail or telephone facsimile transmission to your updated address/es in the records of the Company and is deemed to have been received by you on the third business day after such dissemination. Any such notice will run from the time you are deemed to have received such notice.

2.11 Renewal of Policy:

Policy in respect of a Life Insured can be renewed subject to the Eligibility Conditions. The renewability of Policy for a Life insured is guaranteed, however the premium rates applicable at the time of renewal will apply on the renewed Policy.

2.12 Taxation

The tax benefits, if any, on the Policy would be as per the prevailing provisions of the tax laws in India. If required by the relevant legislations prevailing from time to time, the Company will withhold taxes from the benefits payable under the Policy. The Company reserves the right to recover statutory levies including service tax by way of adjustment of the premiums paid by you or through remittances to be made by you.

2.13 Currency and Place of Payment

All payments to or by us will be in Indian Rupees and shall be in accordance with the prevailing Exchange Control regulations and other relevant laws of India.

2.14 Loans

The Policyholder or the Life Insured will not be entitled to any loan under the Policy.

2.15 Governing Laws and jurisdiction

The Policy is subject to the applicable legislations prevailing in India. All disputes of any kind whatsoever which may arise under or in connection with the Policy shall be subject to the jurisdiction of the courts in Mumbai.

2.16 Free look option

If the Life Insured disagrees with any of the terms of the Policy, the Life Insured may, within thirty(30) days of acceptance of terms and condition over the phone or fifteen (15) days of the receipt of the Policy documents, whichever is later by written communication addressed to the Company enclosing the original Policy document, seek to cancel the Policy whereon the Company shall refund to the Policyholder, the Premium inclusive of service tax and cess paid in respect of the said Policy after deduction of stamp duty and underwriting expenses

incurred by the Company in issuing the Policy. All your rights under this Policy shall stand extinguished immediately on cancellation of Policy under free look option.

Free Look Option is available to the policyholder at the time of renewal also.

2.17 Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by Policyholder or any Life Insured or anyone acting on behalf of Policyholder or Life Insured, then this Policy shall be void and all benefits paid under it shall be forfeited.

SECTION 3: BENEFITS

The Benefits payable under the Policy depends on the Option chosen by the Life Insured (Refer Section 4). The benefits payable will be as follows:- :

- 1. Daily Hospital Cash Benefit (DHCB):** In the event of hospitalization for 48 hours or more of the Life Insured subject to Terms and Condition under the Policy , while the Policy is in force, Daily Hospital Cash Benefit shall be payable by the Company. This benefit can be availed any number of times subject to a total benefit for 30 days in a Policy Year and 90 day in a Policy Term. However, in case of any unutilized DHCB in a policy year, the same cannot be carried forward to the next year.
- 2. Accidental Hospitalization Benefit (AHB):** In the event of hospitalization for 48 hours or more of the Life Insured due an accident subject to Terms and Condition under the Policy , while the Policy is in force, AHB shall be payable by the Company. This benefit can be availed any number of times subject to a total benefit for 30 days in a Policy Year and 90 day in a Policy Term. However, in case of any unutilized AHB in a policy year, the same cannot be carried forward to the next year. AHB is paid over and above DHCB or ICB (if any)
- 3. Intensive Care Benefit (ICB):** In the event of hospitalization for 48 hours or more of the Life Insured in a Intensive Care Unit subject to Terms and Condition under the Policy , while the Policy is in force, ICB shall be payable by the Company. This benefit can be availed any number of times subject to a total benefit for 30 days in a Policy Year and 90 day in a Policy Term. However, in case of any unutilized ICB in a policy year, the same cannot be carried forward to the next year. ICB is paid over and above DHCB or AHB (if any)
- 4. 'Get-Well-Soon' Benefit :** In the event of continuous hospitalization of the Life Insured for 7 days or more in a Policy Year subject to Terms and Condition under the Policy , while the Policy is in force, 'Get-Well-Soon' Benefit shall be payable by the Company, This benefit can be only availed once a Policy Year. However, in case of any unutilized 'Get-Well-Soon' benefit in a policy year, the same cannot be carried forward to the next year.

Maximum Limit for any form of hospitalization benefit (DHCB,AHB and ICB) is 30 days per Policy Year and 90 days during the Policy Term.

There is no death benefit under this Policy.

SECTION 4:OPTIONS UNDER THIS POLICY

The various options under this Policy are as follows:-

Daily Hospital Cash Benefit (Per day benefit incase of hospitalization lasting 48 hours or more.	Rs 500	Rs 750	Rs 1000	Rs 1500
Accidental Hospitalization Benefit(in case of hospitalization due to an accident)	Rs 500	Rs 750	Rs 1000	Rs 1500
Intensive Care Benefit (in case of hospitalization in an Intensive Care Unit)	Rs 500	Rs 750	Rs 1000	Rs 1500
'Get-Well-Soon' Benefit per year (Benefit payable incase of continuous hospitalization lasting 7 days or more)	Rs 1500	Rs 2250	Rs 3000	Rs 4500
Limit on any form of hospitalization per policy year	30 days	30 days	30 days	30 days

SECTION 5: PROCEDURE FOR REGISTERING AND PAYMENT OF CLAIMS

1. On occurrence of insured event on the Life Insured, the Life Insured\Nominee will give written notice and proof of claim to the service provider authorized by the Company in respect of the Life Insured.
2. Any claim for Benefit must be applied for within 90 days of date of incidence, by sending a Claim Intimation form to the Company.
3. The Life Insured/Nominee shall provide the following primary documents alongwith the written notice for processing the claim for DHCB, AHB, ICB and Get-well-soon Benefit:
 1. Copy of Policy Document
 2. Claim Intimation Form duly filled and signed by the Life Insured\Nominee in original
 3. Treating Doctors Certificate duly filled and signed in original
 4. Copies of Medical records, Discharge card/summary, Investigation reports, consultation papers, hospital bills.
 5. Attested copy of Age Proof
 6. Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.
4. The Company reserves the right to call for any medical examination, additional information and documents as deemed necessary. For this purpose, the Company may request the Life Insured to submit to one or more medical examination/s conducted by the medical practitioner/s appointed by the Company, the cost of which shall be borne by the Life Insured.
5. Claims proceeds will be paid directly to Policyholder\ Nominee\Assignee.
6. Successful electronic fund transfer in the account of Life Insured\Nominee or realization of the cheque for payment of Benefit/(s) shall be construed as a good, valid, sufficient and conclusive discharge of all liabilities of the Company in respect of any payment of Benefit/(s) to be made under the Policy.

SECTION 6: EXCLUSIONS AND OTHER TERMS AND CONDITIONS

1. Payment of Benefit amount shall be subject to following conditions :

- a. Hospitalization should have occurred in India.
- b. Hospitalization should occur in the hospital which satisfies the definition of Hospital as mentioned in Section1.
- c. DHCB amount per life insured does not exceed Rs 1500 per day. (ie: If Life Insured has multiple Policies under Easy Health, his\her DHCB will be limited to Rs 1500 per day)
- d. Accidental Hospitalization Benefit per Life Insured does not exceed Rs 1500 per day. (ie: If Life Insured has multiple Policies under Easy Health, his\her AHB will be limited to Rs 1500 per day)
- e. Intensive Care Benefit per Life Insured does not exceed Rs 1500 per day. (ie: If Life Insured has multiple Policies under Easy Health, his\her ICB will be limited to Rs 1500 per day)
- f. 'Get-Well-Soon' Benefit per Life Insured does not exceed Rs 4,500 per Life Insured per Policy Year

2. Waiting Period:- Benefits in case of hospitalization for treatment of diseases / illness diagnosed during 90 days from Issue Date of Policy will not be covered. Only hospitalization due to accident will be covered during this period. A waiting period of 90 days will apply to all claims unless Life Insured has been Covered under an EasyHealth Policy continuously and without any break in the previous Policy Term.

3. Exclusions:-

We will not make any payment for any claim in respect of any Life Insured directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy :

- a. Hospitalization for Pre-Existing Illness, their complications, congenital diseases / defects, and sexually transmitted diseases including HIV / AIDs are not covered
- b. Hospitalization for treatment other than under the Allopathic system of medicine are not covered
- c. Hospitalization primarily for investigatory / diagnostics purpose, routine consultations / examination, weight reduction or gain or for preventative treatment are not covered
- d. Hospitalization for voluntary surgery / procedures which are not deemed as medically necessary or for rest cure / rehabilitation or for cosmetic or dental treatment is not covered. Only reconstruction surgery or dental surgery due to accident will be covered.
- e. Hospitalization incase of maternity / infertility / sterility / erectile dysfunction /impotency / miscarriage / abortion / sterilization / contraception / circumcision is not covered
- f. Hospitalization for treatment or management of psychiatric conditions, insanity, mental and nervous breakdown are not covered
- g. Hospitalization arising out of self inflicted injury and participation in hazardous activities and sports are not covered
- h. Hospitalization arising out of war and war-like situation, committing an assault, a criminal offence, an illegal activity or any breach of law.
- i. Hospitalization directly or indirectly arising from alcoholism or drug abuse and any injury or sickness which the insured may suffer after he has taken intoxicating liquors or drugs.

4. Renewal-

1. All applications for renewal must be received by the Company by the end of the Policy Term. If the application for renewal and the renewal premium has been received by the Company before the expiry of the Policy Term, The Company will ordinarily offer renewal terms unless the Company believe that You or any Life

Insured or anyone acting on Your behalf or on behalf of Life Insured has acted in an improper, dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

- The company reserves the right to revise premium rates with the approval of the IRDA. At the time of renewal of the policy, the premium rates prevalent at that point of time will be applicable

5. Other conditions

- The Company may provide any information available with the Company related to You or Your proposal or the Policy to its affiliates, any other insurer, reinsurers, insurance association, medical registrar or statutory authorities, without any reference to you.
- The company can make use of electronic medium, including email, as a mode for communication to and from with You or the Life Insured under the Policy.
- To enable the Company to assess the risk under the Policy at any time hereafter, The Company has right to information from the past and present employer(s) or the business associates/medical practitioner/hospital where you may have been admitted and treated or any other agency to disclose and make available to the Company such details and records as may be requested for by the Company.

SECTION 7. TERMINATION OF POLICY

The Policy shall terminate on the Termination Date of Policy which will be on the date of occurrence of the earliest of any of the following events:

Event 1	Expiry of the Policy Term (Policy Expiry Date)
Event 2	Date of the death of the Life Insured during the Policy Term
Event 3	Cancellation of Policy by Life Insured by exercising the free look option
Event 4	Cancellation of Policy by Life Insured after free look period

On the occurrence of the above events, the following shall be applicable as mentioned against respective event numbers:

Event 1	The Company shall cease to pay any Benefits under the Policy in respect of the Life Insured
Event 2	The Company shall cease to pay any other Benefits under the Policy in respect of the Life Insured
Event 3	The Company shall pay the amount to the Life Insured as per free look option
Event 4	No benefit shall be Payable.

SECTION 8: OTHER PROVISIONS

Grievance Redressal

- In case you have any query or complaint/grievance, you may approach our office at the following address:

Bharti AXA Life Insurance Company Ltd.
Unit no 601 & 602, 6th floor Raheja Titanium
Off Western Express Highway
Goregaon (E), Mumbai-400 063.

Contact No: Toll Free no.: 1800 425 1350 (MTNL, BSNL subscribers)
1800 102 4444 (Airtel, TATA, BPL, Spice Telecom - Punjab & Shyam Tel

subscribers)

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Email ID: complaints.unit@bharti-axalife.com
www.bharti-axalife.com

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

Complaint Redressal Officer

Contact No: Toll Free no.: 1800 425 1350 (MTNL, BSNL subscribers)
1800 102 4444 (Airtel, TATA, BPL, Spice Telecom - Punjab & Shyam Tel subscribers)
Email ID: cro@bharti-axalife.com

3. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address given below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

Address of the Insurance Ombudsman:

Office of the Ombudsman	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri Amitabh	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House Nr. C.U.Shah College 5, Navyug Colony, Ashram Road, AHMEDABAD – 380 014 Tel.079-27546150 Fax:079-27546142 E-mail: insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri N.A.Khan	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri S.K.Dhal	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park BHUBANESHWAR – 751 009 Tel.0674-2596461(Direct) Secretary No.:0674-2596455 Tele Fax - 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa

CHANDIGARH	Shri K.M.Chadha	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building Sector 17-D , CHANDIGARH – 160 017 Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri K.Sridhar	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018 Tel. 044-24333678 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Sri P.K.Mishra	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002 Tel. 011-23239611 Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajashtan
GUWAHATI	Shri Sarat Chandra Sarma	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor Nr. Panbazar Overbridge , S.S. Road GUWAHATI – 781 001 Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri P.A.Chowdary	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD – 500 004 Tel. 040-23325325 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Shri James Muricken	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015 Tel: 0484-2358734	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry

		Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	
KOLKATA	Shri K.Rangabhashyam	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, KOLKATA – 700 001 Tel.:033-22134869 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Shri M.S.Pratap	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj, LUCKNOW – 226 001 Tel.:0522-2201188 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI	Shri R.K.Vashishtha	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI – 400 054 PBX: 022-26106928 Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra , Goa

4. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
5. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
 - only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
 - within a period of one year from the date of rejection by the insurer
 - if it is not simultaneously under any litigation.

2.18 Customer Service

All communication in relation to the Policy shall be addressed to any of the following:

Department: Customer Service
Registered Office: 6th floor, Unit No. 601 & 602, Raheja Titanium,
Off Western Express Highway,
Goregaon (E), Mumbai 400 063
Website: www.bharti-axalife.com

E-mail: service@bharti-axalife.com
Toll Free no.: 1800 425 1350 (MTNL, BSNL subscribers)
Toll Free no.: 1800 102 4444 (Airtel, TATA, BPL, Spice Telecom
- Punjab & Shyam Tel subscribers)
Phone: 020-4018 2300, 020-2614 1350
Fax: 022-40306347