

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl. no.	Title	Description in Simple Words <i>(Please refer to applicable Certificate of Insurance Clause Number in next column)</i>	Certificate of Insurance (COI) Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	Max Life Group Credit Life Secure Plan UIN- 104N072V04	COI Header
2.	COI Number	<COI Number>	COI Schedule
3.	Type of Insurance Policy	A Non-Linked Non-Participating Group Pure Risk Life Insurance Plan	COI Header
4.	Basic Policy details	<ul style="list-style-type: none"> • Instalment Premium: <Not Applicable> • Mode of Premium payment: Single Premium • Sum Assured on Death: As per Schedule of Sum Assured mentioned in Certificate of Insurance • Sum Assured on Maturity: Not Applicable • Policy Term: <add Policy term> in month/s • Premium Payment Term: Single Premium 	COI Schedule
5.	Policy Coverage/benefits payable	<ul style="list-style-type: none"> • Benefits payable on Maturity: <ul style="list-style-type: none"> ➤ There is no Maturity Benefit under this Policy. • Benefits payable on Death: <p>If the policy is in force, then, upon death of the Insured Member during the period of coverage, We shall pay one of the following:</p> <ul style="list-style-type: none"> i. in case decreasing cover option has been chosen - The Sum Assured on Death as indicated in the Certificate of Insurance 'Schedule of Sum Assured on Death', irrespective of the actual loan outstanding on the date of death of such Member; ii. in case level cover option has been chosen - The Sum Assured on Death as specified in the Certificate of Insurance. <p>Moratorium Option: Moratorium period option is available with decreasing cover option which may be chosen in</p>	<p>Clause 4</p> <p>Clause 2</p> <p>Clause 2.1</p>

		<p>multiples of 1 month with minimum of 1 month. The Sum Assured on Death is the initial amount of cover throughout the moratorium period. After the moratorium period, Sum Assured on Death will decrease during remainder of the coverage period.</p> <ul style="list-style-type: none"> • Survival Benefits excluding that payable on maturity: ➤ No survival benefits are payable under the Policy • Surrender Benefits: <p>During the Period of Coverage, a Member may request for the surrender by making a written request, upon which We shall pay the surrender value to the Member based on the below formula:</p> <p>Surrender Value = 70% of Premium paid * (Unexpired risk period in months at the date of Surrender[^] / Total Period of Cover in months) * (Sum Assured on Death applicable at time of Surrender^{^^} / Sum Assured on Death at inception)</p> <p>[^]Ignoring fraction of a month ^{^^}As per Schedule of Sum Assured on Death in the certificate of insurance.</p> <p>Upon receipt of a valid surrender request, the cover shall cease and upon payment of the surrender value, all benefits and rights under the Certificate of Insurance shall automatically cease and shall discharge Us from all of our liabilities in respect of the Member.</p> <ul style="list-style-type: none"> • Options to policyholders for availing benefits, if any, covered under the policy. ➤ This is not applicable. • Other benefits/options payable, specific to the policy, if any: ➤ This is not applicable. • Lock-in period for Linked Insurance products: ➤ This is not applicable. 	<p>Clause 4</p> <p>Clause 3</p>
6.	Options available (in case of Linked Insurance Products)	<ul style="list-style-type: none"> • Partial Withdrawal: ➤ This is not applicable. • Top-up Provision: 	

		<ul style="list-style-type: none"> ➤ This not applicable. • Switches: ➤ This is not applicable • Premium Redirection: ➤ This is not applicable. • Settlement Option: ➤ This is not applicable. • Any other option ➤ This is not applicable. 	
7.	Option available (in case of Annuity product)	<ul style="list-style-type: none"> • Type of immediate annuity, for example Life annuity with Return of Purchase price etc. ➤ It is not applicable • Proportion of annuity amount guaranteed for variable pay-out option. ➤ Not Applicable • Any other option ➤ Not Applicable 	
8.	Riders opted, if any	<ul style="list-style-type: none"> • Summary of coverage ➤ Max Life Group Critical Illness Secure (Accelerated benefit) Rider (UIN: 104B032V03): This rider provides benefit upon diagnosis of any of the critical illnesses covered. 	
9.	Exclusions (events where insurance coverage is not payable), if any.	<p>Brief list of the applicable exclusions, if any:</p> <ul style="list-style-type: none"> • Suicide Exclusion <p>If a Member commits suicide, within 12 (Twelve) months from the Effective Date of Coverage/Date of Commencement of Risk or Entry Date, as the case may be, the cover will cease and no Death Benefit shall be payable under the Policy in relation to such Member and in such event, We will refund the Premium received by Us (inclusive of extra premiums and applicable taxes, cesses and levies (if any) in respect of such Member, without</p>	Clause 5

		interest, after deducting the expenses incurred by Us for the grant of Insurance. However, the nominee or beneficiary of the Member (s) will be entitled to at least 80% of the Premium paid to Us till the date of death of the Member(s) or the Surrender Value available as on the date of death, whichever is higher, provided the Policy is in force. If Co-Borrower, survives the Borrower, the insurance for such Co-Borrower shall continue in accordance with the terms of this Policy.	
10.	Waiting /lien Period, if any	Number of Days Not Applicable	
11.	Grace period	Number of Days: Not Applicable	
12.	Free Look Period	Number of days: 30 days beginning from the date of receipt of the Certificate of Insurance	Clause 6
13.	Lapse, paid-up and revival of the Policy	Not Applicable	
14.	Policy Loan, if applicable	Not Applicable	
15.	Claims/Claims Procedure	<ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigation, if any, whichever is later. • Brief procedure <p>Notice of Claim – All cases of death must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay is proved to be for reasons beyond the control of the Claimant.</p> <p>Claim forms as required by us must be completed and furnished to us, at the Claimant's expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to require any additional proof and documents in support of the claim.</p> <ul style="list-style-type: none"> • Helpline number <p>➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</p>	Clause 7

		<ul style="list-style-type: none"> • Contact Details of the Insurer: ➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - www.maxlifeinsurance.com • Link for downloading claim form and list of documents required including bank account details: ➤ https://www.maxlifeinsurance.com/downloads ➤ We will require the following documents in case of claim under this Policy regarding the death of the Life Insured: <p>Documents for death claims</p> <ol style="list-style-type: none"> i. Claimant's statement in the prescribed form; ii. original Certificate of Insurance; iii. original/ attested copy of death certificate issued by the local/municipal authority; iv. identity proof of the Member and the Nominee(s) bearing their photographs and signatures v. copy of bank passbook / cancelled cheque of the Claimant with name and account number printed <p>Additional documents in case of death due to medical reason:-</p> <ol style="list-style-type: none"> i. attending physician's statement and hospital treatment certificate (if any); ii. discharge summary / indoor case papers in case death happened due to medical reasons in a hospital; <p>Additional documents in case of Accidental Death/Murder/Suicide cases and any unnatural death:-</p> <ol style="list-style-type: none"> i. a copy of police complaint/ first information report ii. a copy of duly certified post mortem report-autopsy/viscera report and a copy of the final police investigation report /charge sheet <p>Additional documents in case of death in foreign country:-</p> <ol style="list-style-type: none"> i. body transfer certificate / embassy documents / post-mortem report whichever applicable ii. Copy of passport 	
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16.	Policy Servicing	<ul style="list-style-type: none"> • Turn Around Time (TAT): up to 15 days • Helpline number <ul style="list-style-type: none"> ➤ 1860-120-5577 (Call charges apply) or 0124- 4219090 • Contact Details of the Insurer: <ul style="list-style-type: none"> ➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - www.maxlifeinsurance.com • Link for downloading applicable forms and list of documents required including bank account details: <ul style="list-style-type: none"> ➤ https://www.maxlifeinsurance.com/downloads ➤ We will require the following documents in case of policy servicing under this Policy regarding the death of the Life Insured: <ul style="list-style-type: none"> • Application in the prescribed form; • original Policy document (if any); • identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Policyholder or Life Insured (bearing their photographs and signatures); • NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook; • any other documents or information required by Us for assessing and approving the claim request. 	
17.	Grievances /Complaints	<ul style="list-style-type: none"> • Contact Details of Grievance Redressal Officer of the insurer: <ul style="list-style-type: none"> ➤ Grievance Redressal Officer, Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India • Link for registering the grievance with the insurer's portal <ul style="list-style-type: none"> ➤ https://www.maxlifeinsurance.com/customer-service/grievance-redressal • Contact details of Ombudsman <ul style="list-style-type: none"> ➤ Refer Annexure A for the Ombudsman details 	Clause 12

Declaration by the Member

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

Place:

(Signature of the Member)

Date:

Note:

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.maxlifeinsurance.com/group-insurance-plans/credit-life-secure>.
- ii. In case of any conflict between the terms contained in this document and COI, the terms and conditions mentioned in the COI shall prevail. However, in case of any conflict between the terms contained in the COI and policy contract, the terms and conditions mentioned in the policy contract shall prevail.
- iii. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

Annexure A: List of Insurance Ombudsman

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: bimalokpal.bengaluru@cioins.co.in. (State of Karnataka)

BHOPAL- Office of the Insurance Ombudsman, , 1st Floor, Jeevan Shikha, 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: bimalokpal.bhopal@cioins.co.in (States of Madhya Pradesh and Chhattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in (State of Odisha.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: bimalokpal.chandigarh@cioins.co.in [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

CHENNAI- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

DELHI- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

KOCHI- Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: bimalokpal.ernakulam@cioins.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

GUWAHATI - Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: bimalokpal.guwahati@cioins.co.in (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, “Moin Court”, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: bimalokpal.hyderabad@cioins.co.in (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

JAIPUR- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: bimalokpal.jaipur@cioins.co.in (State of Rajasthan)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: bimalokpal.kolkata@cioins.co.in (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW- Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in (Following Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022- 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

NOIDA - Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddha Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: bimalokpal.noida@cioins.co.in (State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

PATNA - Office of the Insurance Ombudsman, 2nd floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : bimalokpal.patna@cioins.co.in (State of Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)