



Bajaj Life Group Credit Protection Plus

A Non-linked Non-Participating Group Life Insurance Plan



About Bajaj Life Insurance Limited

(Formerly known as Bajaj Allianz Life Insurance Company Limited)

Bajaj Life Insurance Limited one of India's leading private life insurers, is a subsidiary of Bajaj Finserv Limited. Built on the strong foundation of the Bajaj Group's legacy, it offers innovative life insurance solutions with a focus on enabling Life Goals for millions across the country.

Bajaj Life Group Credit Protection Plus

Giving your members and their families the heartening reassurance of your care and peace of mind in the event of premature demise of the member. Also an economical way to protect the member's family from the burden of repayment of any loan in case of death or accidental permanent total disability (if opted) or critical illness of the member (if opted).

We bring to you – Bajaj Life Group Credit Protection Plus.

Bajaj Life Group Credit Protection Plus is a non-linked, non- Participating, Group Life Insurance Plan. This plan is intended to cover various types of loans given by employers and also covers borrowers/ co-borrowers of various types of financial institutions, co-operatives, etc.

Key Advantages

- Provides financial protection from the burden of repayment of loan
- Choice of coverage – level or reducing – to match your member's loan type
- Flexibility of premium payment with regular and single premium payment options
- Policy Term from 1 year to 30 years
- Option to add Accelerated Critical Illness Benefit and/or Accelerated Accidental Permanent Total Disability Benefit
- Moratorium of 0 to 8 years
- Coverage can be extended to top-up loans
- Hassle free and convenient documentation

Working of the scheme under Bajaj Life Group Credit Protection Plus

- You will be the master policyholder.
- The customers who would get coverage under this policy will be the members.
- The premium for each member will be determined based on the loan type, benefits chosen, average Sum Assured, membership term, choice of coverage, age, underwriting, mortality rating, interest rate, moratorium period and premium payment option.
- Policy term of individual member will be equal to the outstanding loan tenure. If the outstanding loan tenure is in fractional years, then, only single premium option or monthly mode option under regular premium shall be allowed, subject to the minimum policy term conditions.
- The schedule of insurance shall be based on the loan interest rate and the loan amount outstanding at the inception of the policy.

- The Sum Assured, as per the schedule of insurance at the start of the month, shall be paid on earlier occurrence of Death or Accidental Permanent Total Disability (if opted) or Critical Illness of the member (if opted).
- The Sum Assured can be either level or reducing. Under the reducing cover option, the amount of cover will be level during the moratorium period, if any. After the moratorium period, the cover shall reduce over the outstanding duration based on the loan interest rate. The loan interest during the moratorium period is not covered and has to be borne by the member. Level cover shall be offered only in case of interest only loans.
- Your members' can be covered for Top Up loans also with a separate repayment schedule at the time of taking this option
- It is available on a single life basis.

Benefits

Death Benefit

The Sum Assured as per the schedule of insurance at the start of the month of death shall be paid on death of the member provided the member's cover under the policy has not been terminated already. On the payment of the death benefit, all the risk cover of the member shall be terminated. If the death of the member is during the Grace Period, death benefit as per schedule of insurance will be payable, after deduction of the due premiums from the Death Benefit.

"Sum Assured as per the schedule of insurance" is the loan outstanding as on the start of the month of death or occurrence of accidental permanent total disability or critical illness." (The schedule of insurance is the loan schedule prepared at the inception of the member's policy term based on the loan amount outstanding,

Optional Inbuilt Benefit

You may opt for the following optional inbuilt benefit for your members at the inception of the policy:

a) Accelerated Critical Illness Benefit

Provided the member's cover under the policy has not been terminated, then on diagnosis of first critical illness (as specified below) on the life of the member, the Sum Assured, as per the schedule of insurance at the start of the month of diagnosis of the critical illness, shall be paid on the life of a member. On the payment of the critical illness benefit all the risk cover of the member shall be terminated.

b) Accelerated Accidental Permanent Total Disability Benefit

Provided the member's cover under the policy has not been terminated, then, on accidental permanent total disability (as specified below) of the member, the Sum Assured, as per the schedule of insurance at the start of the month of accidental permanent total disability, shall be paid on the life of a member. On the payment of the accidental permanent total disability benefit all the risk cover of the member shall be terminated.

Maturity Benefit

There is no maturity benefit in this plan.

Features

Policy Surrender

You can surrender the policy anytime. After the surrender, you cannot enroll new members under the policy. The existing members will continue to be covered under the policy (on payment of due premiums as & when they fall due) and the members will be directly serviced by us. The policy will be endorsed to this effect and the members will be intimated of the same.

Membership Surrender

Availability of surrender will depend on the options chosen:

- (i) Surrender value is not available under this plan if the Regular Premium Level Cover Option has been chosen
- (ii) Surrender value is not available under Single Premium – Level & Reducing Covers option where Policy Term is one year.
- (iii) Under Regular Premium Reducing Cover Option, the member can surrender his/ her cover at any time but the surrender value shall be available after the premium payment term, provided all the premiums due are paid for that member.
- (iv) Under Single Premium Option, the member can surrender his/ her cover under the policy at any time.
- (v) In the cases where Surrender Value is available, the higher of the Guaranteed Surrender Value and Special Surrender Value shall be paid.

o The Guaranteed Surrender Value (GSV) is GSV factor X Premium paid till date. The sample of GSV factor is given in the below table:

Membership Term	Elapsed duration in years from the date of membership into the scheme					
	5	10	15	20	25	Reducing Cover
10	0.0750	-	-	-	-	-
20	0.1688	0.0750	0.0188	-	-	0.1250
30	0.2083	0.1333	0.0750	0.0333	0.0083	0.2222

(vi) The proposed Special Surrender Value (SSV) is:

- For Single Premium Option:
 - Level Cover Option - SSV2 Factor * Single Premium
 - Reducing Cover Option - SSV3 Factor * Single Premium
 - The sample of SSV factor for Single Premium Option is given in the below table:

	Elapsed duration in years from the date of membership into the scheme			
	Level			
	5	10	20	25
10	0.2500	-	0.1250	-
20	0.3750	0.2500	0.2813	0.0313
30	0.4167	0.3333	0.3472	0.1250

- Under Regular Premium Reducing Cover Option: SSV1 factor x Total Regular Premiums paid till date. The sample of SSV factor is given in the below table:

(vii) The Company will declare SSV and the Company shall have the right to revise the SSV factors from time to time, subject to prior IRDAI approval.

This is the period over which the amount of cover will be level under the reducing cover option. After the Moratorium Period, the cover shall reduce over the outstanding Policy Term of Individual Member based on the loan interest rate. The loan interest during the Moratorium Period is not covered and has to be borne by the Member. A member can choose a moratorium period of 0 years to 8 years.

Eligibility Conditions

Parameter	Details																													
Age at Entry	Minimum: 15 years Maximum: 75 years																													
Age at Maturity	Minimum: 16 years Maximum: 80 years																													
Policy Term (Individual Members)	Policy Term					Regular Premium															Single Premium All Covers									
						Level Cover										Reducing Cover														
	Minimum					60 months (5 years)										96 months (8 years)					12 months (1 year)									
	Maximum					360 months (30 years)																								
Premium Payment Term (Individual Members)	For Regular Premium Level Cover - Equal to the Policy Term (PT) For Regular Premium Reducing Cover - As given below:																													
	PT (yrs)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
	PPT (yrs)	5	6	6	7	8	8	9	10	10	11	12	12	13	14	14	15	16	16	17	18	18	19	20						
Moratorium Period	Minimum: 0 years Maximum: 8 years																													
Premium	It will depend on Sum Assured and other factors such as age, mortality loading etc.																													
Sum Assured per member	Minimum: ₹10,000 Maximum: No limit																													
Size of the Group	Minimum: 50 members Maximum: No limit																													
Premium Payment Frequency	Single, Yearly, Half Yearly, Quarterly, Monthly (Where policy term of member is expressed in months only single premium and monthly mode is available)																													
Premium Frequency Factors	Monthly					Half Yearly					Quarterly					Yearly														
	1/12					0.48					0.242					0.95														

*Your annualized premium is derived for the monthly premium payment mode. The premium for other modes are obtained by multiplying the annualized premium with the above premium frequency factor.

Alteration of Premium Payment Frequency

Under the regular premium option, the premium payment frequency may be changed on the request of your/ your members at any membership anniversary.

Payment of Premium

- a) Premiums in respect of all the Member are payable on Date of commencement of risk and on subsequent Premium Due Dates or within the Grace Period allowed (in case of Regular Premium option) without there being any obligation on the Company to notify the Policyholder and/or the Member of the due dates.
- b) Where the Regular Premiums due have not been paid on the Premium Due Dates or even during the Grace Period, in respect of a Member, the Life Insurance Cover of the Member under the Policy shall be subject to the Non forfeiture (non-payment of premium) condition.
- c) The frequency of the Regular Premium payment may be changed by giving written notice to the Company at any membership anniversary, subject to the Company agreeing to the change and the minimum Premium requirements by the Company. Regular Premium may be paid at regular intervals on an annual, half-yearly, quarterly or monthly basis.

Tax Benefits

As per applicable tax laws.

Non- payment of premium

If any regular premium is not received in respect of a member within the grace period, the member's cover shall cease.

But if his membership in the group continues then the cover can be revived within the revival period of 5 years from the due date of first unpaid premium and before the end of premium payment term in respect of that member. The revival of such membership will be subject to underwriting, and after paying all due premiums together with interest and on terms agreed at time of revival/reinstatement. At the expiry of the revival period, if the cover is not reinstated, the membership in the group would be terminated and no residual benefit shall be paid on such termination.

On foreclosure of loan or transfer of loan to another financial institution by the member, the member has the option to continue the insurance cover or surrender his membership. On surrender of the membership, the surrender value, if any, as applicable will be payable and the membership will terminate.

Revival

The policy or membership, which has lapsed due to non-payment of premium before the expiry of the grace period, may be revived subject to the following conditions:

- 1. The membership of the member continues in the group
- 2. The application for revival of risk cover is made within 5 years from the due date of the first unpaid premium (revival period) and before the end of premium payment term in respect of that member

3. The arrears of premiums due together with interest at such rate as decided by the Company from time to time is paid
 4. On Member producing evidence of insurability satisfactory to the Company
 5. The revival of the risk cover may be on terms different from those applicable to the member before it lapsed, based on prevailing underwriting norms of the Company
 6. The revival of risk cover will take effect only on it being specifically communicated by the Company to the policyholder
- After revival, risk cover shall be available only for the loss or insured event which occurs after the revival date.

Optional Inbuilt Benefit details

a) Accelerated Accidental Permanent Total Disability

Accidental permanent total disability means disability of a member as a result of bodily injury caused by an accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Member's disability which must be total and permanent, and must result in at least one of the following:

(i) Loss of sight in both eyes; (ii) Loss of both arms or both hands; (iii) Loss of one arm and one leg; (iv) Loss of one arm and one foot; (v) Loss of one hand and one foot; (vi) Loss of one hand and one leg; (vii) Loss of both legs; (viii) Loss of both feet; (ix) Removal of the lower jaw

If the disability is due to amputation/dismemberment, the loss of hand will mean amputation/dismemberment above wrist, the loss of arm will mean amputation/ dismemberment above elbow, the loss of feet will mean amputation/dismemberment above ankle and the loss of leg will mean amputation/dismemberment above knee.

If the disability is not due to amputation/dismemberment, the loss will mean loss of usage of both limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only.

Loss of both eyes means total loss of vision in both eyes, certified by an ophthalmologist

b) Accelerated Critical Illness

Following Critical illnesses are covered under this plan option:

1. CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. 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 TaNOM0 or of a lesser classification
- (viii) All Gastro-Intestinal Stromal Tumors histologically classified as T1NOM0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. FIRST HEART ATTACK – OF SPECIFIED 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 this will 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: (a). Other acute Coronary Syndromes (b) Any type of angina pectoris; (c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. 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

4. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. 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.

6. 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. 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.

7. 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.

8. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

9. AORTIC SURGERY

The undergoing of surgery to correct any narrowing, dissection, obstruction or aneurysm of the thoracic or abdominal aorta, but not its branches.

The surgery must be considered medically necessary by a recognized consultant cardiologist and must be the most appropriate treatment.

All minimally invasive procedures such as keyhole, catheter, laser, angioplasty or other intra-arterial techniques are excluded.

Congenital narrowing of the aorta and traumatic injury of the aorta are specifically excluded.

10. PRIMARY PULMONARY HYPERTENSION

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

11. ALZHEIMER'S DISEASE

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.

The diagnosis of Alzheimer's disease must be confirmed by a specialised medical practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the following six (6)

"Activities of Daily Living" for a continuous period of at least three (3) months.

Activities of Daily Living are defined as: (a) 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; (b) Dressing – the ability to put on, take off,

secure and unfasten all garments and, as appropriate, any braces, or artificial limbs or other surgical appliances; (c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa; (d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (e) Feeding – the ability to feed oneself once food has been prepared and made available. (f) Mobility – the ability to move from room to room without requiring any physical assistance.

The following are excluded: (i) Drug-induced or toxic causes of Parkinsonism; (ii) Any other type of irreversible organic disorder/dementia; (iii) Non-organic disease such as neurosis; and (iv) Alcohol-related brain damage.

Please note that Bajaj Life Group Credit Protection Plus does not cover any other illness or condition other than that those mentioned above. The exclusions with respect to each covered illness are as mentioned along with the details of the illnesses and under general exclusions.

The product shall not be offered, if the member has any of the exclusion condition already at inception

Termination

The membership will terminate:

- on earlier occurrence of Death or Accelerated Accidental Permanent Total Disability, if opted or Accelerated Critical illness, if opted
- on expiry of the revival period of 5 years, if the membership is not reinstated
- on surrender of the membership if Regular Premium Level Cover is opted and on date of payment of surrender value in case of all other options
- on the maturity date/ completion of the term of the cover for member

Free Look

1. The Member/Master policyholder has a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy, except if tenure of the policy is less than a year
2. In the event Member/Master Policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, Member/Master Policyholder shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.
3. Irrespective of the reasons mentioned, Member/Master Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the Member and stamp duty charges.
4. A request received by the Company for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.

Grace Period

Under Regular Premium Option

A grace period of 30 days for the yearly, half yearly and quarterly premium payment frequencies and 15 days for the monthly premium payment frequency is allowed under the policy, from the due date of Regular Premium payment, without any penalty or late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption as per the Policy terms and conditions.

If death occurs during the grace period, the benefit payable shall be after deduction of the due unpaid premiums.

Under Single Premium Option

Not available

General Exclusions

Suicide Exclusion:

In case of death of the Member due to suicide within 12 months from the date of commencement of risk or the date of latest revival of the policy/membership, whichever is later, then, the Nominee or beneficiary of the member shall be entitled to receive, the higher of 80% of the Total Premiums Paid till the date of death of the member or the Surrender Benefit available as on the date of death of the member as death benefit, provided the policy/membership is in force.

Other Exclusions:

In case of Accidental Permanent Total Disability, if opted by the member under this Policy, the Accidental Permanent Total Disability benefit shall not be payable, if the disability is directly or indirectly caused by, related to or arises from the following cases:

- Disability as a result of the member/s committing any breach of law with criminal intent
- Disability of member/s as a result of war, invasion, civil war, rebellion or riot
- Disability as a consequence of the member/s being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner
- Disability as a result of the member/s taking part in any naval, military or air force operation
- Disability as a result of the member/s participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition
- Disability of member/s as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable
- Disability of member/s as a result of attempted self-injury
- Disability of member/s as a result of failure to seek or follow medical advice given by registered medical practitioner
- Diagnosis and treatment outside India

In case of Accelerated Critical Illness Benefit, if opted by the member, the benefit shall not be paid if any critical illness of the member/s, is directly or indirectly caused by, related to arises from:

- Any critical illness or its signs or symptoms having occurred within 180 days of the date of commencement of

risk or the date of revival whichever is later

- The member/s committing or attempting to commit a criminal act whether alone or with others
- The member/s actual or attempted self-injury whilst sane or insane
- War, invasion, civil war, rebellion or riot
- The member/s being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner
- The member's participation in any naval, military or air force operation or participation in any dangerous or hazardous sport, competition or riding or driving in any form of race or competition
- The member's participation in aviation, gliding or any form of flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable
- The member's failure to seek or follow medical advice given by registered medical practitioner
- A congenital condition of the member/s
- Diagnosis and treatment outside India

Grievance Redressal

Link for registering the grievance with the insurer's portal: Insurance company grievance portal - <https://shorturl.at/HkC2M>

In case the Policyholder have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Centre at Branch Office of the Company during the Company's office hours from Monday to Saturday (excluding public holidays), 9 am to 7 pm. Alternatively, you may communicate with the Company:

By post at: Customer Care Desk,

Bajaj Life Insurance Limited

Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006

By Phone at: Customer Care Number: 020-6712 1212

By Email: customercare@bajajlife.com

In case the Policyholder are not satisfied with the resolution provided to him by the above office, or have not received any response within fourteen (14) days, or he has any suggestion in respect of this Policy or on the functioning of the office, he may contact the following official for resolution:

Grievance Redressal Officer,

Bajaj Life Insurance Limited

Bajaj Insurance House, Airport Road Yerawada, Pune, District - Pune, Maharashtra -411006

Customer Care Number: 020-6712 1212

Email ID: gro@bajajlife.com

If the Policyholder is not satisfied with the response or does not receive a response from the Company within fourteen (14) days, he may approach the IRDAI Grievance Call Centre (IGCC) on the following contact details:

By Phone: TOLL FREE NO: 155255, 1800-4254-732

By Email: complaints@irdai.gov.in

By post at: Policyholder's Protection & Grievance Redressal Department - Grievance Redressal Cell Insurance

Regulatory and Development Authority of India

Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032

The Policyholder can also register his complaint in the Bima Bharosa Shikayat Nivaran Kendra;
<https://bimabharosa.irdai.gov.in>

In case the complaint is not resolved within 30 days or you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman. Contact details of Ombudsman: Find your nearest Ombudsman office at <https://www.cioins.co.in/ombudsman>

Statutory Information

Assignment: Section 38 of the Insurance Act, 1938

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

Nomination: Section 39 of the Insurance Act, 1938

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

Prohibition of Rebate: Section 41 of the Insurance Act, 1938

Prohibition of Rebate would be dealt with in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time.

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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.

Any person making default in complying with the provision of this section shall be punishable with a fine that may extend upto ten lakh rupees.”

Fraud & Misstatement - Section 45 of the Insurance Act, 1938

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

Applicability of Goods & Service Tax

Goods and Service Tax is charged based on type of Policy communication address of the Policyholder. This may change subject to change in rate/state in address of the Policyholder as on date of adjustment.

Contact Details

Regd. Office Address

Bajaj Life Insurance Limited, Bajaj Insurance House, Airport Road, Yerawada, Pune - 411 006
IRDAI Reg No.: 116 | CIN: U66010PN2001PLC015959

For any queries please contact:

Sales: 022-6124 1800

Service: 020-6712 1212

Mail us : customercare@bajajlife.com

Visit us: www.bajajlifeinsurance.com

Bajaj Life Group Credit Protection Plus

UIN: 116N094V08

For More Information: Kindly consult our "Insurance Consultant" or call us today on the Customer Care Numbers mentioned above.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS- IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of Premiums. Public receiving such phone calls are requested to lodge a police complaint

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