



HDFC Standard Life Insurance Company Limited
HDFC BIMA BACHAT YOJANA (UIN: 101N009V02)

Policy No. R.

Corporate Office: 2nd Floor, 'A' Wing, Trade Star Building, Near Hotel Kohinoor Continental, Andheri-Kurla Road, Andheri (E), Mumbai – 400 059.

Regd. Office: Ramon House, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai – 400 020.

Premium Receipt

HDFC Standard Life hereby acknowledges the receipt of a premium of Rs. 500.

Policy Schedule and Provisions

Name of the Life Assured (Policy holder): _____

Age at Entry _____ Age Admitted Yes/No

Date of Commencement _____ (dd/mm/yyyy) Date of Maturity _____ (dd/mm/yyyy)

The premium of Rs. 500, due on the date of commencement, has been received. There are no further premium/s due. This policy does not participate in profits.

On survival of the life assured to maturity of the plan which is 5 years after the inception date, we will pay Rs. 1000.

On termination of your plan before maturity we will pay (in Rs.):

During Year	1	2	3	4	5
On Death	5000	5000	5000	5000	5000
On Surrender	500	550	625	700	850

Surrender: If you wish to surrender this policy, a written request should be sent to the Branch address given below, enclosing this Policy document.

Death claims: All death claims should be made in writing to the Branch address given below, enclosing this Policy document and a death certificate issued by a competent authority.

Exclusions: There are no exclusions to this policy.

Loans: We will not grant a loan against this policy.

Assignments: This policy cannot be assigned.

Nominations: Any notice of change in nomination must be notified in writing to the Branch address given below.

Signed aton this.....day of.....20.....

For HDFC Standard Life Insurance Company Limited

FC/SDM/BDM/ASM's Signature _____

FC/SDM/BDM/ASM's Name & Code _____

Authorized Signatory

This Signature and code is essential for the Policy to be valid and in force.

The premium paid is eligible for benefits Under Section 80 C of Income Tax Act, 1961.

Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your life insurance company. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the illustration table on this page.

If your policy offers variable returns then the illustration on this page will show two different rates of assumed investment returns. These assumed rates of return are not guaranteed and they are not upper or lower limits of what you might get back as the value of your policy is dependent on a number of factors including future investment performance.

All benefits provided by HDFC BIMA BACHAT YOJANA are guaranteed.

Address for all correspondence and queries

Grievance Procedure

To ensure effective redressal of Policyholder's grievances, the company has put in place a mechanism administered by the Grievance Redresal Officer who can be reached through the Branch Office, address of which is mentioned on the reverse of this Policy. Kindly note that in case you are not satisfied with the response from the Company, you can also approach the Insurance Ombudsman located in your region. Details of such Insurance Ombudsman will be made available to the Policyholder on request.

Option to Withdraw

Please note that in case you are not satisfied with any provision under the policy, you have the option of returning the Policy to us stating your reasons therefor, within 15 days from the date of receipt of the Policy. On receipt of your letter along with the original Policy documents we shall arrange to refund the premium paid by you, subject to deduction of the proportionate risk premium for the period on cover and stamp duty charges. A policy once withdrawn shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

Maturity/Surrender/Death Claim Receipt

I, Policyholder/Nominee/Legal Representative of the Life Assured do hereby acknowledge receipt from HDFC Standard Life Insurance Company Limited the sum of Rs. _____ (Rupees _____ only) in full and final satisfaction and discharge of all my claims and demands under the policy number _____ being matured/surrendered/the claim having risen on death of the life Assured _____ and which policy is hereby delivered to the said company to be cancelled.

Signature/ thumb impression of Claimant:

Name in Block Letters: _____

Address: _____

Place: _____ Date: _____

This declaration must be witnessed by an Advocate/Bank Manager/Block Development Officer/ Commissioner of Oaths/Notary/Doctor/Gazette Officer/Head Master of a High School/ Head Post Master or Departmental Sub-Post Master/Magistrate or President of a Village or Local Body.

Signature of Witness:

Date: _____

Name in Block Letters: _____ Designation: _____

Address: _____

Telephone number: _____

If the Claimant signs in vernacular or affixes a thumb impression, the witness should also sign the following.

I certify that the contents of this form were explained to the Claimant in, _____ (language) and he/she has affixed his/her thumb impression after fully understanding the same.

Signature of Witness: