

POLICY SCHEDULE

Non Linked Non Participating Plan

Policy Number :
Plan Name : Jana Suraksha Plan Code :
UIN: 122N021V02
Policyholder
Name :
Date of Birth :
Sex :
Address :
Insured

Name : Date of Birth :

Age : Sex :

Address :

Whether Age Admitted:

Insurance Details

Sum Assured : Policy Term:

*Regular Premium: Premium Frequency:

Total number of Premiums:Applicable Tax Amount :

Total Amount :

Risk Commencement Date: Maturity Date:

Due Date of Last Premium:

* Applicable taxes will be charged and/ or deducted on/ from the premium at the prevailing rate. Tax laws are subject to change.

Nomination Details (Under section 39 of the Insurance Act 1938 as amended from time to time)

Nominees

Name

Date of Birth

Age:

Your relation:

Appointee (in case of minority of the Nominee)

Name :

Date of Birth :

Company's Address:

Any special conditions:

Endorsements, if any:

All premiums and benefits under this Insurance are payable in Indian Rupees.

This Schedule forms an integral part of the Policy Document and should be read in conjunction with them.

Intermediary Details	
Intermediary Name:	
Intermediary Code:	Intermediary License No.:
Intermediary Telephone No.:	Intermediary Mobile No.:
Intermediary Email:	

Authorised Signatory:

Date:

Place:

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