



Practical Approach to Life & Health Insurance



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Term Insurance

Providing you the best coverage options.



Term is the simplest form of life insurance to understand.



Lower cost when compared to other modes of Insurance.



Term Insurance is usually a sensible choice for people who are building a family.



It's a good option for addressing requirements that will disappear in time, such as loan cover insurance

Practical Approach to Life & Health Insurance



Regd. office : Park View, Basement, 85/17, G.N.Chetty Road, T.Nagar, Chennai - 600 017.
email : bulletin@ifea.in www.ifea.in

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About this book

Life Insurance and Health Insurance are a must have for every family. We have compiled the relevant information, you would need to decide on the right coverage.

For more tools and calculators, please visit www.ifea.in

We hope you would find this booklet useful.

Happy Reading!

Rs.40/-

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Have you ever thought about Life insurance?

For many people, their first experience with life insurance is when a friend or acquaintance gets an Insurance Agent's license. Unfortunately, however, this is how most people acquire life insurance, to oblige them. But is life insurance something that you truly need, or is it merely an inconvenience created by a salesperson? While it may seem like the latter is true, there are actually many reasons why you should purchase life insurance.

To consider for Life Insurance

Life insurance is indispensable and fundamental to a sound financial plan. Over years, life insurance gives you peace of mind knowing that money would be available to protect your family financially. There is a requirement for life insurance if your absence could create financial hardship for a surviving spouse and children.

Coverage needs

Quantum of Insurance depends upon the needs, desires and financial objectives of the purchaser. A knowledgeable professional insurance broker can help you decide which type of policy is best for you depending upon your circumstances. But whichever you select, be sure that you have enough coverage to meet your objectives in short term and long term.

Needs approach or Human Life Value Approach?

Some experts suggest the Optimum cover based on a scientific formula "human-life value." It is a figure that reflects the present value of an individual's future earnings on a tax-adjusted basis. Some advisors undertake an exhaustive needs-based analysis that takes a number of factors into account, such as how much it would take to pay off mortgages, send kids to

college and replace lost income. Or simply, as a rule of thumb, 5 to 10 times of Annual Income may be considered for taking an Insurance Cover.

Which Product to choose?

Life Insurance Companies offer variants such as Term, Endowment, Money Back, Whole Life and Unit Linked Products. Think of it like renting a house versus buying a house. With term insurance, you are covered for a set amount of time, much like if you were renting. After your term ends, you are no longer covered. Other products are like buying a house, you get a benefit after the policy ends.

Types of Policies

Choose whether you need a pure insurance cover or you need an insurance cover coupled with an investment opportunity. The four major kinds of insurances that most people opt from are:

Term insurance:

Term life insurance or term assurance is life insurance which provides coverage for a limited period of time.

Endowment policy:

An endowment policy is a life insurance contract designed to pay a lump sum after a specified term (on its maturity) or on death, whichever is earlier.

ULIPs:

Unit-linked insurance plan (ULIP) provides for life insurance, where the policy value at any time varies according to the value of the underlying assets at the time.



Money-back policy:

Unlike ordinary endowment insurance plans where the survival benefits are payable only at the end of the endowment period, money-back policies provide for periodic payments of partial survival benefits during the term of the policy.

Save on premiums

- Shop around before buying a policy
- Consult brokers who work with various companies to get a better idea and choices.
- It requires medical test in few cases and the rates are lowest for a healthy person
- Life Insurance Premiums paid qualify for Income Tax Deduction under section 80C and you can save tax.

Tax benefits under section 80 c are available to all life insurance plans but you should take a call only after you carefully study all plans.

Advisors suggest that every person can have a combination of the above policies. Pure term is recommended to young people while Money Back/ Endowment plans tend to offer retirement solutions as well. ULIPs are useful for funding the College expenses of the kids.

How to Choose an Insurer?

It is also essential that people choose a company with a good record of paying out claims, as this suggests customers are less likely to encounter problems. This is much more important than looking for the one which is offering the cheapest premium.

Whichever company you choose – and whatever type of policy – the golden rule is to be honest and answer every medical question as truthfully as possible. Some insurance companies will look for any ways to wriggle out of paying the money.

You need to ensure that the insurance covers all your dependents and that it also covers the majority of health problems.

Overcome your myths on life insurance

Generally, young people have a tendency of deferring the decision of purchasing Life insurance. When it comes to Life Insurance, people are not fully aware and driven by myths. We'll try to sort the facts from fiction. The 5 common life insurance myths are:

Myth 1 – I'm young and I can wait to get insurance.

Life insurance is a product you have to buy before you need it. That means the time to purchase life insurance is when you're young and healthy. The pricing on life insurance policy depends on age, health and risk class and so it's cheaper to buy at an earlier stage of life.

Myth 2 – Spouses at home don't need their own life insurance

There's more to consider than a salary when it comes to determining how much insurance each spouse needs. Everything from housekeeping to extra-curricular activities would cost family extra money if a non-employed parent was no longer around to contribute. There is a financial cost, even if they did not have any income.

Myth 3 – No need for a private insurance plan if there is a group plan from the employer

A group plan is under the control of the employer and ends when there is a change in employment. An employer-paid policy typically offers a coverage amount based on employee's annual salary or a fixed amount and might be insufficient. A good rule of thumb is that you might need at least 10 times your annual salary and this will never be met by employer's Group Plan. It is better to have a private insurance plan and let the group plan be a supplementary or additional one.

Myth 4 – Life insurance is expensive and all policies are same

A plan can be tailor made to suit individual needs and requirements. A Combination of Term and Endowment plans can be customized. Term life insurance often gets more expensive as time goes on. Term is perfect if one needs coverage for ten years or less, or when one has limited cash to dedicate to insurance. Endowment Plans are actually one of the assets in your financial portfolio.

Myth 5 - Once you buy a life insurance policy, you can stop thinking about it.

You can't buy a policy and then just forget about it. Things change. When you got the policy, may be you had a young family. Twenty years later, your situation is likely very different. Review your policy periodically and make sure it fits your requirements.

Most of us spend plenty of our time planning for Goals and give relatively little thought to the issue of life insurance. Very often, people buy life insurance

right after they get married or have their first child and don't give it another thought until their policies are set to expire.

Life Insurance gives peace of mind while we plan our family's future. How much life insurance cover we need really depends on our circumstances and the type of protection we're looking for.

Term Plans

Term insurance is basic, inexpensive and easy to understand. It gives you all the coverage you need. That's why it's the best choice for almost everyone.

As the name implies, a term insurance policy is good for a specific period of time; that can be one year, 10 years, 20 years or even up to 30 years. Given that you generally need life insurance only until you've managed to save up money elsewhere, just pick the term that fits with the time you need coverage. In case of an unfortunate event, during that term, your beneficiaries get a payout, known as the death benefit. There is no survival or maturity benefit once the policy term expires. There may be some plans that offer to return the premiums paid by on survival.

The premiums for Term insurance policies are the lowest among all the types of life insurance policies. The premiums are low since there is no investment component and the entire premium goes for covering the risk. Premium depends on your age, your health and the size of the death benefit you want. The younger and healthier you are, the lower your premium will be.

How much cover do you need?

Your life insurance must take care of the following things: the basic expenditure that your family will incur, major expenses like marriage of children and other liabilities like loans. If the life cover is inadequate, it defeats the whole purpose of insurance.



One basic rule of thumb is that the Life Cover on your policy should equal 7 to 10 times the amount of your annual salary. But, like any rule of thumb, that isn't always particularly accurate.

Till when do you need the cover?

The tenure of the term plan is almost as important as the amount of cover. An insurance policy should cover a person till the age he intends to work. Till a few years ago, this was 60 years. Experts believe a person needs a life cover till at least 65 years, though it may vary according to circumstances.

Don't take a short-term cover of 15-20 years that ends when you are in your 40s. The premium will be very low because you will be insuring yourself for the non-risky years. In the 40s, the need for life cover is at its peak. If you take fresh insurance at that age, it will cost you a bomb. You might even be denied the cover if you have not been keeping well.

Balancing Life Insurance needs with a mix of group and individual life insurance policies.

We come across a lot of articles in Newspapers and Magazines as to which life insurance is a better choice. Some advisors recommend Group Insurance while some recommend Term Plans.

There is no one size fits all approach. It depends on how much life insurance you may need and how much of premium you can afford.

By combining the advantages of different life insurance products, you can help secure your family's financial future. Like diversifying an investment portfolio, choosing a few different life insurance options can offer you a broader range of coverage opportunities.

Group life insurance options

Group life insurance is purchased by a well-defined group, such as the company you work for or a professional organization you belong to. As the employer pays for or provides benefits, they determine coverage limits, control the policy, and can change or discontinue it at any time. This type of coverage may end when you separate from service with your employer.

Group insurance rates are based on the group of employees who are covered and generally do not take into account the health issues of any particular individual. As a result, there is no individual health assessment—or personal underwriting—involved. Group life insurance rates are based on both the volume and risk profile of the entire group.

Typically, group life insurance can be an attractive option, particularly for people who may not pass preferred underwriting guidelines for individual coverage. Another consideration is how the costs will change as you age or if you leave your employer.

Individual life insurance coverage

With individual life insurance, unlike with group life insurance, the individual controls the policy and chooses the coverage amount, term (if applicable), and any optional extra coverage (riders). Typically, an individual policy stays in force as long as the owner continues to pay the premium. Also, an individual life policy is not dependent on your employment status; a benefit will be provided as long as the contract is in force. For both term and other forms such as whole life / endowment, individuals usually go through a health assessment (underwriting) to determine coverage eligibility and cost.

Balance your life insurance coverage

For many people, combining the best aspects of each type of insurance can help them build a protection plan that is right for them.

Group coverage could be your base layer. Then you might add an individual insurance layer, based on what you might need at different stages of your life, and factoring in your budget. Many people fill the largest part of their individual insurance need with term life insurance, given the lower cost. Based on budget and the possible need to transfer wealth at some point, many add a layer of other insurance such as Endowment now, while they are in good health, or revisit it later in life.

Depending on your family's needs and goals, you will need to make the choices that best address your individual situation. While working with a financial advisor is suggested for complicated estate planning needs, you should be able to address common goals, including college funding or loan protection, by balancing the best of group and individual life insurance.

Ultimately, what you hope to create is a life insurance program that not only fits your budget, but includes key ingredients to help serve specific purposes within your financial plan.

Health Insurance

Health Insurance is a medical insurance policy that offers financial coverage for medical expenses when the policy holder is hospitalised. Health Insurance Companies cover the insured with the facility of cashless hospitalization at a network hospital or provide a reimbursement for the incurred expenses.

The health insurance plan ensures cashless treatment, reimbursement of medical expenses and day-care hospitalisation along with comprehensive

coverage for pre and post hospitalisation expenses etc. Furthermore the health insurance premium provides tax deduction under Section 80D of Income Tax Act 1961.

Why should one buy a Health Insurance?

'Health is Wealth' is a famous saying that refers to the importance of health to us and reveals that health is wealth. If a person is not healthy (do not feel in the state of physical, mental and social well being), wealth means nothing. So, our health is the real wealth; we should always try to be healthy. All individuals would like to lead a healthy life but in any unforeseen situations if they or their family members have met with any critical illness or with an accident, it may be difficult for the individual to meet up with the medical expenses. In order to come through the tough time, if in case the individuals are holding up with health insurance it would be an easier task for them to meet the unforeseen expenses.

Many individuals have a thinking that holding health insurance with their organisation is more than sufficient rather than having a separate health plan. However, it is very much necessary for them to have a separate personal health insurance plan apart from the one that is being held up in their organization. The major reason for the holding of personal health insurance is that, when the individual leaves the job or when the organization is being shut down due to unforeseen situations, this personal health insurance would be held up by them as an asset to their family even when they are out of their job. Apart from this, this health insurance protects the individual from unexpected, high medical cost. Without health insurance, even those who are



financially stable sometimes find themselves difficult to manage expenses in case of medical emergencies. This shows that despite having resources, urgent needs and lack of planning can put a hole in one's pocket during medical emergencies. Then in such situations health insurance comes to rescue, helping them avail of instant medical treatment when the need arises.

Some benefits offered by Health Insurance Policies:

1. **Cashless Treatment:** If a person is insured, he can get cashless treatments as his insurance company would work in collaboration with various hospital networks.
2. **Pre and post hospitalization cost coverage:** Insurance policy also covers pre and post hospitalization charges up to the period of 60 days, depending on the insurance plans purchased.
3. **Transportation Charges:** Insurance policy also covers the amount paid to ambulance towards the transportation of insured (to a fixed number of time).
4. **No Claim Bonus (NCB):** This is the bonus element which is paid to the insured if the insured does not file a claim for any treatment for the previous policy year.
5. **Medical Checkup:** Insurance policy also provides options for health checkups. Free health checkup is also provided by some insurers based on their previous NCBs.
6. **Tax benefits with Health Insurance:** Every individual or HUF can claim a deduction under Section 80D for the premium paid towards their medical insurance which is taken from their total income in any given year. Not only that they can take benefit by purchasing a health plan for themselves

but also they can take the benefit by purchasing the policy to insure their spouse, their dependent children and parent as well. An individual can claim a deduction of up to Rs 25,000 for the insurance of self, spouse, and dependent children. An additional deduction for the insurance of parents is available to the extent of Rs 25,000 if they are less than 60 years of age, or Rs 50,000 if their parents are aged above 60. If both the taxpayer and the parent whom the medical covers have been taken for are aged more than 60 years, the maximum deduction that can be availed under this section is to the extent of Rs.100,000.

Way to select the Right Insurance policy:

It's difficult to select the best insurance policies as all insurance company provides a similar type of insurance plan. Hence some of the important points that any Person should look before purchasing any plans are:

1. Sum Assured
2. Minimum Entry Age and renewability clause
3. Room Rent Capping
4. Inclusion and Exclusion
5. No Claim Bonus
6. Other Benefit

Eligibility Criteria

“Age is just a number” It is a shocking fact that in recent times, age has nothing to do with serious ailments, particularly due to sedentary lifestyles and lack of physical exercise. Even people less than 40 years are developing diabetes, heart/blood pressure/cholesterol problems, etc. even people of 25 years of

age are diagnosed with serious health issues traditionally as believed to affect only the older population.

In India, people under 45 years of age are not required to undergo a mandatory medical checkup when obtaining a health insurance policy. They are, however, required to disclose any pre-existing conditions such as diabetes, hypertension etc. It is, therefore usually advised that one should get a health insurance when young so that the premium would be less. The following is the criterion that must be fulfilled while taking up a Health Insurance:

- Entry age for Adults: 18 to 65 years (70 above based on the plan and insurer)
- Entry age for Children : 90days to 18years
- Policy renewability lifelong subject to medical clearance.

Types of Health Insurance

1. **Individual Health Insurance:** This policy covers the hospitalization expenses, pre and post hospitalization expenses of the individual who has taken the policy. Premium under this policy is determined as per the age of insured.
2. **Group Health Insurance Plan:** Group health insurance plans provide coverage to a group of members, usually comprised of company employees or members of an organization or other similar homogeneous groups . Group health members usually receive insurance at a reduced cost because the insurer's risk is spread across a group of policyholders. These plans usually require at least 70% participation in the plan to be



valid. Premiums are split between the organization and its members , and coverage may be extended to members' family and/or other dependents for an extra cost.

3. **Family floater Insurance Plan:** A family floater is a health insurance plan that extends the coverage to the entire family rather than just an individual. To simply put it, a floater health insurance policy brings all the members of the family under an umbrella cover. Being covered under a floater policy, every family member gets benefits under a larger common pool.

For example: Mr. Kumar opts for a family floater with a sum insured of Rs 3lakh. The plan covers him, his spouse and two children. He pays an annual premium of Rs 6,000 on the plan. Let's consider two possible scenarios:

Scenario 1 – Mr. Kumar's wife contracts an illness and had to be hospitalized. The total expenses incurred on her treatment turned out to be Rs 2, 50,000. The amount gets reimbursed by the insurer.

Scenario 2 – The whole Kumar family contracted severe stomach infection caused by contaminated drinking water. All the four family members were hospitalized. The total expenses incurred on the treatment turned out to be Rs. 4,50,000. The insurance company reimbursed the sum insured in full i.e. Rs. 3 lakh. Mr. Kumar ends up paying the rest of the amount i.e. Rs 1.5lakh out of his own pocket.

Though chances of getting the entire sum insured exhausted within the policy term are thin. Because, the probability of the whole family getting hospitalized within a single term.

4. **Senior Citizen Health insurance Plan:** This policy is designed for the senior citizens or individuals over 60 years of age offering protection from hospitalization expenses.
5. **Critical Illness Insurance Plan:** This plan is suitable for the insured that requires treatment against critical illness, such as kidney failure, paralysis, cancer, heart attack etc. As the medical expenses of these treatments are very high, the premium applicable to these types of policies is also high.
6. **Maternity Health Insurance Plan:** This policy, covers child delivery expenses. This policy also covers newborn up to a certain period of time as mentioned in the plan. Ambulance costs are also covered.
7. **Personal Accident Plan:** This policy covers hospitalization expenses in the event of an accidental death, dismemberment and disability. Premium amount is depending upon the amount and type of cover taken.

Health Insurance Claim Process

A health Insurance policy equips you to get the best healthcare treatment without worrying about the huge costs payable at the time of discharge. Therefore knowing about the claim process is an essential piece of information that the insured individual should be aware of at all times.

The two main types of health insurance claim which an individual can choose from when making a claim are:

Cashless Claim Process:

One of the most common financial hassles that individual faces at hospitals is paying the fees, deposits and handling all the other lengthy paperwork that comes with any medical emergency. At a time when one would like to stay with their family and support them, they are left managing the documents

and cash, which merely adds to the emotional stress. With a cashless claim, one can avoid these hassles and make the process swifter and quicker. It takes away the stress of arranging and handling cash too, which becomes especially helpful in cases of emergencies.

Reimbursement Claim Process:

In the reimbursement claim process, the insured individual who has been admitted to a certain hospital pays for the entire treatment until discharge. Once the insurer has paid for the treatment and hospitalization costs incurred, he/she have to make a reimbursement of claim to the particular insurance company or the TPA. The insured individual will have to provide original bills of the hospital to get the claim reimbursement. The insurance company or the TPA will audit the claim and will then decide to approve or reject it. On approval of the insurance company or the TPA, the claim will be made to the policyholder. The insurance company or the TPA will notify the insured individual in case the claim has been rejected.

Planned Hospitalization:

In case of planned hospitalization, to avail health insurance benefit the policyholder needs to have the necessary prior approval from the insurance company or the TPA through the submission of pre-authorization form. The pre-authorization form available at the hospital should be signed by the treating doctors and submitted to the insurance company or TPA.

Emergency Hospitalization:

Provide the health card issued by the insurer at the hospital along with the appropriately – filled pre- authorization form to get approval for emergency hospitalization. If they fail to get the necessary approval, get the expenses



reimbursed later. The policyholder might have to show itemized bill, proof of medical expenses, discharge bill etc., as the proof of the treatment availed to avail claim reimbursement.

Important points to remember while buying Health Insurance:

- What covers are offered and who offers the covers?
- Are add-on features available for later use?
- Are individual and/or family floater options available?
- What is the Sum assured?
- What are Sum-limits applicable?
- Is/are there any discounts offered?
- Are there any voluntary/co-payment deductible options?
- Are policy exclusions mentioned in the documents?
- What is the claim process like? Reimbursement, cashless benefit?
- Is there any medical check up required before proposal acceptance?

Factors that affect the Health Insurance Premiums:

The Health Insurance premium cost is determined as follows:

- **Medical History:**

Medical history is one of the major factors that determine the health insurance premiums. Almost all insurance companies make pre-medical test that are mandatory after certain age before buying the Health Insurance policy. In some policies they don't make the medical check-up mandatory but do consider their current medical conditions, their life style related health risk and medical background of their family

- **Gender and Age:**

Age is considered to be another important determinant of the medical insurance premium. The premium varies based on the age of the insured person. It is highly recommended to buy policy at young age because the cost of premium is low at young age. In case of Senior citizen the premium cost is comparatively high.

- **Pre-existing health conditions**

Health insurance premiums for individuals with pre-existing health conditions are likely to be expensive as one will require more coverage than others. This will be exclusive to their plan as it will provide them with a cover for the pre-existing condition.

- **Profession/occupation**

Since the occupation plays a key role in their health condition, it also plays a key role in how much health insurance premium they are required to pay. If they have a very stressful job or if they work in a hazardous environment, they are more likely to suffer from significant medical issues and hence, they may be charged a higher premium.

Non-coverage diseases under Health Insurance Policy:

Coverage of diseases under a health insurance policy will differ from policy to policy. Usually, all diseases are covered, except the ones which are mentioned under exclusions. The most common exclusions are:

- Treatment expenses for disease or injury contracted / sustained directly or indirectly due to war, invasion, foreign enemy acts will not be covered.
- Cost of eyesight treatment, hearing aids, contact lenses, spectacles.
- Dental treatment or surgery where no hospitalization is required.

- Treatment of willful self-injury and injuries / illnesses caused due to usage of intoxicants.
- Venereal diseases, any direct/indirect AIDS related treatment, circumcision.
- Aesthetic enhancing or cosmetic treatment, weight loss treatment.
- Intentional termination of pregnancy, pregnancy and childbirth.
- Naturopathy treatment, Nature Cure & Wellness Clinics.
- Addictive conditions and disorders and hereditary conditions.
- Injuries sustained due to participation in adventure or hazardous sports.
- Ageing, puberty and obesity.
- Alternative treatment, artificial life maintenance, charges for medical papers.
- Convalescence and rehabilitation.
- Drugs, dressing for OPD Treatment or take-home use.
- Preventive care or reproductive medicine.
- Treatment received outside India, from an unrecognized hospital/physician, experimental/unproven treatment, and cost of diagnosis unrelated to illness/injury.

Handy list of health insurance FAQ:

Which are the network hospitals in the vicinity?

To avail a cashless settlement of their claim, one should be admitted in a network hospital. A company has a list of such hospitals and one need to find out whether the hospital in the company's network is their preferred choice of hospital and/or located in their area.

Will I get covered for my pre-existing illnesses?

Every insurer excludes coverage on the pre-existing illnesses for certain tenure at the starting of the policy. One needs to find out what this their

waiting period for their pre-existing illness is and how soon they can be covered for their pre-existing illnesses. Basically, one need to understand whether their pre existing condition is temporarily not covered or is it completely excluded from the scope of coverage.

What to do if I am admitted in a non-network hospital?

In an emergency situation, one might be admitted in a non-network hospital and knowing the claim protocol at that time is imperative. Always remember that treatment in a non-network hospital would be on a reimbursement basis only where they would have to shoulder the medical bills and then get them reimbursed from their insurer. So find out the reimbursement process, the documents required in this case, and the deadline for informing the insurance company, etc. for this situation.

What are the documents required for claiming?

This is one of the most common health insurance queries, and knowing the answer from the get-go makes the claims process much smoother. Essentially the company asks for the identity proof of the members covered, the health card, the hospital bills, etc. at the time of a claim. A pre-authorization form is required in case of cashless claims which are to be submitted to the TPA. Other documents might also be required and one should have the knowledge of the required documents so that they can get their claim processed smoothly.



LIFE INSURANCE THROUGH THE AGES



30s Life and Health insurance

You have some years of experience behind you. You are looking to boost your career and financial well-being. You may also be thinking about starting a family. At this stage, you get that premiums are dependent on your age, health, job and lifestyle.

40s Life and Health insurance, education and retirement plans

You are mature and confident. with commitments like a home mortgage, car loan, kids education, family holidays and credit card bills, you are looking to grow your earnings.

50s Health products upgrade, legacy planning

You are ready to plan for retirement. Your children are living their own lives now. You want to adjust your life insurance coverage to suit your next life stage. You are looking at Legacy planning.

60s Medical coverage

You are looking to diversify and grow your retirement funds. You are cautious and want to keep your medical coverage intact, and set aside for medical emergencies.

Needs and lifestyle, changes with age.
Review your insurance coverage periodically.



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IFE Academy was established in 2011 as a Not-for-Profit entity to promote Financial Education. IFE Academy conducts Investor Awareness Programs across the country with the support of other market participants. www.ifea.in is a comprehensive website on Financial Education. It has various sections such as Videos, Puzzles & Games, Financial Calculators and Library. It gives a holistic view on financial education combining various aspects such as Savings, Investments, Credit, Insurance and Pension at a single place. IFE Academy periodically publishes Investor Educational materials and distributes it to general public.



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Regd. office : Park View, Basement, 85/17, G.N.Chetty Road, T.Nagar, Chennai - 600 017.
email : bulletin@ifea.in www.ifea.in