PART A
Welcome to Max Life Insurance

<Date>
<Name of the Policyholder>
<Address 1>
<Address 2>
<City> - <Pin Code><State>

G. O. Name:	<G O Name>
Policy no.:	<Policy number>
Telephone:	<Telephone number>
Email id:	<Email address>

Dear <Name of the Policyholder>,
Thank you for opting for **Max Life Group Term Life Platinum Assurance** (Non Linked Non Participating Group Pure Risk Premium Life Insurance Plan)**.** We request you to go through the attached policy document.

What to do in case of errors

On examination of the policy, if you notice any mistake or error, proceed as follows:

1. Contact our customer helpdesk or your agent immediately at the details mentioned below.
2. Return the policy to us for rectifying the same.

Cancelling the Policy

In case You and/or the Member are not completely satisfied with the policy, You and/or the Member, have a period of 15 (Fifteen) days (30 days if the Policy/Certificate of Insurance has been issued through distance marketing i.e. by any means of communication other than in person) from the date of receipt of the Policy/Certificate of Insurance to review the terms and conditions of the Policy/Certificate of Insurance. If You/ the Member disagree to any of the terms or conditions of the Policy/Certificate of Insurance, You/the Member have an option to return the original Policy/Certificate of Insurance to Us by stating the objections/reasons for such disagreement in writing.

Where free look cancellation is exercised by You:

a. In case of Employer-Employee Group, the Policy shall terminate forthwith and all rights, benefits and interests under the Policy including the cover in respect of all existing members shall cease immediately. We will only refund the premiums received by Us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty and the expenses incurred on medical examination of the member(s), if any. No new Members will be enrolled under the Policy.

b. In case of Non Employer-Employee Group, the Policy shall terminate forthwith and all rights, benefits and interests under the coverage shall cease immediately. However, the cover in respect of existing members will continue as per the terms of Certificate of Insurance as applicable. No new members will be enrolled under the Policy.

Where free look cancellation is exercised by Member of Non Employer-Employee Group, Certificate of Insurance shall terminate forthwith and all rights, benefits and interests shall cease immediately. We will only refund the Premiums received by Us, after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any.

Long term protection

We are committed to giving you honest advice and offering you long-term savings, protection and retirement solutions backed by the highest standards of customer service. We will be delighted to offer you any assistance or clarification you may require about your Policy/ Certificate of Insurance or claim-related services at the address mentioned below. We look forward to being your partner for life.

Yours Sincerely,
Max Life Insurance Co. Ltd.

<NAME>
<DESIGNATION>

Agent's name / Intermediary name:
Mobile/Landline Telephone Number:
Address:

Max Life Insurance Company Limited, Plot No. 90C, Sector 18, Gurugram, 122015, Haryana, India
Phone: 4219090 Fax: 4159397 (From Delhi and other cities: 0124) Customer Helpline: 1860 120 5577
Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533
Visit Us at: www.maxlifeinsurance.com E-mail: service.helpdesk@maxlifeinsurance.com
IRDAI Registration No: 104 Corporate Identity Number: U74899PB2000PLC045626

POLICY PREAMBLE

MAX LIFE INSURANCE COMPANY LIMITED
Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533

Max Life Group Term Life Platinum Assurance
A Non Linked Non Participating Group Pure Risk Premium Life Insurance Plan

UIN-**104N112V02**

Max Life Insurance Company Limited has entered into this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule.

We agree to pay the benefits under the Policy on the happening of the insured event, while the Policy is in force subject to the terms and conditions stated herein.

Max Life Insurance Company Limited

Place of Issuance: Gurugram, Haryana

POLICY SCHEDULE

I. DETAILS OF POLICY

Policy: Max Life Group Term Life Platinum Assurance
Type of policy: Non Linked Non Participating Group Pure Risk Premium Life Insurance Plan
UIN: 104N112V02
Office Address:
Policy No.: **Proposal No.:**
Client ID:
Details of Insured as at the Effective Date of Coverage/Date of Commencement of Risk: As per Register of Members provided by Master Policyholder

Date of proposal:
Date of Commencement of Risk:
Policy Term:
Annual Date of Renewal:
Expiry Date:
Maturity Date: NA
Date on which Survival Benefit is payable: NA **Premium Payment Mode:**
Premium Due Dates:
Master Policyholder:
Identification Source & I.D. No.:
PAN:
Address (For all communication purposes):
Telephone Number:
Email:
Type of Group: Employer-Employee /Non-Employer-Employee

II. Details of Members

Number of Members	Free Cover Limit (Only in the case of an Employer-Employee Group) (INR)	Total Initial Sum Assured (INR)	Accelerated Critical Illness Benefit Sum Assured	Total Initial Annual Premium (INR) A	Total Initial Extra Premium (INR) B	Applicable taxes, cesses & levies (INR) C	Applicable Modal Factor D	Total Initial Premium along with total initial Extra Premium and applicable taxes cesses & levies payable as per premium payment mode selected (INR) G = [(A+B+C)XD] (INR)	Due Date when Premium is payable
[▪]	[▪]	[▪]	[▪]	[▪]		[▪]			

Additional Benefits:
(1) Dependent's/Spouse's Cover: Y/N
(2) Voluntary Top-up Cover: Y/N
(3) Riders: Y/N
Rider UIN:
(4) Inbuilt Critical Illness benefit option opted: Y/N
(5) [add others if applicable]

Agent's name/Intermediary name: **Email:** **Address:** **Details of Sales Personnel (for direct sales only)**	**Agent's code/Intermediary code:** **Agent's/ Intermediary License No.:** **Mobile/Landline Telephone Number:**

PART B

DEFINITIONS

The words and phrases listed below shall have the meanings attributed to them wherever they appear in the Policy unless the context otherwise requires.

1. "**Actively at Work**" means on the proposed Entry Date:
   i) the employee is performing his regular duties as assigned to the employee on a full time basis;
   ii) the employee is not on leave due to any illness or injury or maternity leave.
2. "**Age**" means age of the Member as at last birthday on the Date of Commencement of Risk for existing Members and age as on Entry Date for new Members;
3. "**Annual Date of Renewal**" means the date on which the Policy is due for renewal as specified in the Schedule;
4. **"Annual Premium"** means an amount payable annually in respect of the Members to secure the benefits under the Policy;
5. "**Certificate of Insurance**" means in the case of Non Employer Employee Group, a certificate issued by Us, on the basis of the details mentioned in the Member's enrollment form, to each Member evidencing the acceptance of risk on the life of the Member under the Policy;
6. "**Claimant**" means Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificatesin case Nominee(s) or assignee(s)is/are not alive at the time of claim;
7. "**Critical Illness**" means Member's first time Diagnosis with any of the critical illnesses, conditions or Member undergoing any of the surgeries for the first time as specified in Part C of this Policy;
8. **"Date of Commencement of Risk"** means the date specified in the Schedule when the Policy commences;
9. "**Dependents**" means a Member's parents, adopted children or natural children;
10. "**Diagnosis**" or "**Diagnosed**" means the definitive diagnosis made by a specialist Medical Practitioner, based upon radiological, clinical, and histological or laboratory evidence acceptable to Us provided the same is acceptable and concurred by Our appointed specialist Medical Practitioner. In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for Member's examination and/or the evidence used in arriving at such Diagnosis, by a specialist Medical Practitioner selected by Us. The opinion of such an expert as to such Diagnosis shall be binding on both Member and Us;
11. "**Effective Date of Coverage**" means the date on which the insurance coverage under the Policy in respect of the Members commences which will be later of the date of realization of the Premium by Us or the date of underwriting decision by Us;
12. "**Eligible Member**" means the member/employee who has met the eligibility requirements as specified in this Policy to participate in insurance under this Policy;
13. **"Employer-Employee Group"** means a group where an employer-employee relationship exists between You and the Members (other than Dependents/spouse) in accordance with the applicable laws;
14. "**Entry Date**" means in relation to the Members admitted to this Policy, the Effective Date of Coverage;
15. **"Expiry Date"** means the date specified in the Register of Members or the Certificate of Insurance as the case may be, on which the insurance cover effected under this Policy on the life of a Member expires;
16. "**Extra Premium**" means an additional amount mentioned in the Schedule and charged by Us, as per Our Underwriting Policy, which is determined on the basis of disclosures made by You including medical examination, if any, of the Member;
17. **"Force Majeure Event"** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any Government or other authority or any circumstances beyond Our control;
18. "**Free Cover Limit**" wherever applicable, means the maximum Sum Assured up to which the insurance cover on the lives of Members can be allowed based on simple insurability conditions without requiring any evidence of health, based on the criteria mentioned in the board approved Underwriting Policy, as specified in the Schedule;
19. "**Grace Period**" means a period of 15 days in respect of monthly mode and 30 days in respect of half-yearly and quarterly modes from the due date for payment of Premium for paying due Premium to Us.
20. "**Freelook**" means a period of 15 (Fifteen) days (30 days if the Policy/Certificate of Insurance has been issued through distance marketing i.e. by any means of communication other than in person) from the date of receipt of the Policy/Certificate of Insurance to review the terms and conditions of the Policy/Certificate of Insurance. If You/ the Member disagree to any of the terms or conditions of the Policy/Certificate of Insurance, You/the Member have an option to return the original Policy/Certificate of Insurance to Us by stating the objections/reasons for such disagreement in writing;

    Where free look cancellation is exercised by You:

    a. In case of Employer-Employee Group, the Policy shall terminate forthwith and all rights, benefits and interests under the Policy including the cover in respect of all existing members shall cease immediately. We will only refund the premiums received by Us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty

and the expenses incurred on medical examination of the member(s), if any. No new Member will be enrolled under the Policy.

b. In case of Non Employer-Employee Group, the Policy shall terminate forthwith and all rights, benefits and interests under the coverage shall cease immediately. However, the cover in respect of existing members will continue as per the terms of Certificate of Insurance as applicable. No new members will be enrolled under the Policy.

Where free look cancellation is exercised by Member of Non Employer-Employee Group, Certificate of Insurance shall terminate forthwith and all rights, benefits and interests shall cease immediately. We will only refund the Premiums received by Us, after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any.

21. "**IRDAI**" means the Insurance Regulatory and Development Authority of India;
22. **"Lapsed Policy"** means a Policy for which the Premium has not been received during the Grace Period;
23. "**Member**" means an Eligible Member on whose life the insurance cover has been effected in accordance with the provisions of this Policy and whose name has been entered in the Register of Members or to whom a Certificate of Insurance has been issued (as applicable);
24. "**Medical Practitioner**" means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for homeopathy set up by the Government of India or by a state Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license, provided such Medical Practitioner shall not include You, the Member covered under this Policy or Member's spouse, lineal relative of the Member or the Policyholder or a Medical Practitioner employed by You or the Member covered under this Policy;
25. "**Modal Factor**" means the applicable factor specified in the Schedule, which is used to determine the Premium, and will be as follows: i) for annual Premium payment mode - (1.00); ii) for semi-annual Premium payment mode - (0.52); iii) for quarterly Premium payment mode - (0.265); or iv) for monthly Premium payment mode - (0.09);
26. "**Non Employer-Employee Group**" means a group other than an Employer-Employee Group, where a clearly evident relationship between You and the Member exists for services other than insurance;
27. "**Nominee**" means nominee nominated by the Member in accordance with Part F to receive the death benefit under the Policy and whose name, age and relationship with Member will be registered and recorded by You in the Register of Members, along with name of guardian in case of minor person or recorded in the Certificate of Insurance issued by Us, as the case may be;
28. "**Period of Coverage**" means the period from the respective Entry Date, during which the insurance cover on the life of a Member continues under this Policy, as specified in the Schedule and/ or the Certificate of Insurance, as the case may be;
29. "**Policy**" means the contract of insurance entered into between You and Us as evidenced bythis document, the Proposal Form, the Member enrolment forms (if applicable), the Schedule, the Register of Members/Certificates of Insurance, illustration issued by Us and accepted by You and any additional information/document(s) provided to Us in respect of the Proposal Form, along with any written instructions from You subject to Our acceptance of the same and any duly signed endorsement issued by Us;
30. "**Policy Anniversary**" means the anniversary of the Date of Commencement of Risk;
31. "**Policy Term**" means the term of this Policy as specified in the Schedule;
32. "**Policy Year**" means 12 (Twelve) months period commencing from the Date of Commencement of Risk and every Policy Anniversary thereafter;
33. "**Premium**" means sum total of Annual Premium and Extra Premium excluding applicable taxes, cesses and levies, if any specified in the Schedule, payable by You by the due dates to secure the benefits under the Policy;
34. '**Pre-Existing Diseases**' means any condition, ailment or injury or related condition(s) for which the Member had signs or symptoms, and / or wereDiagnosed, and / or received medical advice / treatment within 48 months prior to the Effective Date of Coverage of the first insurance contract entered into with the Member under this Policy and renewed continuously thereafter;
35. "**Proposal Form**" means the form filled in and completed by You for the purpose of obtaining insurance coverage under this Policy;
36. "**Register of Members**" means the register of Members maintained by You, which will be updated from time to time after intimating Us and which is deemed to be incorporated in and forms part of this Policy;
37. "**Regulated Entities"** shall means and includes the group insurance policies/schemes administered by the following entities as group organizer/Master Policyholder(i) Reserve Bank of India regulated Scheduled Banks (including Co-operative Banks), (ii) Non-Banking Financial Companies (NBFCs) having Certificate of Registration from Reserve Bank of India, (iii) National Housing Board (NHB) regulated Housing Finance Companies, (iv) National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies, and (v) Small Finance Banks regulated by Reserve Bank of India or any other entity as may be allowed by the IRDAI.

38. **"Revival"** means restoration by Us of the Policy/member cover, which was lapsed dueto non-payment of Premium, with all the benefits stated in the Policy or Certificate of Insurance, upon the receipt of all the due Premiums and other charges/ late fee as provided in Clause 2 of Part D of the Policy;

39. **"Schedule"** means the policy schedule and any endorsements attached to and forming part of the Policy and if an updated Schedule is issued, then the Schedule which is latest in time;

40. "**Sum Assured**" means the amount as specified in the Register of Members or the Certificate of Insurance, as the case may be, which is payable on the death of a Member during the Period of Coverage;

41. "**Surrender Value**" means the value, if any, payable on the surrender of the Policy which is calculated by Us in accordance with Part D;

42. **"Underwriting Policy"** means the underwriting policy approved by Our board of directors;

43. "**We**", "**Us**", or "**Our**" means Max Life Insurance Company Limited; and

44. "**You**" or "**Your**" means the Master Policyholder as named in the Schedule who has taken this Policy from Us.

PART C

POLICY FEATURES, BENEFITS AND PREMIUM PAYMENT

1. ELIGIBILITY

1.1. The Policy has been written on a group basis.

1.2. **Minimum Group Size**

1.2.1. In case of an Employer-Employee Group, the minimum number of Members at a group company level shall be 10 (Ten)within the Policy Year;

1.2.2. In case of a Non-Employer-Employee Group, the minimum number of Members shall be 50 (Fifty)within the Policy Year.

1.3. **Eligibility Conditions for Members of Employer-Employee Groups**

An employee shall be considered to be an Eligible Member if that employee satisfies all the conditions specified below:

1.3.1. The employee's Age is at least 18 (Eighteen) years and is not more than 80 (Eighty) years on the Entry Date; However, where the Policyholder has opted for the Accelerated Critical Illness Benefit, the employee's age is not more than 69 (Sixty Nine) yearson the Entry Date; and

1.3.2. The employee is Your full time employee or a full time contract staff and is Actively at Work. However, the requirement of being Actively at Work is not applicable to Members existing on the Annual Date of Renewal and in takeover policies (the policies existing with another insurer and taken over by Us). A Member who is not Actively at Work must submit a duly filled in health questionnaire at the time of joining insurance scheme for coverage amount up to the Free Cover Limit. The insurance cover will commence based on the health questionnaire submitted, to Our satisfaction. If there is any abnormality found in the health questionnaire, then We shall reserve the right to call for further evidence of insurability in respect of such Member.

1.4. **Eligibility Conditions for Members of Non Employer-Employee Groups**

A person shall be considered to be an Eligible Member if that person satisfies all the conditions specified below:

1.4.1. The person's Age is at least 18 (Eighteen) years and is not more than 80 (Eighty) years on the Entry Date. However, where the Policyholder has opted for the Accelerated Critical Illness Benefit, the person's age is not more than 69 (Sixty Nine) yearson the Entry Date; and

1.4.2. The person is a member of Your group (as defined in the Schedule) on the Entry Date.

1.5. **Eligibility Conditions for Dependents/Spouse of Members**

The Dependents/spouse of a Member shall be considered to be Eligible Members if all the conditions specified below are satisfied provided You opt for spouse/Dependents cover:

1.5.1 the Dependent's/spouse's Age is at least 18 (Eighteen) years and is not more than 80(Eighty) years on the Entry Date. However, where the Policyholder has opted for the Accelerated Critical Illness Benefit, the Dependent's/ spouse's Age is not more than 69 (Sixty Nine) years on the Entry Date.

1.5.3 the Dependent/ spouse satisfies the conditions laid down in Our Underwriting Policy; and

1.6. **Free Cover Limit**

1.6.1 We will provide a Free Cover Limit to the Eligible Members of an Employer-Employee Group only in the following circumstances:

1.6.1.1 In case of compulsory cover where all Your full time employees and full time contract staff that are Eligible Members are being compulsorily insured under the Policy; and

1.6.1.2 The full time employees and full time contract staff are Actively at Work;

1.6.1.3 The requirement of being Actively at Work is not applicable to Members existing on the Annual Date of Renewal and in takeover policies (the policies existing with another insurer and taken over by Us).

1.6.2 Any insurance cover sought in respect of an Eligible Member in excess of the Free Cover Limit will be subject to Our Underwriting Policy.

1.6.3 Eligible Members of a Non-Employer-Employee Group may be provided Free Cover Limit if allowed and subject to Our Underwriting Policy.

2. COVERAGE UNDER THE POLICY & DUTIES OF THE MASTER POLICYHOLDER

2.1. We will cover an Eligible Member as a Member from the Entry Date provided that:

2.1.1. We have received a completed enrollment form and the accompanying documentation in respect of that Eligible Member;
2.1.2. The Eligible Member satisfies Our underwriting criteria as per Underwriting Policy for the Sum Assured in excess of the Free Cover Limit (if applicable); and
2.1.3 We have received due Premium in respect of that Eligible Member before the Entry Date.

2.2. You shall always keep a record of all information of each Member in the Register of Members including the Member's name, gender, date of birth, Age, occupation/designation, address, details of the Premium paid by the Member (as applicable), Entry Date, Expiry Date, date of exit of Member, death benefit payable, Voluntary Top-Up Cover if any, information required for effecting insurance coverage on the life of a Member's Dependents/spouse, Period of Coverage, Beneficiaries, rider cover details, Member's remuneration on cost to company basis, leave record details, Certificate of Insurance number and other information required to carry out the terms of this Policy. You shall provide Us with an updated and complete copy of the Register of Members on the last day of every calendar month.

2.3. In the event the Register of Members is amended, such amendment shall become effective only if the same has been intimated to Us within 30 (Thirty) days of such amendment and if the same is approved by Us. Any amendment to the terms and conditions of this Policy due to any amendment to the Register of Members or otherwise will be effective on issuance of duly signed endorsements.

2.4. You will give Us all information, documentation and evidence with respect to the Policy as required by Us from time to time. All documents furnished to You by any Member and other records with respect to the Policy, shall be informed to Us and shall be open for Our inspection at all reasonable times

3. BENEFITS

3.1. **Death Benefit**

3.1.1. If the Policy is in force, then, upon death of the Member during the Period of Coverage, We will pay the Sum Assured to the Claimant.
3.1.2. The death benefit payable under the Policy will be reduced to the extent of the amount already paid under Accelerated Critical Illness Benefit.

3.2. **Accelerated Critical Illness Benefit**

3.2.1. "**Accelerated Critical Illness Benefit**" means an amount that is payable on the first time Diagnosis of a specified Critical Illness provided the Policy is in force and the Member has been Diagnosed with Critical Illness after a period of 90 (Ninety) days from the Effective Date of Coverage or date of Revival, whichever is later ("**Waiting Period**") leading to an acceleration of death benefit upon the occurrence of a Critical Illness with the remaining death benefit payable on death. We shall pay the Accelerated Critical Illness Benefit, in a lump sum. No Accelerated Critical Illness Benefit will be payable if any claim occurs within the Waiting Period or if Critical Illness has occurred/Diagnosed during the Waiting Period and the Accelerated Critical Illness Benefit will terminate and We shall refund the Premium without interest paid corresponding to the Accelerated Critical Illness Benefit. The Waiting Period shall be applicable for new group or to new members of the existing group. In case of renewal, the Waiting Period shall not apply to those Members who have already completed their Waiting Period fully.
3.2.2. The Accelerated Critical Illness Benefit as provided in the Schedule will be payable. However, in no case the same shall exceed 50% of Sum Assured or Rs. 1 (One) Crore, whichever is lower.
3.2.3. The Accelerated Critical Illness Benefit option shall be available for the Policyholder only at the time of proposal.
3.2.4. The Accelerated Critical Illness Benefit does not provide for additional benefit but only accelerates the death benefit payable under this Policy. Upon payment of this benefit:
i) The Accelerated Critical Illness Benefit will cease; and
ii) Death benefit payable under the Policy will be reduced to the extent of the amount already paid under the Accelerated Critical Illness Benefit.
iii) No further premium will be charged for Accelerated Critical Illness Benefit for the member.

3.2.5. Apart from the exclusions specified in each of the diseases in Clause 3.2.9 herein below, there are other exclusions for Critical Illness as mentioned in the same clause. For all such exclusions mentioned in Clause 3.2.9, the Claimant will not be entitled to any Accelerated Critical Illness Benefit.

3.2.6. If the Accelerated Critical Illness Benefit option has been opted by the Policyholder, then Max Life Group Critical Illness (Additional Benefit) Rider will not be available along with this Policy.

3.2.7. Accelerated Critical Illness Benefit shall not be available to a Member in case the Member has any Pre-Existing Disease or has any Critical Illness has occurred prior to the Effective Date of Coverage.
3.2.8. Accelerated Critical Illness Benefit shall be payable to the Member only once during the lifetime of the Member.

3.2.9. **List of Critical Illness and exclusions to Critical Illness**

i. Cancer of specified severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. 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 TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ii. 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

iii. 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 Myocardial Infarction should 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:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

iv. 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.

v. 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 (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

vi. 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

vii. 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.

viii. Multiple Sclerosis with Persisting Symptoms

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.
Neurological damage due to SLE is excluded.

ix. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

x. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
The Blindness is evidenced by:
i. corrected visual acuity being 3/60 or less in both eyes or;
ii. the field of vision being less than 10 degrees in both eyes.
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

xi. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

xii. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

xiii. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:
1. Complete unawareness of the self and the environment
2. Inability to communicate with others
3. No evidence of sustained or reproducible behavioural responses to external stimuli
4. Preserved brain stem functions
5. Exclusion of other treatable neurological disorders with appropriate neurophysiological tests or imaging procedures
6. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

xiv. Benign Brain Tumour

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

xv. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
I. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
II. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
III. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
IV. Dyspnea at rest.

xvi. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:
i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is **excluded.**

xvii. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

xviii. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

I. 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;

II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

IV. Mobility: the ability to move indoors from room to room on level surfaces;

V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

VI. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

Spinal cord injury;

xix. Surgery of Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

1. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
2. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
3. Surgery following traumatic injury to the aorta

xx. Primary (Idiopathic) 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 Cauterization. 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.

Exclusions applicable for the Accelerated Critical Illness Benefit:

Apart from the exclusions specified in each of the diseases in this Annexure 3, there are other exclusions for Critical Illness as mentioned below. For all such exclusions mentioned in Annexure 3, the Claimant will not be entitled to any Accelerated Critical Illness Benefit. If any of the exclusion is found at underwriting stage, then the Policy will not be offered. However, if any exclusion is accepted as substandard as per board approved Underwriting Policy, the claim will not be rejected on ground of that exclusion:

1. Failure to follow medical advice
2. Any external congenital anomaly (known and/or visible at the time of proposal), which is not as a consequence of genetic disorder, unless the Member has disclosed at the time of proposal and the Company has specifically accepted the same;
3. Sickness or Critical Illness which was a Pre-Existing Disease or sickness or Critical Illness which was induced by or as a result of a Pre-Existing Disease.
4. Intentional self-inflicted injury, attempted suicide, while sane or insane;
5. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered Medical Practitioner;
6. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;

7. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation;
8. Participation by the insured person in a criminal or unlawful act with illegal or criminal intent;
9. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
10. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;

3.3. **Maturity Benefit & Survival Benefit**
No maturity benefits or survival benefits are payable under the Policy.

3.4. **Voluntary Top-up Cover Opted by Members**
Only in the case of an Employer-Employee Group, the Member has an option to choose for an additional Sum Assured ("**Voluntary Top-Up Cover**") subject to a written request submitted by You to Us along with the evidence of insurability and evidence of health to Us as per Our Underwriting Policy and on payment of an additional Premium.

3.5. **Increase or Decrease in the Sum Assured Opted by You**
You may opt to increase or decrease the Sum Assured of the Members by giving a written request to Us. We will increase/decrease the Sum Assured provided that the proposed increase/decrease is in accordance with Underwriting Policy. We will increase the Sum Assured only if We have received Premium in full in respect of all the Members for whom the increase is proposed, in advance. On decrease of the Sum Assured, We will refund the Premium without interest received in proportion to the decrease of the Sum Assured for the unexpired Period of Coverage.

3.6. **Optional Insurance on the Life of a Member's Dependent/Spouse**
3.6.1. Under this Policy, You shall have an option to choose insurance on the life of a Member's Dependent(s)/spouse on the Date of Commencement of Risk, subject to the submission of the evidence of insurability and evidence of health to Us, as per Our Underwriting Policy and upon payment of an additional Premium for such insurance to Us. If the Premium is recovered from the Member for the insurance on the life of a Member's Dependent/spouse then, You will ensure that the prior written consent of such a Member is obtained before effecting the insurance.
3.6.2. The insurance on the life of a Member's Dependent(s)/spouse will be subject to and will be governed by all the terms and conditions of this Policy as applicable to the relevant Member. The insurance on the life of a Member's Dependent(s)/spouse shall at no point in time exceed the Period of Coverage and the Sum Assured payable for such a Member under this Policy.
3.6.3. The insurance on the life of a Member's Dependent(s)/spouse will terminate in accordance with the terms of the Policy and the Certificate of Insurance, as the case may be.

4. PREMIUMS

4.1 You can pay the Premiums in respect of all Members in annual mode (in which case You need to pay the Premium only once in a Policy Year), semi-annually, quarterly or monthly as per the Premium payment mode chosen by You by the due dates specified in the Schedule.

4.2 You can pay Premiums at any of Our offices or through Our website www.maxlifeinsurance.com or by any other means, as informed by Us. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.

4.3 The Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.

5. LAPSATION OF POLICY

If the Premium is not received by the end of the Grace Period, the Policy will lapse and no benefit under the Policy will be payable in respect of any Member.

6. GRACE PERIOD

6.1 The Premium is due and payable by the due date specified in the Schedule. If the Premium is not paid by the due date, You may pay the same during the Grace Period without any late fees or interest.

6.2 The insurance coverage continues during the Grace Period. However, if the due Premium is not paid and the Member dies, then, We will pay the death benefit subject to payment of due Premium(s).

6.3 If the Premium is received by Master Policyholder from a Member within the Grace Period, We shall provide risk cover to that Member.

PART D
POLICY SERVICING CONDITIONS

1. SURRENDER

1.1. On surrender of the Policy by You, the Members will be provided an option, to continue the insurance coverage until the expiry of the Period of Coverage or to exit from the Policy.

1.2. In case the Members continue, where:

1.2.1 the Premium is borne and paid by You, We will refund an amount equal to the Premium without interest for the unexpired Period of Coverage to You and We will continue the coverage for the unexpired Period of Coverage with respect to those Members provided We have received Premium from them for the unexpired Period of Coverage subject to Our Underwriting Policy;

1.2.2 the Premium is and continued to be borne by the Members, We will continue the coverage for those Members till the expiry of the Period of Coverage.

1.3 In case the Members opt to exit, where:

1.3.1 the Premium is borne and paid by You, an amount equal to the Premium without interest for the unexpired Period of Coverage will be refunded to You;

1.3.2 the Premium is borne by the Members, an amount equal to the Premium without interest for the unexpired Period of Coverage will be refunded to those Members.

2. REVIVAL OF POLICY

2.1. A Lapsed Policy or Member cover (where the Premium is borne by the Members) may be revived during the Policy Term in accordance with our Board Approved Underwriting Policy, provided that:

2.1.1 We receive Your written request to revive the Policy; and

2.1.2 You provide Us, at Your cost, satisfactory evidence of insurability in respect of the Members, which is acceptable to Us; and

2.1.3 Payment of all due Premiums (along with the applicable taxes, cesses and levies, if any) is made to Us with late fee as on the date of Revival as may be determined by Us from time to time.

Currently the applicable late fees are as below:

No. of days between date of Revival and date of lapse of Policy	Late Payment Fee (in Rs.)
0-60	Nil
61-180	RBI Bank Rate + 1%p.a. compounded annually on due Premiums
>180	RBI Bank Rate + 3%p.a. compounded annually on due Premiums

The 'RBI Bank Rate' for the financial year ending 31st March (every year) will be considered for determining the Revival late fee. The RBI Bank Rate shall be revised only if the same changes by 1% or more from the RBI Bank Rate used to determine the prevailing late fee and the change shall be effective from 1st July (every year).

2.2. The Revival of the lapsed Policy or Member cover will take effect only after We have approved the same in accordance with Underwriting Policy and communicated Our decision to You in writing. We will not be liable to pay death benefit occurring during the period for which the Policy was lapsed.

2.3 If a Lapsed Policy or Member cover(where the Premium is borne by the Members) is not revived within the Policy Term, this Policy will terminate without value, on the expiry of the Policy Term.

3. LOANS

You or the Member are not entitled to any loans under this Policy.

4. PAYMENT OF BENEFITS

4.1. The benefits under the Policy will be payable to the Claimant only on submission of satisfactory proof of the Member's death to Us.

4.2. Once the benefits under this Policy are paid to the Claimant, the same will constitute a valid discharge of Our liability under this Policy.

5. TERM, RENEWAL AND TERMINATION OF POLICY

5.1. The Policy shall continue to be in force for a period of 1 (One) year from the Date of Commencement of Risk or any subsequent Annual Date of Renewal provided that the Policy continues to be renewed with Us. The Policy shall become renewable on each Annual Date of Renewal provided that We receive updated details in respect of all Members for whom the Policy is proposed to be renewed. We will specify the Premium payable to renew the Policy which must be received by Us before the Annual Date of Renewal for the Policy to be renewed.

5.2. If We do not receive the Premium payable on the Annual Date of Renewal in full, You shall be deemed to have discontinued payment of Premiums and this Policy shall terminate. You shall not subsequently be entitled to resume payment of Premiums except with Our prior written consent.

5.3. This Policy will terminate on the occurrence of the earliest of the following events:
5.3.1 the date on which We receive a Freelook cancellation request; or
5.3.2 if the Lapsed Policy has not been revived; or
5.3.3 the date of payment of the Surrender Value under the Policy; or
5.3.4 on the expiry of the Policy Term or Annual Date of Renewal if Policy is not renewed.

5.4 This Policy may be terminated by either You or by Us, by giving 3 (Three) months prior written notice. Upon termination of this Policy, no new enrollment forms for the Eligible Members will be accepted by Us. You will not add any new Eligible Member in the Register of Members, from the date of such termination.

6. TERMINATION OF MEMBER'S COVER UNDER THE POLICY

6.1. A Member's insurance coverage under the Policy shall terminate upon the occurrence of the earliest of the following:
6.1.1 the date on which We receive a Freelook cancellation request from the Member (for Non Employer-Employee Group) or the date on which We receive a Freelook cancellation request from the Master Policyholder (in case of Employer-Employee group);
6.1.2 the Member ceases to be an Eligible Member;
6.1.3 the Member ceases to be a member of Your group;
6.1.4 on the Expiry Date;
6.1.5 on the death of the Member;
6.1.6 on the date of payment of Surrender Value under the Certificate of Insurance;
6.1.7 On Annual Date of Renewal, if the Member's Age is 81 years or more;
6.1.8 The Member has been covered under the Policy as a spouse/Dependent of another Member and one of the following occurs:
6.1.8.1 termination of the insurance cover on the life of a Member, whose spouse/Dependent has been granted insurance cover;
6.1.8.2 divorce or annulment of marriage of the Member and the Member who is his/her spouse.

6.2 The Accelerated Critical Illness Benefit cover shall cease, on Annual Date of Renewal, if the Member's Age is 70 years or more. However, the death benefit of the Member shall continue till the Member attains 80 years of Age.

6.3 In an Employer-Employee Group, if a Member's insurance coverage under the Policy is terminated due to reasons other than death, We will refund the Premium without interest for the unexpired Period of Coverage to You in respect of that Member in case the Premium is borne and paid by You.

6.4 In a Non-Employer-Employee Group, if a Member's insurance coverage under the Policy is terminated due to reasons other than death, We will continue the insurance coverage of the Member till the end of the Period of Coverage unless We receive a written request from the Member to terminate the insurance coverage under the Policy. On receipt of a written request, We will refund the proportionate Premium received without interest in respect of that Member for the unexpired Period of Coverage.

PART E

POLICY CHARGES

APPLICABLE FEES/ CHARGES UNDER THE POLICY

This Policy is a non-linked non-participating one-year renewable group term insurance plan, so Part E is not applicable to this Policy.

PART F

GENERAL TERMS & CONDITIONS

1. TAXES

1.1 All Premiums are subject to applicable taxes, cesses and levies which will be entirely borne and paid by You and/or the Members, as the case may be along with the payment of Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under this Policy, We reserve the right to claim the same from You and/or the Members. Alternatively, We have the right to deduct the amount from the benefits payable by Us under this Policy.

1.2 Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. You are advised to seek an opinion of Your tax advisor in relation to applicable tax benefits and liabilities.

2. CLAIM PROCEDURE

2.1 For processing a claim request under this Policy, We will require all of the following documents:

a) Claimant's statement in the prescribed form;
b) original Certificate of Insurance (only in the case of a Non Employer-Employee Group);
c) attending physician's statement and hospital treatment certificate, if any;
d) a copy of police complaint/ first information report (only in the case of death by accident of the Member);
e) a copy of duly certified post mortem report (only in the case of death by accident of the Member);
f) a copy of death certificate issued by the local/municipal authority;
g) identity proof of the Claimant including photograph and signature (only in the case of a Non Employer-Employee Group); and
h) any other documents or information required by Us for assessing and approving the claim request.

2.2 Notwithstanding anything contained in this Policy, in case Master Policyholder is a Regulated Entity, the following shall apply:

2.2.1 We may make the payment of outstanding loan balance amount to You by deducting from the claim proceeds payable under the Policy, in accordance with IRDAI guidelines as amended from time to time provided the Members provide authorisation to do so. The Members may provide the said authorisation either on the Entry Date or at a later date;

2.2.2 You shall provide us details of the credit account statement with respect to the Members as per the guidelines issued by IRDAI from time to time;

2.2.3 We reserve the right to:

i) audit or cause an audit into the accuracy of the credit account statements of the Members in respect of which claims will be settled, on completion of every financial year and shall audit or cause an audit into the accuracy of the credit account statement of the deceased Members furnished by You; or
ii) You shall provide a certification from Your internal statutory auditors that the outstanding loan balance being shown in the credit account statement/claim discharge form is correct as per the conditions governing the credit account/loan account.

2.3 In case of absence of authorization or in cases of Master Policyholder being other than Regulated Entities, the entire claim amount shall be payable to the nominee/ beneficiary.

2.4 A Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches and offices.

2.5 Subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time, we shall pay the benefits under this Policy subject to Our satisfaction:

2.5.1 that the benefits have become payable as per the terms and conditions of this Policy; and
2.5.2 of the bonafides and credentials of the Claimant.

2.6 Subject to Our discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements mentioned in this Policy.

3. DECLARATION OF THE CORRECT AGE AND GENDER

Declaration of the correct Age and or gender of the Member(s) is important for Our underwriting process and calculation of Premiums payable under the Policy. If the Age and/or gender declared in the Proposal Form and/or Member enrolment application form are found to be incorrect anytime within three (3) years from the date of issuance of Certificate of Insurance, the Effective Date of Coverage, the date of Revival of Policy or Certificate of Insurance or the date of rider to the Policy or Certificate of Insurance, if applicable, whichever is later, then We mayexercise Our rights under Section 45 of the Insurance Act, 1938, as amended from time to time or revise/adjust the Premiumpayable by You/ the Member with interest and/or from applicable benefits payable under the Policy in accordance with the Premium and benefits that would have been payable, if the correct Age and/ or gender would have made the Member eligible to be covered under the Policy on the Date of Commencement of Risk.

4. FRAUD, MISREPRESENATION AND FORFEITURE

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. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – 1 for reference]*

5. SUICIDE EXCLUSION

5.1. In case of Employer-Employee Group where the cover is compulsory, suicide exclusion will not be applicable.

5.2. In case of a Non Employer-Employee Group or an Employer-Employee Group under which Members are covered on a voluntary basis and where the suicide exclusion clause is applicable, if the Member commits suicide, whether sane or insane, within 12 (Twelve) months of continuous coverage from the Entry Date, all risks and benefits under the Policy in respect of such Member will automatically cease and no benefits will be payable. In such an event, We will only refund the Premiums without interest received by Us, to the Claimant without interest.

6. TRAVEL AND OCCUPATION

Subject to Underwriting Policy, there are no restrictions on travel or occupation under this Policy.

7. NOMINATION

Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – 2 for reference]*

8. ASSIGNMENT

Assignment, if any, shall be in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – 3 for reference]*

9. POLICY CURRENCY

This Policy is denominated in Indian Rupees. Any benefit/claim payments under the Policy will be made in Indian Rupees by Us or in any other currency in accordance with the applicable guidelines issued by the Reserve Bank of India from time to time.

10. ELECTRONIC TRANSACTIONS

You will comply with all the terms and conditions with respect to all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centre, tele-service operations or by other means of telecommunication established by Us or on Our behalf, for and in respect of the Policy or services, which will constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities.

11. AMENDMENT

No amendments to the Policy will be effective, unless such amendments are expressly approved in writing by Us and by IRDAI wherever applicable.

12. REGULATORY AND JUDICIAL INTERVENTION

If any competent regulatory body or judicial body imposes any condition on the Policy for any reason, We are bound to follow the same which may include suspension of all benefits and obligations under the Policy

13. FORCE MAJEURE

The performance of the Policy may be wholly or partially suspended during the continuance of such Force Majeure Event under an intimation to or approval of IRDAI. We will resume Our obligations under the Policy after the Force Majeure Event ceases to exist.

14. COMMUNICATION& NOTICES

14.1. All notices meant for Us should be in writing and delivered to Our address as mentioned in Part G or such other address as We may notify from time to time. You should mention the correct Policy number in all communications including communications with respect to Premium remittances made by You.

14.2. All notices meant for You will be in writing and will be sent by Us to Your address as shown in the Schedule or as communicated by You and registered by Us. We may send You notices by post, courier, hand delivery, fax or e-mail/electronic mode or by any other means as determined by Us. If You change Your address, or if the address of the nominee changes, You must notify Us immediately. Failure in timely notification of change of address could result in a delay in processing of benefits payable under the Policy.

14.3. For any updates, please visit Our website www.maxlifeinsurance.com.

15. GOVERNING LAW AND JURISDICTION

The Policy will be governed by and enforced in accordance with the laws of India. The competent courts in India will have exclusive jurisdiction in all matters and causes arising out of the Policy.

PART G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

1. DISPUTE REDRESSAL PROCESS UNDER THE POLICY

1.1. All consumer grievances and/or queries may be first addressed to Your agent or Our customer helpdesk as mentioned below:
Group Business Operations
Max Life Insurance Company Limited
Plot 90C, Sector 18, Gurugram, 122015, Haryana, India
Helpline No. – 1860 120 5577
Email: service.helpdesk@maxlifeinsurance.com

1.2. If Our response is not satisfactory or there is no response within 15 (Fifteen) days:

1.2.1 the complainant may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:
Grievance Redressal Officer,
Max Life Insurance Company Limited
Plot No. 90C, Sector 18, Gurugram, 122015, Haryana, India
Helpline No. – 1860 120 5577 or (0124) 4219090
Email: manager.services@maxlifeinsurance.com

1.2.2 the complainant may approach the Grievance Cell of IRDAI on the following contact details:
Bima Bharosa
Toll Free No:155255 or 1800 4254 732
Website - bimabharosa.irdai.gov.in 1.2.3 the complainant can also register the complaint online at http://www.igms.irdai.gov.in/

1.2.4 the complainant can also register the complaint through fax/paper by submitting the complaint to:
Policyholder Protection & Grievance Redressal Department (PPGR) Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500032
Ph: (040) 20204000

1.3. In case You are not satisfied with the redressal or there is no response within a period of 1 (One) month or with One year of rejection of complaint by Us, the complainant or his legal heirsor nominee, or assignee may approach Insurance Ombudsman at the address mentioned in Annexure A or on the IRDAI website at www.irdai.gov.in or on Council of Insurance Ombudsmen website at www.cioins.co.in, if the grievance pertains to:

1.3.1 delay in settlement of a claim beyond the time specified in the regulations framed under the Insurance Regulatory and Development Authority of India Act, 1999;
1.3.2 any partial or total repudiation of a claim by Us;
1.3.3 dispute over Premium paid or payable in terms of the Policy; or
1.3.4 misrepresentation of the Policy terms and conditions at any time in the Policy document or Policy contract;
1.3.5 dispute on the legal construction of the Policy in so far as such dispute relate to a claim;
1.3.6 Policy servicing by Us, Our agents or intermediaries;
1.3.7 issuance of Policy, which is not in conformity with the proposal form submitted by You;
1.3.8 non issuance of any Policy after receipt of the Premium.
1.3.9 any other matter resulting from non-observance of or non-adherence to the provisions of any regulations made by the IRDAI with regard to protection of policyholders' interests or otherwise, or of any circulars, Guidelines or instructions issued by IRDAI or of the terms and conditions of the policy contract, in so far as they relate to issues mentioned in this para 1.3 above.

1.4. As per Rule 14 of the Insurance Ombudsman Rules, 2017, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year afterreceipt of Our rejection of the representation or after receipt of Our decision which is not to Your satisfaction or if We fail to furnish reply after expiry of a period of one month from the date of receipt of the written representation of the complainant, provided the complaint is not on the same matter, for which any proceedings before any court, or consumer forum or arbitrator is pending.

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. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: bimalokpal.chandigarh@cioins.co.in [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonepat 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, Sonepat and Bahadurgarh)

ERNAKULAM- Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 011. Tel : 0484-2358759/2359338 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, Sonbhabdra, 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- 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in (State of Goa and Mumbai Metreturn of premiumolitan 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 Buddh 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 Buddh 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 Metreturn of premiumolitan Region.)

Annexure 1

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
   a. the date of issuance of policy or b. the date of commencement of risk or
   c. the date of revival of policy or
   d. the date of rider to the policy
   whichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
   a. the date of issuance of policy or
   b. the date of commencement of risk or
   c. the date of revival of policy or
   d. the date of rider to the policy
   whichever is later.
   For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
   a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b. The active concealment of a fact by the insured having knowledge or belief of the fact;
   c. Any other act fitted to deceive; and
   d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act 1938 as amended from time to time for complete and accurate details.]

Annexure 2

Section 39 - Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance policy on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointmentto be laid down by the insurer.
3. Nomination can be made at any time before the maturity of the policy.
4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after

repayment. In such case, the nomination will get affected to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his (a) parents, (b) spouse, (c) children, (d) spouse and children or (e) any of them. The nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws ***(Amendment) Act 2015,*** a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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Annexure 3

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: 1.This policy may be transferred/assigned, wholly or in part, with or without consideration. 2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer. 3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made. 4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness. 5. The transfer or assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer. 6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations. 7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice. 8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced. 9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a.not bonafide;b.not in the interest of the policyholder;c.not in public interest; or d.is for the purpose of trading of the insurance policy.10. Before refusing to act upon endorsement, the insurer should record the reasons in writing and communicate the same in writing to policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.11. In case of refusal to act upon the endorsement by the insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the insurer. 12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to the Authority. 13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a.where assignment or transfer is subject to terms and conditions of transfer or assignment OR b.where the transfer or assignment is made upon condition that i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured; or ii. the insured surviving the term of the policy. Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such persona shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment;b.may institute any proceedings in relation to the policy; andc.obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings.15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act, 1938 as amended from time to time for complete and accurate details.