

PART A

Welcome to Max Life Insurance

Date [Date of Issuance of Policy]
To <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>

Welcome Dear <Name of the Policyholder>,
Thank you for opting for **Max Life Smart Secure Plus Plan** (A Non Linked Non Participating Individual Pure Risk Premium Life Insurance Plan). We request you to go through the enclosed policy contract.

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 are not satisfied with the policy, you have the option to cancel it by returning the original copy with a written request, stating the objections/reasons for such disagreement, to us within 15 days (30 days if the policy is sourced through distance marketing modes) from the date of receiving the policy document.

***Result:** Upon return, the policy will terminate forthwith and all rights, benefits and interests under the policy will 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 Life Insured, 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 or claim-related services at the address mentioned below. We look forward to being your partner for life.

Yours Sincerely,
Max Life Insurance Company Limited.

[Signature]
[Name of signing authority]
[Designation of signing authority]

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

Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India
Registered Office: Plot No. 419, Bhai Mohan Singh Nagar, Raimajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533
Phone: 4219090 Fax: 4159397 (From Delhi and other cities: 0124) Customer Helpline: 1860 120 5577
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 Smart Secure Plus Plan

A Non Linked Non Participating Individual Pure Risk Premium Life Insurance Plan

UIN - 104NXXXV01

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

Policy: Max Life Smart Secure Plus Plan

Type of Policy: A Non Linked Non Participating Individual Pure Risk Premium Life Insurance Plan

UIN - 104NXXXV01

Office

Policy No./ Proposal No.:					Client ID:
Date of Proposal:					
Policyholder/Proposer:			Date of Birth:		
PAN:			Gender: Male/Female/Transgender		
Relationship with Life Insured:			Tel No./Mobile No.:		
Address (For all communication purposes):			Email:		
Life Insured:			Age:		
Date of Birth:			Gender: Male/Female/ Transgender		
Address:			Underwriting Category: Smoker / Non Smoker		
Secondary Life:			Age:		
Date of Birth:			Gender: Male/Female/ Transgender		
Address:			Underwriting Category: Smoker / Non Smoker		
Nominee(s):					Appointee (if Nominee is minor):
Nominee(s) Name	Relationship of Nominee(s) with Policyholder:	Date of Birth: Of Nominee	Age:	% share	
Date of Commencement of Risk:					Cover Option chosen: Level Cover/ Increasing Cover Premium payment variant: Single / Limited / Regular / Pay Till 60 Premium payment mode: Annual/ Semi-Annual/ Quarterly/ Monthly Return of Premium Option: Yes/No Accelerated Critical Illness Benefit Option: No/ Level/ Increasing Accidental Death Benefit Option: Yes/No Joint Life Cover Option: Yes/No Premium Break Option: Yes/No Voluntary Sum Assured Top-up option: Yes/No
Date of Issuance of Policy:					
Date on which Survival Benefit is payable: NA					
Details of Rider attached:					
Premium Payment Method:					Cheque Draw Date:
					Bank Name:
					Account/ Credit Card Number:
Bank Account Details for Pay-outs					Bank Name:
					Bank Account Number:
Agent's name/ Intermediary name:					Address:
Agent's code/ Intermediary code:					Mobile/Landline Telephone Number:
Intermediary License No.:					Details of Sales Personnel (for direct sales only):
Email:					
Employee discount (Applicable to Agents of Max Life/ employees of Max Group and Corporate Agents of Max Life): Yes/ No					
Corporate or existing customer Discount (available for first policy year only): Yes/No					

List of coverage	Maturity Date (dd/mm/yy)	Insured Event	Sum Assured (INR)	Policy Term	Premium Payment Term	Annualised Premium A (INR)	Underwriting Extra Premium B (INR)	GST** and any other taxes, cesses & levies C (INR)	Modal Factors D	Total Premium along with applicable taxes, cesses and levies payable as per Premium payment mode selected E= [(A+B+C) *D] (INR)	Due Date when Premium is payable; Date when the Last Premium is payable
Base benefit:		As per Clause 1.1 & 1.2 of Part C									
Accelerated Critical Illness Benefit option*											
Accidental Death Benefit Option											
Joint life Cover Option											
Rider(s)(if any)											

* Applicable Premium rates for the Accelerated Critical Illness Benefit are guaranteed only for a period of five (5) years and may be revised thereafter by Us basis experience under the product by seeking prior approval from IRDAI. Once revised, the applicable Premium rates for the Accelerated Critical Illness Benefit shall be guaranteed for the next five (5) years.

**GST includes IGST, SGST, CGST, UGST (whichever is applicable) and applicable cesses.

PART B

DEFINITIONS

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

1. **“Accident”** means sudden, unforeseen and involuntary event caused by external, visible, violent means;
2. **“Accidental Death Benefit Sum Assured”** means an Accident cover amount chosen by You, as specified in the Schedule, which is payable in accordance with Clause 1.4 of Part C of the Policy;
3. **“Accidental Death”** means death which is caused by an Accident as revealed by an autopsy provided such death was caused directly by such Accident and independent of any physical or mental illness within 180 days of the date of Accident;
4. **“Accidental Death Benefit Term”** shall mean the term as specified in the Schedule, during which the Accidental Death benefit (defined above) will be available under the Policy. Accidental Death Benefit Term shall be same as the remaining Policy Term;
5. **“Accelerated Critical Illness Benefit”** shall have the meaning assigned to it in Clause 1.3.1 of Part C;
6. **“Accelerated Critical Illness Benefit Term”** shall mean the term as specified in the Schedule, during which the Accelerated Critical Illness Benefit will be available under the Policy;
7. **“Accelerated Critical Illness Benefit Sum Assured”** means a Critical Illness benefit amount chosen by You as a part of the Sum Assured as specified in the Schedule, which is payable in accordance with Clause 1.3.1 of Part C of the Policy;
8. **“Age”** means Life Insured’s age on last birthday as on the Date of Commencement of Risk or on the previous Policy Anniversary, as the case may be;
9. **“Annualised Premium”** is the amount specified in the Schedule, and means Premium payable during a Policy Year chosen by You, excluding Underwriting Extra Premium, loadings for modal premiums, Rider Premiums and applicable taxes, cesses or levies, if any;
10. **“Appointee”/“Guardian”** means the person named by You (as applicable and registered with Us in the Schedule who is authorised to receive and hold in trust the benefits under this Policy on behalf of the Nominee(s), if the Nominee(s) is/are less than Age 18 on the date of payment of the such benefit;
11. **“Claimant”** means You, nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificates in case nominee(s) or assignee(s) is/are not alive at the time of claim;
12. **“Cover Option”** means one of the following death cover options chosen by You on the Date of Commencement of Risk:
 - (i) **Level Cover Option-** wherein the Sum Assured to be Paid on death of the Life Insured, will remain the same throughout the Policy Term.
 - (ii) **Increasing Cover Option-** wherein the Sum Assured to be Paid on death of the Life Insured increases by 5% per annum at each policy anniversary, subject to maximum of 200% of Sum Assured. The Sum Assured will increase only till completion of 21st Policy Year. The Sum Assured will not increase from 22nd Policy Year onwards and will be the same as increased Sum Assured effective as on the last Policy anniversary.
13. **“Critical Illness”/ “CI”** means the first time Diagnosis of the Life Insured with any of the critical illnesses or undergoing any of the medical procedures/surgeries for the first time, as enlisted in Clause 1.3.12 of Part C, to this Rider;
14. **“Date of Commencement of Risk/ Date of Inception of Policy”** means the date as specified in the Schedule, on which the insurance coverage/risk under the Policy commences;
15. **“Date of Issuance of Policy”** means the date as specified in the Schedule on which this Policy is issued;
16. **“Death Benefit Variant”** means the option chosen by You at the time of the proposal and as specified in the Schedule. Once You have chosen the Death Benefit Variant at the time of proposal, the same cannot be changed by You during the Policy Term;
17. **“Diagnosis” or “Diagnosed”** means the definitive diagnosis made by a Medical Practitioner during Rider Term, based upon radiological, clinical, and histological or laboratory evidence acceptable to Us provided the same is acceptable and concurred by Our appointed Medical Practitioner. In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for an examination of the Life Insured and/or the evidence used in arriving at such Diagnosis, by an independent expert selected by Us. The opinion of such an expert as to such Diagnosis shall be binding on both You and Us;
18. **“Early Exit Value”** shall have the meaning assigned to it in Clause 1 of part D of the Policy;
19. **“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 circumstance beyond Our anticipation or control during continuance whereof the performance of Our obligations under this Policy shall remain wholly or partially suspended;
20. **“Freelook”** means a period during which, subject to the Clause 6 Part D of the Policy, You have an option to return the original Policy to Us by stating the objections/reasons for such disagreement in writing;
21. **“Grace Period”** means the time granted by Us from the due date for the payment of Premium, without any penalty or late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption, as per the terms and conditions of the Policy. The Grace Period is a period of 15 (Fifteen) days from the due date of the first unpaid Premium for monthly Premium payment mode and 30 (Thirty) days from the due date of the first unpaid Premium for annually, semi-annually or quarterly premium payment modes;
22. **“Guaranteed Death Benefit”** shall have the meaning assigned to it in Clause 1 of part C of the Policy;
23. **“Guaranteed Surrender Value”** shall have the meaning assigned to it in Clause 1 of part D of the Policy;
24. **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means, which is verified and certified by a Medical Practitioner.
25. **“IRDAI”** means the Insurance Regulatory and Development Authority of India;

26. **“Joint Life Cover Option”** means the option selected by You during the Proposal Form fulfilment wherein You may choose to cover Your spouse by paying an additional Premium as specified under Clause 1.7 of Part C
27. **“Lapsed Policy”** means a Policy which has not acquired Surrender Value /Early Exit Value and where the due Premium has not been received for any of the first two full Policy Years by the end of the Grace Period;
28. **“Life Insured”** means the person named in the Schedule, on whose life the Policy is effected;
29. **“Limited Premium Payment Variant”** means where the Premium Payment Term which is either 5, 10, 12 or 15 years with Policy Term ranging from 10 years to 67 years’ subject to the Policy Term being greater than the Premium Payment Term by at least 5 years;
30. **“Maturity Date”** means the date specified in the Schedule, on which the Policy Term expires;
31. **“Medical Practitioner”** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or any other such body 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 is not You, the Life Insured covered under this Policy or a spouse, Your lineal relative and/or of the Life Insured or a Medical Practitioner employed by You/the Life Insured.
32. **“Modal Factor”** means the applicable factor specified in the Schedule, which is used by Us for determining the Premium. The Modal Factors for this Policy are as follows: i) for annual Premium payment mode – (1.00); ii) for semi-annual Premium payment mode - (0.513); iii) for quarterly Premium payment mode - (0.261); iv) for monthly Premium payment mode - (0.088);
33. **“Nominee”** means nominee nominated by You (only if You are the Life Insured) in accordance with Section 39 of Insurance Act, 1938 as amended from time to time, to receive the benefits under the Policy and whose name is mentioned in the Schedule;
34. **“Pay Till 60 Premium Payment Variant”** means that the Premium payable to Us during the Premium Payment Term shall be equal to 60 less Age, subject to minimum Premium Payment Term of 16 years. For this variant, the Premium Payment Term will always be lesser than Policy Term;
35. **“Policy”** means the contract of insurance entered into between You and Us as evidenced by this document, the Proposal Form, the Schedule 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 endorsement issued by Us;
36. **“Policy Anniversary”** means the annual anniversary of the Date of Commencement of Risk;
37. **“Policy Term”** means the term of this Policy as specified in the Schedule;
38. **“Policy Year”** means a period of 12 (Twelve) months commencing from the Date of Commencement of Risk and every Policy Anniversary thereafter;
39. **“Premium”** means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Policy, excluding applicable taxes, cesses and levies, if any;
40. **“Premium Break Option”** means the option selected by You during the Proposal Form fulfilment wherein You are allowed to take Premium waiver in accordance with Clause 1.8 of Part C
41. **“Premium Payment Term”** means the term specified in the Schedule, during which the Premiums are payable by You;
42. **“Pre-Existing Diseases”** means any condition, ailment or injury, disease:
 - a) That is/are Diagnosed by a Medical Practitioner within 48 months prior to the Date of Commencement of Risk of the Policy issued by Us; or
 - b) For which medical advice or treatment was recommended by, or received from, a Medical Practitioner within 48 months prior to the he Date of Commencement of Risk or Date of Issuance of this Policy or date of Revival of the Policy.
43. **“Proposal Form”** means the form filled in by You giving full particulars, for the purpose of obtaining insurance coverage under the Policy;
44. **“Regular Premium Payment Variant”** means that the Premium payable to Us in regular installments throughout the Premium Payment Term which is the same as the Policy Term, in the manner and at the intervals specified in the Schedule;
45. **“Reduced Paid-Up Mode”** means the Policy with reduced paid up benefits as specified under Clause 1.9 of Part C;
46. **“Reduced Paid-Up Sum Assured”** means the Policy with reduced paid up Sum Assured as specified under Clause 1.9 of Part C;
47. **“Reduced Paid-Up Terminal Illness Benefit”** means the Policy with reduced paid up Terminal Illness Benefit as specified under Clause 1.9 of Part C;
48. **“Reduced Paid-Up Maturity Benefit”** means the Policy with reduced paid up maturity benefit as specified under Clause 1.9 of Part C;
49. **“Reduced Paid-Up Surrender Value”** means the Policy with reduced paid up Surrender Value or Early Exit Value as specified under Clause 1.9 of Part C;
50. **“Return of Premium Option”** means the option available under the Policy to be chosen by You at the time of Date of Commencement of Risk;
51. **“Revival”** means restoration by Us of the Policy, which was discontinued due to non-payment of Premium, by Us with all the benefits stated in the Policy, upon the receipt of all the due Premiums and other charges / late fee as provided in Clause 3 of Part D of the Policy;
52. **“Revival Period”** means a period of 5 (Five) consecutive years from the due date of the first unpaid Premium, during which period You are entitled to revive the Policy which was discontinued due to the non-payment of Premium;
53. **“Rider”** means benefits, which are in addition to basic/optional benefits under this Policy;
54. **“Rider Premium”** means the premium amount payable in respect of a Rider applicable under the Policy and is the amount specified in the Schedule;

55. **“Schedule”** means the Policy schedule and any endorsements attached to and forming part of the Policy and if any updated Schedule is issued, then, the Schedule latest in time;
56. **“Secondary Life”** means Your spouse, in case You have opted for the Joint Life Cover Option as per Clause 1.7 of Part C of this Policy;
57. **“Single Premium Payment Variant”** means where the Premium is received in full in advance of the Date of Commencement of Risk;
58. **“Special Exit Value”** shall have the meaning assigned to it in Clause 1 of part D of the Policy;
59. **“Special Surrender Value”** shall have the meaning assigned to it in Clause 1 of part D of the Policy;
60. **“Sum Assured”** means an amount under the Death Benefit Variant under Clause 1.1 of Part C, as specified in the Schedule
61. **“Surrender Value”** shall have the meaning assigned to it in Clause 1 of Part D;
62. **“Terminal Illness”** means an disease with which the Life Insured is Diagnosed with and in the opinion of a Medical Practitioner and Our appointed Medical Practitioner is likely to lead to the death of the Life Insured within 6 (Six) months from the date of such certification by the Medical Practitioner;
63. **“Terminal Illness Benefit”** shall have the meaning assigned to it in Clause 1.3 of Part C;
64. **“Total Premiums Paid”** means the total of all Premium received under the Policy, excluding Underwriting Extra Premium, loadings for modal premiums, Rider Premium and applicable taxes, cesses or levies, if any;
65. **“Underwriting Extra Premium”** means an additional amount mentioned in the Schedule and charged by Us, as per Underwriting Policy, which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including medical examination report of the Life Insured;
66. **“Underwriting Policy”** means an underwriting policy approved by Our board of directors;
67. **“Voluntary Sum Assured Top-Up”** means voluntary top-up to the Sum Assured by the policyholder to increase the Sum Assured at a later stage in the Policy Term;
68. **“Voluntary Sum Assured Top-Up Option”** means an option available to the policyholder to do Voluntary Sum Assured Top-Up at a later stage during the Policy Term as per Clause 1.6 of Part D;
69. **“Waiting Period”** means a period 90 (Ninety) days, starting from the Date of Commencement of Risk or Date of Issuance of policy or date of reinstatement, whichever is later;
70. **“We”, “Us” or “Our”** means Max Life Insurance Company Limited; and
71. **“You” or “Your”** means the policyholder as named in the Schedule.

PART C
POLICY FEATURES, BENEFITS AND PREMIUM PAYMENT

1. BENEFITS

1.1. DEATH BENEFIT

1.1.1. If the Policy is in force and is not under Reduced Paid Up Mode, then, upon death of the Life Insured, during the Policy Term, We will pay "Guaranteed Death Benefit" to the Claimant which will be highest of the following:

- a. For Single Premium Payment Variant – 1.25 times of the sum of single Premium and Underwriting Extra Premium, if any; For all other Premium payment variants – 10 times the sum of Annualised Premium and Underwriting Extra Premium, if any;
- b. 105% of sum of Total Premiums Paid, Underwriting Extra Premium and loadings for modal premiums, if any, received till the date of death of the Life Insured; or
- c. "Absolute Amount Assured to be Paid on Death" which shall be the Sum Assured payable as per the Cover Option chosen by You.

1.1.2. The Claimant will have the option to choose from one of the following payout options at claims stage. In case no payout option is selected by the Claimant, then the payout option 1 (lumpsum Guaranteed Death Benefit) will be considered as the default payout option:

- a. Payout option 1 – lumpsum Guaranteed Death Benefit - 100% of the Guaranteed Death Benefit will be paid as lump sum.
- b. Payout option 2 – monthly income - monthly payment for a fixed period of 10 years starting from the next monthly anniversary following the date of intimation of death ("Payout Period") as per the below formula:

$$\frac{\text{Guaranteed Death Benefit} \times i}{\left(1 - \frac{1}{(1+i)^{120}}\right) \times (1+i)}$$

Where interest ("i") will be $(1 + (\text{Bank Rate} - 1\%))^{\frac{1}{12}} - 1$

For the purpose of the above calculation Bank Rate shall mean the prevailing RBI Bank Rate as declared by the Reserve Bank of India. The interest rate will be revised only if the RBI Bank Rate changes by 50 bps or more from the RBI Bank rate used to determine the prevailing interest rate (reviewed on 1st day of every quarter). As the interest rate will be reviewed at the beginning of each quarter, any change in interest rate will be applicable from 1st day of the next quarter to allow sufficient time for making necessary system changes.

- c. Payout option 3 – partial Guaranteed Death Benefit Plus part monthly income- If the Claimant chooses this payment option, We will pay proportion as may be selected by the Claimant of the Guaranteed Death Benefit as lumpsum and the remaining Guaranteed Death Benefit would be payable as monthly income.

Note: In case monthly payout option has been selected whether under (b) or (c), above then during the Payout Period, the Claimant may commute the outstanding monthly income. In such case We will pay the present value of the outstanding monthly income at the same interest rate used to determine the monthly income.

1.1.3. In case an Accelerated Critical Illness Benefit or Terminal Illness Benefit claim has been paid, then the Guaranteed Death Benefit shall be reduced to the extent of the Accelerated Critical Illness Benefit or Terminal Illness Benefit already paid.

1.2. TERMINAL ILLNESS BENEFIT

1.2.1. If the Policy is in force and is not under Reduced Paid Up Mode, then, upon upon Diagnosis of Life Insured with a Terminal Illness, during the Policy Term, We will pay 100% of the Guaranteed Death Benefit (subject to maximum of Rs. 1 Crore) as accelerate Terminal Illness Benefit to the Claimant. The Terminal Illness Benefit is payable only once during the Policy Term and once a Terminal Illness claim is paid, the Guaranteed Death Benefit will be reduced by the Terminal Illness Benefit paid. Only one valid Terminal Illness Benefit claim will be admissible and payable under the Policy.

1.2.2. The Terminal Illness Benefit does not provide additional benefit but only accelerates the Guaranteed Death Benefit payable under this Policy, subject to maximum of Rs. 1 Crore.

1.2.3. The Claimant shall have the options to receive the amount in the same manner as provided under Clause 1.1.2 in Part C of this Policy.

1.2.4. In case the claim against the Terminal Illness has been raised, We may request the Life Insured to undertake a medical examination or test at Our cost, which in Our opinion, is reasonable to determine the Terminal Illness. We shall not accept a claim if the Member does not undertake any medical examination or test which We consider reasonable or necessary to determine the Terminal Illness.

1.3. ACCELERATED CRITICAL ILLNESS BENEFIT OPTION

1.3.1. If the You have chosen Accelerated Critical Illness Benefit option then upon completion of the Waiting Period and provided the Policy is in force, if the Life Insured is Diagnosed with a specified Critical Illness (as mentioned in the Table below) for the first time during his lifetime, then, We will pay the Accelerated Critical Illness Benefit Sum Assured ("**Accelerated Critical Illness Benefit**"). For the sake of clarity, no Accelerated Critical Illness Benefit will be payable if the Critical Illness is Diagnosed within the Waiting Period, however no Waiting Period shall be applicable if any of the listed Critical Illness occur due to an Accident.

1.3.2. In such case the Accelerated Critical Illness Benefit will terminate and Company will refund the Premium received till the date of death of the Life Insured corresponding to Accelerated Critical Illness Benefit.

1.3.3. The Accelerated Critical Illness Benefit does not provide additional benefit but only accelerates the death benefit payable under this Policy.

- 1.3.4. The Accelerated Critical Illness Benefit is payable only once during the Accelerated Critical Illness Benefit Term and only one valid Accelerated Critical Illness Benefit claim will be admissible and payable under the Policy. However, in case of confirmed Diagnosis of Angioplasty, the Accelerated Critical Illness Benefit is limited only lower an amount of Rs. 5 lacs or Accelerated Critical Illness Benefit Sum Assured with the remaining Accelerated Critical Illness Benefit (if any) payable on subsequent Diagnosis of any one of the other specified Critical Illnesses. It is clarified that only one claim is admissible due to Angioplasty.
- 1.3.5. If the first claim under the Policy is for one of the insured Critical Illness conditions other than Angioplasty, then the 100% of the Accelerated Critical Illness Sum Assured will be paid and Accelerated Critical Illness Benefit would terminate and no further Critical Illness claim shall be accepted or payable. However, if the first claim under the Policy is for Angioplasty, then We will pay for the claim on Angioplasty as detailed above and the Accelerated Critical Illness Benefit will continue with reduced Accelerated Critical Illness Benefit Sum Assured for other insured Critical Illness conditions.
- 1.3.6. Upon payment of the 100% of the Accelerated Critical Illness Benefit, the Accelerated Critical Illness Benefit will terminate and Premium payment on account of Accelerated Critical Illness Benefit will cease. Accordingly, future Premiums payable under the Policy will reduce in accordance with the following formula and the Policy will continue with reduced Guaranteed Death Benefit and Premium. It is clarified that in case of payment of an Angioplasty claim, the Premium shall not change, unless it terminates the Accelerated Critical Illness Benefit itself.

Formula:

$$[Premium\ on\ account\ of\ base\ Sum\ Assured\ x\ (reduced\ base\ Sum\ Assured\ post\ payout\ of\ Accelerated\ Critical\ Illness\ benefit\ Sum\ Assured\ claim)] / (base\ Sum\ Assured\ chosen\ at\ inception)$$

- 1.3.7. Unless otherwise provided under this Policy, the amount of the Accelerated Critical Illness Benefit payable under the Policy is chosen by You and cannot be changed throughout the Policy Term. In the event You have not opted for the Accelerated Critical Illness Benefit at the time of proposal, We may offer the same at a later date during the Premium Payment Term, subject to Our Underwriting Policy and remaining Policy Term being 10 years or more.
- 1.3.8. You may at any time during the Policy Term choose to opt out of/discontinue the Accelerated Critical Illness Benefit, upon which, the total Premium to be paid will be reduced by the Accelerated Critical Illness Benefit Premium and only the Premium corresponding to the death benefit or additional riders/optional benefits (if any) will continued to be payable. It is clarified that, once Accelerated Critical Illness Benefit is discontinued, the benefit cannot be again opted.
- 1.3.9. The Accelerated Critical Illness Sum Assured will always be paid as a lump sum benefit.
- 1.3.10. The Accelerated Critical Illness Benefit option can be chosen anytime during the Policy Term, however:
- Accelerated Critical Illness Benefit option is not available under Single Premium Payment Variant and 5 Pay Premium payment variant under the Limited Premium Payment Variant.
 - Accelerated Critical Illness Benefit cannot be opted if you have chosen Increasing Cover Option under this Policy.
 - Accelerated Critical Illness Benefit is not available for the Secondary Life Insured in case of Joint Life cover.
 - For Accelerated Critical Illness Benefit option, the Accelerated Critical Illness Benefit Term cannot exceed the Premium Payment Term of the Policy.
 - In case Premium Break Option has been selected then Accelerated Critical Illness Benefit option cannot be chosen after the Date of Commencement of Risk.
- 1.3.11. The Accelerated Critical Illness Benefit will terminate immediately upon the occurrence of any of the following events, whichever is earliest:
- On the expiry of the Accelerated Critical Illness Benefit Term;
 - On payment of 100% of the Accelerated Critical Illness Sum Assured;
 - On expiry, cancellation or surrender of the Policy;
 - On death of the Life Insured;
 - Life Insured being diagnosed with Terminal Illness, in cases where the Sum assured is less than or equal to Rs.1 Crore;
 - On failure to revive the Policy within the Revival Period of the Policy;
 - You opting out or discontinuing the Accelerated Critical Illness Benefit; or;
 - On the Policy Anniversary immediately after Life Insured attaining the Age of 75 years.

1.3.12. List of Critical Illnesses and exclusions applicable for the Accelerated Critical Illness Benefit:

Sl no.	Name of the Illness	Details
1.	Cancer of Specified Severity (malignant tumor)	<p>A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This Diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p><i>The following are excluded –</i></p> <ol style="list-style-type: none"> 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. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; Malignant melanoma that has not caused invasion beyond the epidermis; 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 All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; Chronic lymphocytic leukaemia less than RAI stage 3 Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, 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.

2	Angioplasty	<p>Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. <i>Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.</i></p>
3	First Heart Attack – of Specified Severity	<p>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:</p> <ol style="list-style-type: none"> a history of typical clinical symptoms consistent with the Diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) new characteristic electrocardiogram changes elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p><i>The following are excluded:</i></p> <ol style="list-style-type: none"> Other acute Coronary Syndromes Any type of angina pectoris A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure
4.	Open Heart Replacement or Repair of Heart Valves	<p>The actual undergoing of open-heart valve surgery 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. <i>Catheter based techniques including but not limited to balloon valvotomy/ valvuloplasty are excluded.</i></p>
5	Surgery to Aorta	<p>Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. <i>Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.</i></p>
6	Cardiomyopathy	<p>The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. <i>Cardiomyopathy directly related to alcohol or drug misuse is excluded.</i></p> <p>New York Heart Classification</p> <p>Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.</p>
7	Primary Pulmonary Hypertension	<p>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 (NYHA) of cardiac impairment.</p> <p>The NYHA Classification of Cardiac Impairment are as follows:</p> <ol style="list-style-type: none"> Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. <p><i>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.</i></p>
8	Open Chest CABG	<p>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</p> <p><i>The following are excluded:</i></p> <ol style="list-style-type: none"> Angioplasty and/or any other intra-arterial procedures
9	Blindness	<p>Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:</p> <ol style="list-style-type: none"> corrected visual acuity being 3/60 or less in both eyes or ; the field of vision being less than 10 degrees in both eyes. <p>The Diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure</p>

10	End Stage Lung Failure	End stage lung disease, causing chronic respiratory failure, as evidenced by all of the following: 1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and 2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and 3. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO ₂ < 55 mmHg); and 4. Dyspnea at rest.
11	End Stage Liver Failure	Permanent and irreversible failure of liver function that has resulted in all three of the following: 1. permanent jaundice; and 2. ascites; and 3. hepatic encephalopathy. <i>Liver failure secondary to drug or alcohol abuse is excluded.</i>
12	Kidney Failure requiring regular dialysis	End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.
13	Major Organ/ Bone Marrow Transplant	The actual undergoing of a transplant of: 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or 2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner. <i>The following are excluded:</i> 1. <i>Other stem-cell transplants</i> 2. <i>Where only Islets of Langerhans are transplanted</i>
14	Apallic Syndrome	Universal necrosis of the brain cortex with the brain stem remaining intact. The definite Diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.
15	Benign Brain Tumour	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 specialist Medical Practitioner: a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or b. Undergone surgical resection or radiation therapy to treat the brain tumor. <i>The following conditions are excluded:</i> <i>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.</i>
16	Brain Surgery	The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, <i>minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are excluded. Brain surgery as a result of an accident is also excluded.</i> The procedure must be considered necessary by a qualified specialist Medical Practitioner.
17	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: 1. No response to external stimuli continuously for at least 96 hours; 2. Life support measures are necessary to sustain life; and 3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <i>The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting from alcohol or drug abuse is excluded.</i>
18	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: a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; d. Mobility: the ability to move indoors from room to room on level surfaces; e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; f. Feeding: the ability to feed oneself once food has been prepared and made available. <i>The spinal cord injury is excluded.</i>

19	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.
20	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. <i>The following are excluded:</i> 1. <i>Transient ischemic attacks (TIA)</i> 2. <i>Traumatic injury of the brain</i> 3. <i>Vascular disease affecting only the eye or optic nerve or vestibular functions.</i>
21	Alzheimer's Disease	Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by Our appointed Medical Practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Life Insured. There must also be an inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months. Activities of Daily Living are defined as: 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. Feeding - the ability to feed oneself once food has been prepared and made available. <i>Psychiatric illnesses and alcohol related brain damage are excluded.</i> Coverage for this impairment will cease at Age sixty-five (65) or on maturity date/expiry date, whichever is earlier.
22	Motor Neuron Disease with Permanent Symptoms	Motor neuron disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
23	Multiple Sclerosis with Persisting Symptoms	The unequivocal diagnosis of Definite Multiple Sclerosis confirmed by a Consultant Neurologist. The Diagnosis must be evidenced by all of the following: 1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis; 2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, <i>Other causes of neurological damage such as SLE are excluded.</i>
24	Muscular Dystrophy	Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The Diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living". Activities of Daily Living are defined as: 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; Feeding - the ability to feed oneself once food has been prepared and made available

25	Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This Diagnosis must be supported by all of the following conditions:</p> <ol style="list-style-type: none"> 1. The disease cannot be controlled with medication; and 2. There are objective signs of progressive deterioration; and 3. There is an inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months: <p>Activities of Daily Living are defined as:</p> <ol style="list-style-type: none"> 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. Feeding - the ability to feed oneself once food has been prepared and made available. <p><i>Drug-induced or toxic causes of Parkinsonism are excluded.</i></p> <p>Coverage for this impairment will cease at Age sixty-five (65) or on maturity date/expiry date, whichever is earlier.</p>
26	Loss of Independent Existence	<p>Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again.</p> <p>The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the Life Insured expects to retire. Our appointed Medical Practitioner should also agree that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the Life Insured expects to retire.</p> <p>The Life Insured must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.</p> <p>The tasks are:</p> <ol style="list-style-type: none"> 1. Bathing - 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Getting in and out of bed - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Maintaining personal hygiene - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function. 5. Feeding oneself - the ability to feed oneself once food has been prepared and made available. 6. Getting between rooms – the ability to move indoors from room to room on level surface. <p>Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to Us while the Life Insured is alive and permanently disabled. We will have the right to evaluate the Life Insured to confirm total and permanent disability.</p> <p>Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury.</p> <p>Coverage for this impairment will cease at Age sixty-five (65) or on maturity date/expiry date, whichever is earlier.</p>
27	Loss of Limbs	<p>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.</p> <p><i>Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.</i></p>
28	Deafness	<p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This Diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.</p>
29	Loss of Speech	<p>Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. <i>All psychiatric causes of loss of speech are excluded.</i></p>
30	Medullary Cystic Disease	<p>Medullary Cystic Disease is a disease where the following criteria are met:</p> <ol style="list-style-type: none"> 1. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; 2. Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and 3. The diagnosis of medullary cystic disease is confirmed by renal biopsy <p><i>Isolated or benign kidney cysts are specifically excluded from this benefit</i></p>

31	Systemic Lupus Erythematosus	<p>The unequivocal Diagnosis by a Medical Practitioner of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either</p> <ol style="list-style-type: none"> 1. Renal involvement with persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria 2. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of “permanent neurological dysfunction”. <p><i>Discoid lupus and medication induced lupus are excluded.</i></p>
32	Third Degree Burns	<p>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</p>
33	Aplastic Anaemia	<p>Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:</p> <ol style="list-style-type: none"> 1. Absolute neutrophil count of less than 500/mm³ 2. Platelets count less than 20,000/mm³ 3. Reticulocyte count of less than 20,000/mm³ <p>The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.</p> <p><i>Temporary or reversible aplastic anemia is excluded and not covered in this Policy.</i></p>
34	Poliomyelitis	<p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ol style="list-style-type: none"> 1. Poliovirus is identified as the cause; and 2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist. <p><i>Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded.</i></p>
35	Bacterial Meningitis	<p>Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.</p>
36	Encephalitis	<p>Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This Diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.</p>
37	Progressive supranuclear palsy	<p>Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The Diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist</p>
38	Severe Rheumatoid arthritis	<p>The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities.</p> <p><i>Degenerative osteoarthritis and all other forms of arthritis are excluded.</i></p> <p>There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.</p>
39	Creutzfeldt - Jakob disease	<p>Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.</p>
40	Fulminant Viral Hepatitis	<p>A submassive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure where the following criteria are met.</p> <ol style="list-style-type: none"> 1. Rapid decrease in liver size associated with necrosis involving entire lobules; 2. Rapid degeneration of liver enzymes; 3. Deepening jaundice; and 4. Hepatic encephalopathy <p>Hepatitis infection or carrier status alone, does not meet the diagnostic criteria.</p>

1.3.13. Exclusions applicable for the Accelerated Critical Illness Benefit:

No CI benefit will be payable in respect of any listed condition arising directly or indirectly from or in consequence of or aggravated by any of the following:

- a) Pre-Existing Diseases.
- b) Self-inflicted injury, suicide, insanity and deliberate participation of the life insured in an illegal or criminal act
- c) Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- d) War – whether declared or not, civil commotion, breach of Law with criminal intent, invasion, hostilities (whether war is

- declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence.
- e) Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
 - f) Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
 - g) Radioactive contamination due to nuclear accident.
 - h) Any treatment of a donor for the replacement of an organ.
 - i) Any illness due to pandemics
 - j) A condition for which any symptoms and or signs if presented and have resulted in a diagnostic illness or medical condition within the initial waiting period of the issuance of the policy.
 - k) Any illness due to a congenital defect or disease which has manifested or was diagnosed before the date of commencement of the policy

1.4. ACCIDENTAL DEATH BENEFIT

- 1.4.1. In case the Accidental Death benefit option is chosen, subject to the Policy being in force and the Life Insured dies due to an Accident, 100% of Accidental Death Benefit Sum Assured will be payable as lump sum irrespective of the Cover Option chosen by You, whereupon the Accidental Death benefit option will terminate and no further benefit shall be paid under this Accidental Death benefit option. In a scenario where Accident happened during the Accidental Death Benefit Term and death happens after the Accidental Death Benefit Term but within or after 180 days from the date of the Accident, no Accidental Death Benefit Sum Assured shall be payable.
- 1.4.2. You may choose to opt for an Accidental Death benefit option at the Inception of the Policy or at any point of time during the Policy Term, subject to the Policy being Premium paying and remaining Policy Term being more than 5 (Five Years), subject to our Underwriting Policy. A pro-rata basis additional Premium for the Accidental Death benefit option will be charged in case the benefit is added during the middle of a Policy Year and full Premium for the Accidental Death benefit option will be charged starting next Policy Anniversary. However, in case Premium Break Option has been selected then Accidental Death Benefit option cannot be chosen after the Date of Commencement of Risk.
- 1.4.3. Maximum Accidental Death Benefit Sum Assured available under Accidental Death benefit option is Rs. 1 Cr, however in no case the Accident Death Sum Assured be higher than Guaranteed Death Benefit.
- 1.4.4. You may at any time during the Policy Term choose to opt out of/discontinue the Accidental Death benefit option, upon which, the total Premium to be paid will be reduced by the Accidental Death benefit Premium and only the Premium corresponding to the death benefit or additional riders/optional benefits (if any) will continued to be payable. It is clarified that, once Accidental Death benefit option is discontinued, the benefit cannot be again opted.
- 1.4.5. The Accidental Death benefit option is not available under Single Premium Payment Variant.
- 1.4.6. **Termination of Accidental Death benefit option:** The Accidental Death benefit option will terminate immediately upon the occurrence of any of the following events, whichever is earliest:
 - a) On the expiry of the Accidental Death Benefit Term;
 - b) On payment of 100% of the Accidental Death Benefit Sum Assured;
 - c) On cancellation or surrender of the Policy;
 - d) On death of the Life Insured;
 - e) Life Insured being diagnosed with Terminal Illness in cases where the Sum assured is less than or equal to Rs.1 Crore;
 - f) On failure to revive the Policy within the Revival Period of the Policy; or;
 - g) You opting out or discontinuing the Accidental Death benefit option.
- 1.4.7. **Exclusions applicable to Accidental Death benefit:** In case the death of the Life Insured has occurred directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following, no Accidental Death benefit shall be payable:
 - a) Suicide or self-inflicted Injury, whether the life assured is medically sane or insane.
 - b) War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
 - c) Taking part in any naval, military or air force operation during peace time.
 - d) Any condition that is pre-existing at the time of later of Date of Commencement of Risk or Date of Inception of the Policy
 - e) Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
 - f) Alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Medical Practitioner
 - g) Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
 - h) Service in the armed forces, or any police organization, of any country at war or service in any force of an international body
 - i) Participation in aviation other than as a fare-paying passenger in an aircraft that is authorised by the relevant regulations to carry such passengers between established aerodromes.
 - j) Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.
 - k) Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

1.5. MATURITY BENEFIT

No maturity benefit is payable except where Return of Premium Option has been chosen by You at the time of the proposal. This option cannot be selected at later stage during the Policy Term. Under this option, if the Life Insured survives throughout the Policy Term, 100% of the sum of Total Premiums Paid, Underwriting Extra Premiums and loadings for modal premiums received under the Policy (corresponding to the Guaranteed Death Benefit and any Voluntary Top Sum Assured) will be paid to You, on maturity ("Return of Premium Option"). Additional premium charged for optional benefits such as Accelerated Critical Illness Benefit option, Accidental

Death benefit option, Secondary Life benefit under Joint Life Cover or towards Riders, if any, will not be returned on maturity under the Return of Premium Option. If there is a discount applicable under the Policy, only the 100% of the discounted Premiums received (corresponding to the Guaranteed Death Benefit and any Voluntary Top Sum Assured) under the Policy would be returned on maturity of the Policy. It is clarified that in case You have opted for the Joint Life Cover Option in case the maturity benefit will be paid only if the Life Insured is alive on the maturity date and irrespective of the Secondary Life being alive or not.

1.6. VOLUNTARY SUM ASSURED TOP-UP

- 1.6.1. Post completion of waiting period of 1 year from the Date of Commencement of Risk and subject to receipt of Your written request and medical and financial underwriting by Us, We may allow You to increase the Sum Assured on Premium which will be determined by Us basis the Age of the Life Insured at the time of exercising Voluntary Sum Assured Top-Up Option, once during the Policy. Such increase in the Sum Assured shall in no case exceed 100% of the Sum Assured as at the Date of Commencement of Risk. Once this option is exercised, Voluntary Sum Assured Top-Up Option shall remain level throughout the remaining Policy Term. The Sum Assured can be increased in multiples of Rs.10 lakh only.
- 1.6.2. The Voluntary Sum Assured Top-Up Option can be exercised only if the Policy is in force and the following conditions are satisfied:
 - a) the Age of the Life insured does not exceed 50 years;
 - b) Increasing Cover Option or Premium Break Option have not been opted;
 - c) The Sum Assured under the Policy as chosen at inception, is equal to or greater than Rs.50 Lacs; and
 - d) The minimum Premium Payment Term & Policy Term under for this option shall be 5 years and 10 years respectively.
- 1.6.3. In case of death of the Life Insured, the Top Up Sum Assured shall be payable alongwith the Guaranteed Death Benefit as per Clause 1.1 of Part C.
- 1.6.4. In case of the Life Insured is Diagnosed with Terminal Illness, the Top Up Sum Assured shall be payable alongwith the Terminal Illness Benefit as per Clause 1.2 of Part C subject to total benefit payable not exceeding Rs.1 Crore.
- 1.6.5. Voluntary Sum Assured Top-Up Option will not be allowed if any Accelerated Critical Illness Benefit has already been claimed or if Premium Break option has been opted.
- 1.6.6. Voluntary Sum Assured Top-Up will not impact the Accelerated Critical Illness Benefit Sum Assured or Accident Death Sum Assured, if opted.
- 1.6.7. For a Joint Life Policy, Voluntary Sum Assured Top-Up Option will be applicable only for You i.e. top-up will not be allowed on Secondary Life.
- 1.6.8. You shall be allowed to surrender the Top-Up Sum Assured anytime as per Your convenience. The Surrender Value shall be different for each Sum Assured and Top-Up Sum assured which shall be determined basis the duration elapsed since the commencement of first Premium payment for each Sum Assured
- 1.6.9. Return of Premium Option at maturity shall also be available for the Premium paid to enhance the Sum Assured under this Voluntary Sum Assured Top-Up Option.
- 1.6.10. The Voluntary Sum Assured Top-Up option shall be identical to the base plan variant. i.e. If You have chosen Return of Premium Option, the same shall also apply to Premium paid towards Voluntary Sum Assured Top-Up option as well. However, if You have not chosen Return of Premium Option at inception than the same cannot be applied to Premium paid toward Voluntary Sum Assured Top-Up option.
- 1.6.11. The Premium rates for Voluntary Sum Assured Top-Up option will be determined basis the Sum Assured band of the Policy applicable to the Sum Assured inclusive of the Voluntary Sum Assured Top-Up.

1.7. JOINT LIFE COVER OPTION

- 1.7.1. If You have opted for Joint Life Cover Option at inception, to cover Your spouse (“**Secondary Life**”) under this Policy, then in case of death or Diagnosis with Terminal Illness of the Secondary Life, whichever is earlier in the following scenarios:
 - i. Before the death or Diagnosis with Terminal Illness of Life Insured, then We will pay:
 - a) an amount of Rs. 10 (Ten) lacs to You as Guaranteed death benefit.
 - b) Cover on the life of Life Insured continues with Premium reduced to the extent to the Premium payable with respect to Joint Life Cover Option and applicable Guaranteed Death Benefit.
 - ii. After the death or Diagnosis with Terminal Illness of Life Insured, then We will pay an amount of Rs. 50 (Fifty) lacs to the Claimant guaranteed death benefit.
- 1.7.2. Premium payable under the Policy with respect to Joint Life Cover Option including applicable of loadings for modal premiums and taxes) will be waived off when the Life Insured dies or is Diagnosed with Terminal Illness, whichever is earlier.
- 1.7.3. Joint Life Cover Option will be available only where You have taken the Policy on your own life and the Guaranteed Death Benefit under the Policy is greater than or equal to Rs.1 Crore.
- 1.7.4. Maximum Age at maturity of Secondary Life cannot be more than 85 years, accordingly the Joint Life Cover Option for Secondary Life will automatically terminate on the Policy Anniversary immediately following his/her 85th birthday irrespective of the cover in respect of Life Insured still being in force.
- 1.7.5. In case You have chosen Increasing Cover Option, the Guaranteed Death Benefit only in respect of the Life Insured shall increase and it will not impact the life cover towards Secondary Life. Further all other optional benefits under this Policy including Accelerated Critical Illness, Accidental Death Benefit cover, Voluntary Sum Assured Top-Up Option and available Riders shall applicable only on the life cover provided to the Life insured and will not available for Secondary Life.
- 1.7.6. In the event of the death of both the Life Insured and Secondary Life within 24 hours of each other, an amount of Rs.10,00,000 will be paid to the Claimant towards Secondary Life in addition to the Guaranteed Death Benefit payable in respect of the Life Insured.
- 1.7.7. In the earlier event of death of the Life Insured prior to Secondary Life, the Secondary Life will become the Policyholder under the Policy.
- 1.7.8. The benefits under this Joint Life Cover Option can be surrendered by You anytime during the Policy Term. However, the Secondary Life cannot surrender benefits under this Joint Life Cover Option or the Policy upon the death of the Life Insured.
- 1.7.9. In case of death of Secondary Life due to suicide within 12 months from the Date of Commencement of Risk or Date of Inception of the Policy or the date of revival of the Policy, whichever is later, suicide life claims provisions as per Clause 6 of Part F will

be applicable and Secondary Life benefit will terminate. Cover for Life Insured will continue with reduced Premium along with the other additional options like Accelerated Critical Illness, Accidental Death Benefit cover, Voluntary Sum Assured Top-Up Option and available Riders, if any.

1.8. PREMIUM BREAK OPTION

- 1.8.1. You shall be allowed to opt for the Premium Break Option on payment of extra Premium, once opted, then You are allowed to take two annual Premium breaks from paying the Premiums under the Policy after completion of 10 Policy Years provided all due Premiums have been paid (“Premium Break”). The duration of one Premium Break shall be 12 Policy months and the Premium which shall be waived shall include the Premium to be paid towards base cover, Accelerated Critical Illness Benefit premium and Accidental Death benefit premium inclusive of Underwriting Extra Premium, loadings for modal premiums and any applicable taxes thereon. The second Premium Break can be exercised only after a minimum gap of 10 years from end of the first Premium Break period.
- 1.8.2. During the Premium Break, the Policy will remain in-force with the full risk cover as per terms and condition of the Policy.
- 1.8.3. This option is available only if you have opted for Regular Premium Payment Variant or Pay Till 60 Premium Payment Variant and where the Policy Term is greater than 30 years and Premium Payment Term greater than 21 years.
- 1.8.4. Once the Premium Break Option is in force, it shall continue for 12 consecutive Policy months i.e. one Premium Break shall mean 1 annual Premium or 2 half-yearly Premiums or 4 quarterly Premium or 12 monthly Premiums.
- 1.8.5. This option can be exercised from the next premium anniversary, independent of the Policy Anniversary. For example, for a monthly mode policy, a policyholder having paid 125 monthly premiums may choose not to pay the next monthly Premium upto a maximum of 24 monthly Premiums.
- 1.8.6. If You have exercised the first Premium Break in the last 10 years of the Policy, then the second Premium Break shall be by default the last Policy Year Premium as applicable.
- 1.8.7. In case the You do not voluntarily exercise the Premium Break benefit during the Premium Payment Term, We will waive off the last two Policy Year Premiums (last Policy Year Premium if partly exercised earlier) as applicable.
- 1.8.8. For exercising a Premium Break option, You will be required to intimate Us, at least 30 days (15 days in case of Premium payment mode is Monthly) before next Premium due date. Thus if a Premium is unpaid with no prior intimation, then at the end of the Grace Period the Policy shall become Lapsed Policy / Reduced Paid Up, as the case may be.
- 1.8.9. If the You discontinue Premium payment immediately post exercising one or both the Premium Break, the Revival Period will be considered to start from the date of commencement of Premium Break.
- 1.8.10. You cannot opt for Premium Break Option if You have chosen Joint Life Cover option.
- 1.8.11. Voluntary Sum Assured Top-Up option is not available with Premium Break Option.
- 1.8.12. No Riders will be available with Premium Break Option.
- 1.8.13. You can surrender the Policy anytime along with this option even during the Premium Break year, however, the surrender can be done only while surrendering the base Policy and not separately.
- 1.8.14. Premium Break Option will only be applicable on the base Premium, Accelerated Critical Illness Premium, Accidental Death benefit Premium.

1.9. REDUCED PAID-UP BENEFIT/ NON FORFEITURE OPTIONS

If Return of Premium Option was chosen by You at the Date of Policy Inception and Policy has acquired a Surrender Value as specified under Clause I of Part D, then, in the event of non-payment of the due Premiums by You to Us, on the expiry of the Grace Period, this Policy will not become a Lapsed Policy and by default will continue under Reduced Paid-Up Mode unless revived. A Reduced Paid-Up Policy can be revived within a Revival Period, subject to conditions mentioned in Part D, for revival of Lapsed Policy. If a Reduced Paid-Up Policy is not revived within Revival Period, then the Policy cannot be revived and the Policy will continue as Reduced Paid-Up Policy for the remaining Policy Term. Policy under the Reduced Paid-Up Mode will be free from all liabilities of payment of future Premiums to Us. If this Policy is under Reduced Paid-Up Mode, then, the benefits payable shall be as follows:

1.9.1. Reduced Paid –Up Death Benefit

- a. In the event of the death of the Life Insured during Policy Term when the Policy is under Reduced Paid-Up Mode, the death benefit, in case of Level Cover Option, will be reduced as per the below formula:

*Reduced Paid-Up Sum Assured = ((Total Premium Paid) / (total Premiums payable under base Policy (excluding Underwriting Extra Premium, loadings for modal premiums and Rider Premium, if any))) * Guaranteed Death Benefit applicable before Policy moved to Reduced Paid-Up Mode.*

- b. In case of the Increasing Cover Option, the future increase in Reduced Paid-Up death benefit post the Policy becomes Reduced Paid-Up will also get reduced as per the below formula:

*5% * Sum Assured at the Date of Inception of Policy * ((Total Premium Paid) / (total Premiums payable under base Policy (excluding Underwriting Extra Premium, loadings for modal premiums and Rider Premium, if any)))*

- c. It is clarified that for the purpose of above calculations Total Premium Paid towards base death benefit would only be considered.

1.9.2. Reduced Paid –Up Terminal Illness Benefit

In the event of the Life Insured is Diagnosed with a Terminal Illness during Policy Term, when the Policy is under Reduced Paid-Up Mode, a benefit equal Reduced Paid-Up Death Benefit as noted in clause 1.9.1 above subject to a maximum limit of Rs.1 Crore shall be payable. Upon payment of Reduced Paid-Up Terminal Illness Benefit, the Reduced Paid-Up Death Benefit will be reduced by the amount of the benefit paid.

1.9.3. Reduced Paid –Up Maturity Benefit

Under the Return of Premium Option, if the Life Insured has survived until the Maturity Date, 100% of the Sum of Total Premiums Paid, Underwriting Extra Premium and loadings for modal premiums, if any (corresponding to base cover, Premium Break Option and Voluntary Sum Assured Top-Up Option) will be paid at end of Policy Term. Please note that any additional

Premium charged for optional benefits (Accelerated Critical Illness Benefit option, Accidental Death benefit cover option and Joint Life Cover) or riders, will not be returned back at maturity under this option.

1.9.4. Reduced Paid –Up Surrender Value

The Surrender Value of Reduced Paid-Up Policy will be as calculated in accordance with Clause 1 of Part D (Surrender / Early Exit Value).

1.9.5. No benefit will be paid towards Accelerated Critical Illness Benefit, Accidental Death benefit cover or Secondary life (in case Joint life Cover option has been opted) once the policy has moved into Reduced Paid Up mode.

2. PREMIUMS

- 2.1. You shall have a choice between the Single Premium Payment Variant, Limited Premium Payment Variant, Regular Premium Payment Variant or Pay Till 60 Premium Payment Variant for Premium payments. Unless otherwise allowed in the Policy, the Premium payment variant can only be chosen at the Inception of the Policy and cannot be changed subsequently.
- 2.2. You can pay the Premium annually, semi-annually, quarterly or on monthly basis, as per the Premium payment mode chosen by You. However, Premium payment mode applicable for base cover will be applicable Premium payable towards any optional benefits/ Riders that You may have opted under this Policy.
- 2.3. You have an option to change the Premium payment mode during the Premium Payment Term by submitting a written request to Us. Any change in the Premium payment mode will result in a change in the Premium amount basis the applicable Modal Factors. A change in Premium payment mode will be effective only on the modal Anniversary following the receipt of such request, depending on the premium payment frequency chosen by You.
- 2.4. You can pay Premium 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.
- 2.5. The Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.
- 2.6. Premium rates for the death benefit and Accidental Death benefit cover option are guaranteed for the entire Policy Term. However, for the Accelerated Critical Illness Benefit, the Premium rates are guaranteed only for a period of five (5) years and may be revised thereafter by Us basis experience under the product by seeking prior approval from IRDAI. Once revised, the Premium rates shall be guaranteed for the next five (5) years.
- 2.7. Under Accelerated Critical Illness Benefit, the Premium Payment Term is equal to the Policy Term.
- 2.8. Under Accidental Death Benefit cover, the Premium Payment Term will be subject to the remaining Premium Payment Term of the base Policy benefit.

3. GRACE PERIOD

- 3.1. 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 penalty or late fee.
- 3.2. The insurance coverage continues during the Grace Period. However, if the overdue Premium is not paid even in the Grace Period and the Life Insured dies, then, We will pay the death benefit after deducting the unpaid premium (if any) till date of death.

PART D

POLICY SERVICING CONDITIONS

1. SURRENDER/ EARLY EXIT VALUE

If You have paid all due Premiums but discontinues paying future Premium, You may surrender the Policy any time after the Policy has acquired a surrender value or early exit value as below:

1.1 If You have not opted for Return of Premium Option then:

1.1.1. The Policy shall acquire early exit value (“**Early Exit Value**”), subject to the criteria given below:

- a. For Single Premium Payment Variant: immediately after payment of single Premium.
- b. Limited Premium Payment Variant including Pay Till 60 Variant: Upon completion of Premium Payment Term on receipt of all due Premiums.
- c. Regular Premium Payment Variant: No surrender benefit is applicable or payable.

1.1.2. The Early Exit Value shall be determined basis the formula provided below:

$$\text{Factor } x \left((\text{Sum of Total Premium Paid, Underwriting Extra Premium and loadings for modal premiums, if any}) \times (\text{unexpired Policy Term/ Policy Term}) \right)$$

Note: Factor is equal to 50% if You surrender or discontinue paying Premium within the first 5 Policy Years; else the Factor is equal to 70%.

1.1.3. **Special Exit Value:** You shall be allowed a Special Exit Value, wherein we shall return sum of Total Premiums Paid, Underwriting Extra Premiums and loadings for modal premiums, if any. The Special Exit Value will be paid only if You surrender the Policy during:

- For Policy with Policy Term between 40-44 years: 25th Policy Year or during the period when the attained Age of the Life Insured is between 65th and 66th Year, whichever is earlier,
- For Policy with Policy Term more than 45 years: 30th Policy year or during the period when the attained Age of the Life Insured is between 65th and 66th Year, whichever is earlier.

The following conditions shall be applicable for Special Exit Value:

- (i) The Policy has to be in-force at the time of availing this Special Exit Value.
- (ii) The Policy shall be terminated after availing this Special Exit Value.
- (iii) Special Exit Value shall not be available with Policy with Return of Premium Option.
- (iv) Special Exit Value shall not be available for Policy Term less than 40 years.
- (v) Special Exit Value shall be applicable on the base Policy Premium only and not to additional optional benefits like Accelerated Critical Illness benefit, Accidental Death benefit, Joint life cover or Voluntary Sum Assured Top-Up.

1.1.4. For optional benefits like Accidental Death benefit cover, Joint Life Cover, Premium Break or Voluntary Sum Assured Top-Up, Early Exit Value will be payable However, no Early Exit Value will be paid in lieu of the Premium paid towards Accelerated Critical Illness benefit.

1.2 If You have opted for Return of Premium Option and You discontinue paying Premium or You surrenders the Policy, then:

1.2.1 The Policy shall acquire surrender value (“**Surrender Value**”), subject to the following criteria:

- a) For Single Premium Payment Variant: immediately after receipt of single Premium.
- b) Limited Premium Payment Variant (including Pay Till 60 Premium Payment Variant) and Regular Premium Payment Variant on receipt of two full years’ Premium.

1.2.2 The Surrender Value is the higher of Guaranteed Surrender Value or Special Surrender Value. For the purpose of this Policy the Special Surrender Value will be equal to the Guaranteed Surrender Value. Guaranteed Surrender Value is defined as:

Guaranteed Surrender Value factor x (sum of Total Premium Paid, Underwriting Extra Premium and loadings for modal premiums, if any)

The Guaranteed Surrender Value factors are provided below:

Policy Year	% of Total Premiums Paid, Underwriting Extra Premium including Premiums for Voluntary Sum Assured Top-Up	
	Single Premium Payment Variant	Limited Premium Payment Variant, Pay Till 60 Premium Payment Variant and Regular Premium Payment Variant
1	75%	NIL
2	75%	30%
3	75%	35%
4	90%	50%
5	90%	52%
6	90%	54%
7	90%	56%
8 +	90%	Graduating linearly from 56% to 90% during the last two Policy Years Minimum [(56% + [(34% x (N-7)) / (Policy Term - 8)], 90%] N : Year of Surrender

1.2.3 Surrender Value for the Premium paid towards Premium Break and Voluntary Sum Assured Top Up Option will be calculated in the same manner as for the Premium paid towards base cover under this Policy. However, no Surrender Value will be paid in lieu of the Premium paid towards Accidental Death benefit cover, Joint Life Cover and Accelerated Critical Illness benefit.

2. LOANS

You are not entitled to any loans under this Policy.

3. REVIVAL OF POLICY

A Lapsed Policy can be revived as per Our Underwriting Policy, within the Revival Period:

- 3.1 on receipt of Your written request to revive the Policy by Us;
- 3.2 if You produce an evidence of insurability (in form of declaration of health condition and/or relevant medical reports) of Life Insured at Your own cost which is acceptable to Us; and
- 3.3 on payment of all overdue Premiums (along with the applicable taxes, cesses and levies, if any) to Us with late payment fee as may be determined by Us from time to time (in the manner described hereinbelow) as on the date of Revival. Currently the applicable late fee is as below:

No. of days between date of Revival and date of lapse of Policy	Revival Late Fee Basis	Currently Applicable Revival Late Fee*
0-60	Nil	0.00%
61-180	RBI Bank Rate + 1% p.a. compounded annually on due Premiums	5.65%
>180	RBI Bank Rate + 3% p.a. compounded annually on due Premiums	7.65%

*Note: The current applicable revival late fee effective as on 1st July 2020 and is based on RBI Bank rate of 4.65% p.a. prevailing as at 31st March, 2020. The 'RBI Bank Rate' for the financial year ending 31st March (every year) will be considered for determining the revival late fee and the same shall be made effective w.e.f. 01st July every year. The revival late fee is revised only if the 'RBI Bank Rate' changes by 1% or more from the 'RBI Bank Rate' used to determine the prevailing revival late fee (reviewed on every 31st March). For further details and the revival late fee applicable as on date, please refer to our website www.maxlifeinsurance.com.

- 3.4 The Revival of the Lapsed Policy will take effect only after We have approved the same in accordance with Our Underwriting Policy and communicated Our decision to You in writing. All benefits (except for the Accelerated Critical Illness Benefit, if already claimed under the Lapsed Policy) including death and monthly income which were originally payable will be restored on such Revival with effect from due date of the unpaid Premium.
- 3.5 If a Lapsed Policy is not revived within the Revival Period, this Policy will terminate without value, on the expiry of the Revival Period.
- 3.6 The Policy cannot be revived beyond the Policy Term.
- 3.7 Once the Policy has acquired Surrender/ Early Exit Value, if future Premiums are discontinued then the Policy shall not lapse and the following shall be applicable:
 - a. **Under Return of Premium Option:** The Policy will by default become Reduced Paid-Up Policy. A Reduced Paid-Up Policy can be revived within the Revival Period, subject to conditions mentioned above for Revival of Lapsed Policy. If a Reduced Paid-Up Policy is not revived within the Revival Period, then the Policy cannot be revived and will continue as Reduced Paid-Up Policy for the rest of its Policy Term.
 - b. **Other than the Return of Premium Option:** If the Policy is not revived within a Revival Period from the due date of first unpaid Premium, an Early Exit Value shall be paid to the Policyholder and the Policy shall be terminated.
- 3.8 In case of non receipt of Premium, the cover for Accelerated Critical Illness Benefit, Accidental Death benefit and Joint Life cover will lapse and no benefits shall be payable. However, the cover for these benefit options can be reinstated during the Revival Period as per the applicable terms and conditions for Revival of Policy.
- 3.9 Once the Policy has been revived, all the benefits will get reinstated to original levels, which would have been the case had the Policy remained premium paying.
- 3.10 In addition to the revival provisions stated above and subject to Our sole discretion, You may also be eligible to avail of one or more of the following revival schemes to revive Your Policy:
 - i. **Reduction in the Sum Assured:** You may be eligible to revive your Policy by reducing the Sum Assured. Please contact Us for details on whether You are eligible for this revival scheme and, if so, the extent to which the Sum Assured can be reduced, the total amount required to be paid by You to revive the Policy and the applicable terms and conditions for utilizing this revival scheme;
 - ii. **Change in the Premium Payment Term:** You may be eligible to revive your Policy by changing the Premium Payment Term. Please contact Us for details on whether You are eligible for this revival scheme and if so, the extent to which the Premium Payment Term can be changed, the total amount required to be paid by You to revive the Policy and the applicable terms and conditions for utilizing this revival scheme;
 - iii. **Special Revival Schemes:** We may also introduce special revival schemes from time to time which are available for a particular period. Please contact Us for details on whether such revival scheme is available and, if You are eligible for the same, the total amount required to be paid by You to revive the Policy and the applicable terms and conditions for utilizing such revival scheme.
 - iv. We may, from time to time, at Our sole discretion, introduce new revival schemes or modify or terminate existing revival schemes. Please contact Us for details on 1860 120 5577 or visit Our website www.maxlifeinsurance.com.

4. PAYMENT OF BENEFITS

- 4.1. The benefits under this Policy will be payable only on submission of satisfactory proof to Us. The benefits under this Policy will be payable to the Claimant.
- 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. TERMINATION OF POLICY

This Policy will terminate upon the happening of any of the following events:

- 5.1. on the date on which We receive Freelook cancellation request from You;
- 5.2. the date of death of the Life Insured or Secondary Life, whichever is later;
- 5.3. upon payment of the Sum Assured or 100% of the Guaranteed Death Benefit to Claimant;
- 5.4. the date of intimation of repudiation of the death claim by Us;
- 5.5. on the expiry of the Revival Period, if the Lapsed Policy has not been revived;
- 5.6. on the date of payment of Surrender Value as per the terms and conditions of the Policy;
- 5.7. on the Maturity Date;
- 5.8. upon the payment of the all maturity benefits, if any;
- 5.9. upon payment of the commuted value of the future benefits; or
- 5.10. upon payment of dues as per suicide clause (Clause 6 of Part-F);

6. FREELook CANCELLATION

“Freelook” means a period of 15 days or 30 days (if the Policy is sourced through distance marketing modes such as internet, SMS, tele marketing, interactive electronic medium etc.) from the date of receipt of the Policy, to review the terms and conditions of the Policy, where if You disagree to any of those terms and conditions, You have the option to return the Policy stating the reasons for objection. Upon return, the Policy will terminate forthwith and all rights, benefits and interests under the Policy will cease immediately. You shall be entitled to a refund of the Premium received by Us after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred by Us on medical examination of the Life Insured, if any.

7. LAPSATION OF POLICY / FORFEITURE OF PREMIUMS PAID

In case of Lapsed Policy, no benefits shall be payable and in such event the Premium(s) paid shall be forfeited by Us. Once the Policy has acquired Surrender Value / Early Exit Value, the Policy shall not lapse at the end of the Grace period.

PART E

POLICY CHARGES

APPLICABLE FEES/ CHARGES UNDER THE POLICY

This Policy is a non-linked non participating individual pure risk premium life insurance plan and therefore, Part E is not applicable to this Policy.

PART F
GENERAL TERMS AND CONDITIONS

1. ELIGIBILITY

- 1.1. The minimum Age of the Life Insured on the Date of Commencement of Risk should be 18 (Eighteen) years.
- 1.2. The maximum Age of the Life Insured on the Date of Commencement of Risk should be:
 - 1.2.1. For Single Premium Payment Variant, Regular Premium Payment Variant, Limited Premium Payment Variant - 65 (Sixty Five) years; and;
 - 1.2.2. For Pay Till 60 Premium Payment Variant - 44 (Forty Four) years.
- 1.3. The maximum Age of the Life Insured on the Maturity Date cannot exceed:
 - 1.3.1. For Death/ Terminal Illness Benefit and Accidental Death benefit option is 85 (Eighty-Five) years.
 - 1.3.2. For Accelerated Critical Illness Benefit option is 75 (Seventy-Five) years.
- 1.4. In case the Return of Premium Option has been chosen by You, maximum Policy Term for base death benefit and Accidental Death benefit option shall in no case exceed 50 Years from the Date of Commencement of Risk.

2. TAXES

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

3. CLAIM PROCEDURE

- 3.1. For processing a claim request under this Policy, We will require all of the following documents:
 - 3.1.1. In case of a Death Claim:
 - a) Claimant's statement in the prescribed form;
 - b) original Policy document;
 - c) a copy of police complaint/ first information report (in the case of death by accident or suicidal death of the Life Insured/ Secondary Life);
 - d) a copy of duly certified post mortem report (in the case of death by accident or suicidal death of the Life Insured/ Secondary Life);
 - e) All medical/ hospital records (including diagnostic records)
 - f) a copy of death certificate issued by the local/municipal authority duly attested by the Claimant (only in the case of death of the Life Insured/ Secondary Life);
 - g) a self-attested copy of admissible identity proof of the Claimant including Nominee(s) bearing their photographs and signatures (only in the case of the death of the Life Insured/ Secondary Life);
 - h) Bank details of Claimant;
 - i) any other document or information required by Us for assessing and approving the claim request.
 - 3.1.2. In case of claim with towards Accelerated Critical Illness or Terminal Illness:
 - a) Claimant's statement in the prescribed form;
 - b) a copy of police complaint/ first information report (wherever applicable);
 - c) attending physician's statement;
 - d) certificate by a Medical Practitioner confirming Diagnosis of Critical Illness or Terminal Illness of the Life Insured/ Secondary Life;
 - e) All medical/ hospital records (including diagnostic records) pertaining to Critical Illness or Terminal Illness and treatment.
 - f) a self-attested copy of identity proof of the Claimant including nominee(s) bearing their photographs and signatures; and
 - g) any other documents/information required by Us for assessing and approving the claim request.
 - 3.1.3. In case of Maturity claim:
 - a) NEFT Form (if not provided earlier)
 - b) a cancelled cheque or copy of passbook with pre-printed name and bank account number, for payout through NEFT (if not provided earlier)
 - c) a self-attested photo ID proof
- 3.2. A Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches.
- 3.3. Subject to 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:
 - 3.3.1. that the benefits have become payable as per the terms and conditions of this Policy; and
 - 3.3.2. of the bonafides and credentials of the Claimant.
- 3.4. Subject to Our sole 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 set out in Clause 2.1 of Part F.

4. DECLARATION OF THE CORRECT AGE

Declaration of the correct Age and/ or gender of the Life Insured 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 is found to be incorrect at any time during the Policy Term or at the time of claim, We may revise the Premium with interest and/ or 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 Life Insured eligible to be covered under the Policy on the Date of Commencement of Risk.

5. FRAUD, MISREPRESENTATION 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]*

6. SUICIDE EXCLUSION

Notwithstanding anything stated herein, if the Life Insured commits suicide, whether minor/major, whether sane or insane, within 12 (Twelve) months from the Date of Commencement of Risk of Policy or from the date of Revival of this Policy, as applicable, all risks and benefits under this Policy shall cease and in such an event We will only refund the sum of Total Premiums Paid, loading for modal premium and Underwriting Extra Premium, if any, received under the Policy by Us till the death of the Life Insured to the Claimant.

If You chose to increase Sum Assured under the Voluntary Sum Assured Top-Up Benefit, the above suicide clause provisions will be applicable on the increased Sum Assured as well. Hence, if the Life Insured commits suicide within 12 months, whether minor or major, whether sane or insane, from the date of increase in Sum Assured benefit due to Voluntary Sum Assured Top-Up Benefit Option, the Claimant will receive the Sum Assured under the base Policy (subject to the Clause above) plus return of sum of additional Total Premiums Paid, loading for modal premium and Underwriting Extra Premium, that was received towards increase the Sum Assured under Voluntary Sum Assured Top-Up Benefit Option. The increased Sum Assured due to Voluntary Sum Assured Top-Up Benefit Option will not be paid as suicide happened within 12 months of increase in Sum Assured.

6. TRAVEL AND OCCUPATION

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 is allowed as per 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 center, 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/or by the 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 with approval of the IRDAI. We will resume Our obligations under the Policy after the Force Majeure Event ceases to exist.

14. COMMUNICATION AND 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 with 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.

16. ISSUANCE OF DUPLICATE POLICY

You may request for a duplicate copy of the Policy to Us along with relevant documents. Additional charges, not exceeding Rs.250/- may be applicable for issuance of the duplicate Policy.

PART G

GRIEVANCE REDRESSAL MECHANISM AND 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:
- Max Life Insurance Company Limited, Plot 90A, Sector 18, Gurugram, 122015, Haryana, India, Helpline No. – 1860 120 5577, Email: service.helpdesk@maxlifeinsurance.com; or
 - the complainant may approach Our Grievance Redressal Officer at - (0124) 4219090; or
 - To any office of Max Life Insurance Company Limited.
- 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:
Chief Customer Officer,
Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India
Helpline No. – 1860 120 5577
Email: manager.services@maxlifeinsurance.com;
 - 1.2.2. the complainant may approach the Grievance Cell of the IRDAI on the following contact details:
IRDAI Grievance Call Centre (IGCC)
Toll Free No:155255 or 1800 4254 732
Email ID: complaints@irdai.gov.in
 - 1.2.3. the complainant can also register Your complaint online at <http://www.igms.irdai.gov.in/>
 - 1.2.4. the complainant can also register Your complaint through fax/paper by submitting Your complaint to:
Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500 032
Ph: (040) 20204000
- 1.3. If the complainant are not satisfied with the redressal or there is no response within a period of 1 (One) month, or within 1 year after rejection of complaint by Us, the complainant may approach Insurance Ombudsman at the address mentioned in Annexure A or on the IRDAI website www.irda.gov.in or on ECOI website at www.ecoi.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 Policy terms and conditions at any time in the Policy document or Policy contract;
 - 1.3.5. 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 insurance Policy, which is not in conformity with the Proposal Form submitted by You;
 - 1.3.8. non issuance of any insurance document after receipt of the Premium.
 - 1.3.9. Any other matter resulting from violation of provisions of Insurance Act, 1938 as amended from time to time or the regulation, circulars, guidelines or instructions issued by the IRDAI from time to time on 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 after receipt 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@ecoi.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@ecoi.co.in. (State of Karnataka)

BHOPAL - Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal(M.P.)-462 003. Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in (States of Madhya Pradesh and Chattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in (State of Orissa.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160017. Tel.:- 0172-2706468/2706196 Fax : 0172-2708274 Email: bimalokpal.chandigarh@ecoi.co.in (States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.)

CHENNAI- Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 , Anna Salai, Teynampet, Chennai-600 018.Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@ecoi.co.in [State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).]

DELHI- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building., Asaf Ali Road, New Delhi-110 002. Tel.:- 011-23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in (State of Delhi)

ERNAKULAM- Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.)

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@ecoi.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 : 040-67504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Pondicherry.)

JAIPUR- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@ecoi.co.in (State of Rajasthan)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@ecoi.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, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@ecoi.co.in (Following Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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 : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@ecoi.co.in (State of Goa and Mumbai Metropolitan Region excluding Navi Mumbai and Thane)

NOIDA - Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddha Nagar, U.P. - 201301. Tel: 0120-2514250/2514252/2514253 Email: bimalokpal.noida@ecoi.co.in (State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna – 800006, Tel No: 0612-2680952, Email id : bimalokpal.patna@ecoi.co.in (State of Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan peth, Pune – 411030. Tel: 020-41312555 Email: bimalokpal.pune@ecoi.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan 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 misstatement 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 appointment is to 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 parents or his spouse or his children or his spouse and children or 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 Act, 1938 as amended from time to time, 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 thereof 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; and c. 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.]