



About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons and AIA Group Limited (AIA). Tata AIA Life combines Tata's pre-eminent leadership position in India and AIA's presence as the largest, independent listed pan-Asia life insurance group in the world spanning 18 markets in Asia Pacific. Tata Sons holds a majority stake (51 per cent) in the company and AIA holds (49 per cent) through an AIA International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110)
CIN: U66010MH2000PLC128403. **Registered & Corporate Office:**
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(local charges apply) or write to us at **customer@tataaia.com**.
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Health solutions

Tata AIA



Vitality Protect Advance

A Non-Linked, Non- Participating Individual Health product



Tata AIA Vitality Protect Advance

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We all work hard to achieve our dreams and provide our family with the best of everything. However, as the saying goes, “Life is what happens when we are busy making other plans”. All of a sudden, an unexpected event such as an accident or a health issue can affect our income, drain our savings, place financial burden on our family and ruin our dreams.

While life may have its own plan for us, we need to have a plan in place to handle any challenge that is thrown at us. Tata AIA Vitality Protect Advance is one such solution that can help you plan for the various contingencies that you may come across. It covers various risks such as death, disability due to accident, a range of terminal illness, Cardiac and Cancer cover, etc thus providing all round protection to you and your family. Moreover, you can also enroll in ‘Tata AIA Vitality’ our Wellness Program through which you can earn rewards for healthy habits and for staying fit.

Why Tata AIA Vitality Protect Advance?

- **Enhanced Life Protection:** Choice of one or more Benefit Options (risk covers) including death, accidental death /disability and illness.
- **Total Health Protection:** Choice of one or more Benefit Options including:-
 - o Multistage Cancer cover.
 - o Minor and Major state cardiac conditions.
- **Need based benefit payout:** Flexibility to receive benefit as lump sum, combination of lump sum or income for fixed period, Income till survival of chosen dependent partner(s).
- **Cover your loved ones:** The product allows you to extend protection to your loved ones too under the same plan.
- **Rewards for a healthy lifestyle** with enrolment in our Wellness Program – ‘Tata AIA Vitality’
- **Income Tax Benefits** as per the prevailing tax laws.

What am I Covered for under this product?

The Tata AIA Vitality Protect Advance offers coverage against a range of risks. You may opt for coverage against one or more risks as per your needs. A summary of the risks covered is as given below

Benefit Option	Brief description of risk covered
Cancer Care	Diagnosis of cancer
Cardiac Care	Diagnosis of major or minor Cardiac Condition
Terminal Illness with Term Booster (TTB)	Benefit paid on earlier of Death or diagnosis of Terminal Illness
Accidental Total & Permanent Disability (ATPD)	Total and Permanent Disability due to Accident

The premium will vary depending upon the Option chosen.

Along with the benefits, you may opt for Add-on benefit as per your needs. A summary of the add-on is as given below

Add-on Option	Brief description of risk covered
Accidental Death Benefit	Death due to Accident

Further, you have the option to choose ‘Return of Balance Premium’ option at the time of purchase under following benefit options:

- Terminal Illness with Term Booster (TTB)
- Accidental Total and Permanent Disability (ATPD)
- Add-on Benefits: Accidental Death Benefit (ADB)

The Insured Amount under any Benefit Option, however, shall be payable only if the respective benefit option is in force.

The policyholder can opt for coverage on one or more lives (may or may not include coverage on self) subject to insurable interest and as per the Board Approved Underwriting Policy (BAUP). In such case, each life will be covered separately with respective chosen Sum Assured

In case you have chosen multiple benefit options and have claimed under a particular condition, coverage under other conditions shall continue to remain in force through the coverage term provided the life assured is alive and continue to pay the contractual due premiums.

Details of benefits under each Benefit Option

Cancer Care:

In the event of diagnosis of cancer, the Insured Amount under Benefit Option is paid as a lump-sum.

o Minor Conditions –

On diagnosis of the covered Minor conditions, 25% of the Insured Amount under Benefit Option or INR 1,000,000 whichever is lower will be paid

- The claim shall be payable, provided the diagnosed condition satisfies the definition
- Multiple minor claims for different minor conditions will be admissible till the total payout does not exceed 100% of the Insured Amount.
- A particular minor condition can be claimed only once during the benefit option term.
- For multiple minor stage claims, there needs to be a period of at least 180 days between the date of occurrence of a minor stage conditions and date of diagnosis of the subsequent minor stage conditions. However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.

o Major Conditions –

On diagnosis of any of the covered Major Conditions 100% of the Insured Amount under Benefit Option less any previously paid claim for minor conditions will be paid.

In case the benefit payout is less than 100% of the Insured Amount, the benefit option will continue for the balance Insured Amount. The benefit will terminate on payment of a cumulative of 100% of Insured Amount.

Following Cancer related conditions are covered under the plan.

Minor Stage Conditions	Major Stage
Early-stage Cancers	Cancer of Specified Severity
Carcinoma-in-Situ	

The benefit will be payable only if the diagnosis of any of the covered cancer after policy issuance is the first diagnosis of cancer in the lifetime of the individual covered

If there are more than one conditions diagnosed within a period of 48 hours, only one claim, with the highest benefit pay-out, will be admissible.

(Please refer “Definitions & Exclusions” Annexure on our website www.tataaia.com for de-finitions and exclusions covered under this plan)

Cardiac Care:

In the event of diagnosis of life assured with an illness under this Benefit Option as specified below. The Insured Amount under Benefit Option shall be payable as lump sum.

- o **Minor Conditions** – On diagnosis of the covered Minor conditions, 25% of the Insured Amount under Benefit Option or INR 1,000,000 whichever is lower will be paid. The claim shall be payable, provided the diagnosed condition satisfies the definition.

Multiple minor claims for different minor conditions will be admissible till the total payout does not exceed 100% of the Insured Amount.

A particular minor condition can be claimed only once during the benefit option term.

For multiple minor stage claims, there needs to be a period of at least 180 days between the date of occurrence of a minor stage conditions and date of diagnosis of the subsequent minor stage conditions. However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.

- o **Major Conditions** – On diagnosis of any of the covered Major Conditions 100% of the Insured Amount under Benefit Option less any previously paid claim for minor conditions will be paid.

In case the benefit payout is less than 100% of the Insured Amount, the benefit option will continue for the balance Insured Amount. The benefit will terminate on payment of a cumulative of 100% of Insured Amount.

Following Cardiac Conditions are covered:

Minor Stage Conditions	
1	Angioplasty
2	Balloon Valvotomy or Valvuloplasty

Minor Stage Conditions	
3	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD Insertion
Major Stage Conditions	
1	Open Chest CABG
2	Myocardial Infarction (First Heart Attack of specified severity)
3	Stroke resulting in permanent symptoms
4	Open Heart Replacement or Repair of Heart Valve
5	Major Organ Transplant – Heart
6	Aorta Graft Surgery
7	Cardiomyopathy
8	Primary (Idiopathic) Pulmonary Hypertension

The benefit will be payable only if the diagnosis of any of the covered cancer after policy issuance is the first diagnosis of cancer in the lifetime of the individual covered.

If there are more than one conditions diagnosed within a period of 48 hours, only one claim, with the highest benefit pay-out, will be admissible.(Please refer “Definitions & Exclusions” Annexure on our website www.tataaia.com for de-finitions and exclusions covered under this plan)

Terminal Illness with Term Booster:

The insured amount under this option is payable in the event of diagnosis of Terminal Illness* or death (whichever happens first) of the life insured, the benefit amount is paid depending on the payout option chosen.

The benefit is payable only once during the benefit option term and the option shall terminate on the earlier of death, diagnosis of terminal illness or expiry of the term.

* Terminal Illness is defined as an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two (2) independent Medical Practitioners specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners’ specializing in treatment of such illness and registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserve the right for independent assessment of the Terminal Illness.

Accidental Total and Permanent Disability:

The insured amount under this option is payable in the event of Total and Permanent Disability of the life insured due to an accident within the benefit option term, 100% of the Insured Amount (as defined above) will be paid depending on the payout option chosen, provided the disability occurs within 180 days from that accident.

- o **Double Benefit:**

The amount of benefit payable will be doubled if the Injury for which the benefit is payable occurs under any of the following circumstances:

1. While the Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
2. While the Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers; or
3. As a direct result of the burning of the following public buildings ONLY: theatre, cinema, public auditorium, hotel, school and hospital.
4. When the Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

The Insured Amount will be payable if the accident occurs within the benefit option term even if the disability occurs beyond the benefit option term (however within 180 days of the accident) and the option shall terminate on earlier of valid claim or expiry of the term.

Other Benefits in detail

Add-on Benefit: Accidental Death Benefit:

In the event of the death due to an accident* within the benefit option term, the Insured Amount as defined is paid depending on the payout option chosen. The death should happen within 180 days from the accident.

The accidental Death benefit will be payable if the accident occurs within the benefit option term even if death occurs beyond the benefit option term (however within 180 days of the accident).

Double Benefit

The amount of Death benefit for the benefit option payable will be doubled if the death occurs under any of the following circumstances:

1. While the Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
2. While the Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers; or
3. As a direct result of the burning of the following public buildings only: theatre, cinema, public auditorium, hotel, school and hospital.
4. When the Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

The Accidental Death benefit for the benefit option is payable only once during the term of the benefit option and the option shall terminate on earlier of death or expiry of the term.

* Accidental Death shall mean death which:

- is caused by bodily injury resulting from an accident and
- occurs due to the said bodily injury solely, directly and independently of any other causes and
- occurs within 180 days of the occurrence of such accident

The benefit due to accidental death will be payable if the accident occurs within the Benefit Option term even if death occurs beyond the term (however within 180 days of the accident)

Maturity – Return of Balance Premium:

At the time of purchase, if you choose to opt for a “Return of Balance Premium” option with any of the above benefit option chosen, an amount equal to the Total Premiums Paid (excluding loading for modal premiums) towards the benefit option, less any claim amount already paid out under the respective benefit option and any premium discounts availed under the Vitality Wellness Program as premium discounts or premium cashback, shall be payable at the end of the benefit option term, provided the benefit option is not terminated.

This option can be chosen only at the time of purchase and cannot be changed thereafter

Who can opt for coverage under this product?

	Minimum		Maximum	
	Minor Lives	Major Lives	Minor Lives	Major Lives
Entry Age	All benefit options / add-on options)- NA	All benefit options / add-on options)- 18	All benefit options / add-on options) - NA	All benefit options / add-on options) - 65
	Without Return of Balance Premium Option (in months)	With Return of Balance Premium Option (in months)	Without Return of Balance Premium Option (in months)	With Return of Balance Premium Option (in months)
Policy Term	Cancer Care, Cardiac Care, Terminal Illness with Term Booster*, Accidental Total and Permanent Disability*, Accidental Death*- 12	Cancer Care, Cardiac Care - NA Terminal Illness with Term Booster, Accidental Total and Permanent Disability, Accidental Death- 120	Cancer Care, Cardiac Care - 60 Terminal Illness with Term Booster - 984 Accidental Total and Permanent Disability, Accidental Death- 804	Cancer Care ¹ , Cardiac Care ¹ - NA Terminal Illness with Term Booster - 984 Accidental Total and Permanent Disability ¹ , Accidental Death ¹ - 804

Premium Payment Term	Cancer Care, Cardiac Care, Terminal Illness with Term Booster [#] , Accidental Total and Permanent Disability [#] , Accidental Death [#] - 12	Cancer Care, Cardiac Care - NA Terminal Illness with Term Booster, Accidental Total and Permanent Disability, Accidental Death- 60	Cancer Care, Cardiac Care - 59 Terminal Illness with Term Booster - 983 Accidental Total and Permanent Disability, Accidental Death- 803	Cancer Care, Cardiac Care - NA Terminal Illness with Term Booster - 983 Accidental Total and Permanent Disability, Accidental Death- 803
Sum Assured Coverage	Lump Sum / 'Combination of lump-sum and income for a fixed income period' - ₹ 25,000 'Income till survival of chosen dependent partner(s)' - ₹ 12,000		Subject to Board Approved Underwriting Policy (BAUP)	
Premium	INR 51		Subject to Board Approved Underwriting Policy (BAUP)	
Frequency of premiums	Premiums are payable in yearly, half-yearly, quarterly & monthly modes. The Modal Premium of the policy is arrived at as below:			
	Payment Mode		Modal Premium	
	Monthly		Annualised Premium X 0.0883	
	Quarterly		Annualised Premium X 0.2600	
	Half-Yearly / Semi-Annual		Annualised Premium X 0.5100	
	Yearly / Annual		Annualised Premium X 1.0000	

¹Subject to maximum maturity age of 85 Years.

* **Note:** In case the policyholder opts for 'Partner Care' option, then minimum policy term shall be at least 60 months.

[#]**Note:** In case the policyholder opts for 'Partner Care' option, then apart from Single Pay (SP) option, minimum premium payment term shall be at least 60 months.

Premium will vary depending upon the Option chosen

Definitions for Benefits Payable:

The following definitions have been used:

‘Insured Amount’ and **‘Sum Assured under Benefit Option’** shall vary depending on the chosen benefit payout option and has been defined below. It shall be equal to the sum of – (a) Lump sum and (b) Present value of all future yearly income streams, if any – chosen under the respective benefit option.

‘Annualized Premium’ shall be the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.

‘Total Premiums Paid’ shall be defined as the sum of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly

‘Sum Assured under Benefit Option’ shall be the Sum Assured chosen by the policyholder under the respective benefit option.

‘Return of Balance Premium’ is the Total Premiums Paid less any loading for modal premiums towards the respective Benefit Option (including any add-on benefits), less any claim amount

already paid out under the respective Benefit Option (including any add-on benefits) less any premium discounts availed under Tata AIA Vitality (Wellness Program) as premium discounts or premium cashback.

Waiting period

‘Waiting Period’ means a period during which specified diseases/treatments which have been diagnosed and/or have received medical advice/treatment are not covered.

‘Waiting period’ is not applicable if the insured event occurs as a result of an Accident (eg: Major Head Trauma due to an accident)

In the event of occurrence of any of the scenarios mentioned above, during the applicable waiting period,

- No benefit shall be payable.
- the premiums paid towards the benefit option during the waiting period will be refunded without any interest.
- the benefit option shall terminate, and no future premiums and benefits shall be payable.
- in case of “Cancer Care and Cardiac Care Benefit option” chosen, the premiums paid towards the benefit option during the waiting period will be refunded without any interest and this benefit option shall terminate and no future premiums and benefits shall be payable.
- For all other benefit option, the policy will continue with future premium payment and benefits shall be payable in case claim occurred after the waiting period.

Name of Benefit option	Waiting Period (in Days)
Cancer Care	A waiting period of 90 days is applicable on the first diagnosis of any of the major illness covered under the respective benefits.
Cardiac Care	A waiting period of 180 days is applicable on the first diagnosis of any of the minor illness covered under the respective benefits.

The waiting period for each benefit option shall be applicable from later of:

- Risk Commencement Date, if benefit option is opted at inception. In case of family coverage option, the risk commencement date for the family member shall be the date on which they are added into the policy.
- Policy anniversary at which benefit option is opted (if benefit option is opted for on the policy anniversary).
- Date of revival (in case of revival of the benefit option).

Survival period

The following survival periods are applicable to different benefit options:

Benefit Option	Survival Period
Cancer Care	7 days
Cardiac Care	7 days

Survival Period is not applicable for other benefit options

What are the Benefit Payout Options under the product?

You can choose to receive the benefit payout as either:

- Lump sum OR
- Combination of Lump sum and/or income for a fixed income period chosen
- Income till survival of chosen dependant partner(s)

a) Lump Sum

You can choose to receive the benefit payout as Lump sum. The ‘Insured Amount’ applicable/payable under each benefit option shall be highest of:

- X times the Annualized / Single Premium for the respective benefit option, where X is defined as:

Age at Entry	Single Premium	Regular Premium / Limited Premium
Less Than 50 Years	1.25 X Single Premium*	7 X Annualized Premium*
50 Years and Above	1.10 X Single Premium*	5 X Annualized Premium*

* Excluding the underwriting extra premiums, modal loading and applicable taxes, cess or levies (if any) charged under the respective benefit option.

- 105% of Total Premiums Paid (excluding loading for modal premiums) as up to the date of incidence of underlying respective insured event.
- Sum Assured under Benefit Option

b) Combination of Lump sum and/or income for a fixed income period chosen

You can choose to receive the benefit payout as either:

- Income for the income period chosen, OR
- Combination of lump sum and income for the income period chosen

The Sum Assured under Benefit Option will be the sum of – (i) Lump sum and (ii) Present Value of all future yearly income streams, if any – chosen under the respective benefit option.

The ‘Insured Amount’ applicable/payable under each benefit option shall be highest of:

- X times the Annualized / Single Premium for the respective benefit option, where X is defined as:

Age at Entry	Single Premium	Regular Premium / Limited Premium
Less Than 50 Years	1.25 X Single Premium*	7 X Annualized Premium*
50 Years and Above	1.10 X Single Premium*	5 X Annualized Premium*

* Excluding the underwriting extra premiums, modal loading and applicable taxes, cess or levies (if any) charged under the respective benefit option.

- 105% of Total Premiums Paid (excluding loading for modal premiums) as up to the date of incidence of underlying respective insured event.

- Sum Assured under Benefit Option

For premium calculation, sum assured for the income portion will be computed as the discounted value of the yearly income stream using a discount rate of 4% p.a. The income frequency can be Annual / Half Yearly / Quarterly / Monthly. The regular income shall be paid in arrears as per the chosen payment frequency for the income period (up to 10 years) selected from the date of occurrence of insured event. The payment frequency cannot be changed once the regular income commences. Any accrued income, due before intimation, will be paid along with first payout under this option.

The regular income instalments for frequencies other than annual shall be as specified below, where the Yearly Income below refers to the regular income payable in respect of annual frequency:

Frequency	Income Instalment (per frequency)
Half-yearly	98% of Yearly Income x 1/2
Quarterly	97% of Yearly Income x 1/4
Monthly	96% of Yearly Income x 1/12

The nominee also has an option to receive the commuted value of the future income benefits as a lumpsum, discounted at the higher of (4.00%, SBI domestic term deposit rate for ‘5 years and up to 10 years’ + 2.00%).

In case of a Reduced Paid-up policy, the regular income payable shall be based on the adjusted Yearly Income defined as: (Number of Premiums paid under benefit option / Number of Premiums payable under benefit option)

c) Income till survival of chosen dependent partner(s)

On incidence of the insured event, a regular income is paid to the dependent partner/s covered under the payout option. This payout option is referred to as Partner Care.

A maximum of two partners between ages 45 years and 90 years (both last birthday) can be chosen at the time of purchase to receive the regular income. It shall be ensured that there is insurable interest between the life insured of the benefit option and the chosen partner/s.

The income frequency can be Annual / Half Yearly / Quarterly / Monthly. The regular income shall be paid in arrears as per the chosen payment frequency from the date of occurrence of insured event. The payment frequency can’t be changed once the regular income commences. Any accrued income, due before intimation, will be paid along with first payout under this option.

The regular income instalments for frequencies other than annual shall be as specified below, where the Yearly Income below refers to the regular income payable in respect of annual frequency:

Frequency	Income Instalment (per frequency)
Half-yearly	98% of Yearly Income x 1/2
Quarterly	97% of Yearly Income x 1/4
Monthly	96% of Yearly Income x 1/12

If one dependent partner is chosen to receive income:

- The income streams are payable as per the premium frequency chosen and shall continue till the partner dies or reaches age 100 (last birthday), whichever happens first;
- the Sum Assured under benefit option shall be the expected present value of the contingent yearly income streams payable on occurrence of the insured event based on the Yearly income chosen.
- the premium rate shall be based on the age of the life insured, age of the partner chosen, policy term and the premium payment term.

If two dependent partners are chosen to receive income:

- the income streams are payable as per the premium frequency chosen and shall continue till the last surviving partner dies or reaches age 100 (last birthday), whichever happens first.
- the Sum Assured under benefit option shall be the expected present value of the contingent yearly income streams payable on occurrence of the insured event based on the Yearly income chosen.
- the premium rate shall be based on the age of the life insured, policy term, premium paying term and the minimum of ages of the two partners and applying a multiplicative loading of 4%, i.e. Premium rate for Joint Life = Single Life Premium rate corresponding to the age of the life insured and the Minimum of (Age of first partner, Age of second partner) * 1.04.

The regular income shall be triggered only once during the term of the benefit option.

The 'Insured Amount' shall be equal to the Sum Assured under the Benefit Option.

In case of a Reduced Paid-up policy, the regular income payable shall be based on the adjusted Yearly Income defined as: (Number of Premiums paid under benefit option / Number of Premiums payable under benefit option)

A summary of the payout options available with the various Benefit Options is given below:

Benefit Options / Benefit Payout Options	Lump Sum	Combination of Lump sum and/or income for a fixed income period chosen	Income till survival of chosen dependent partner(s)
Cancer Care	✓	✓	✗
Cardiac Care	✓	✓	✗
Terminal Illness with Term Booster (TTB)	✓	✓	✓
Accidental Total & Permanent Disability (ATPD)	✓	✓	✓
Accidental Death (ADB)	✓	✓	✓

Tata AIA Vitality

Provided all due premiums are paid, the policyholder under this plan can opt to enroll for the Wellness Program offered by the Company. The wellness program may offer rewards that incentivizes the Insured to maintain a healthy lifestyle. Such wellness program comes with no additional cost to the policyholder.

The Wellness Status shall not be at the discretion of the Insurer and shall be driven by an objective criterion in line with the board approved underwriting policy. The reward offered to customer who enroll into the Wellness program shall be governed by the Pricing Policy of the Company.

Premium Discount: The policyholder will be able to offset the premium payable towards the policy against the Rewards.

Health Screening

The Wellness Program offers an inbuilt health screening which shall not be mandatory and details of which shall be available / updated on Company's website from time to time.

The reward point structure not limited to status, parameters, points to be allotted to the parameters, sub limits on each parameter, discounts/reward offered, etc may be subject to change in the future basis experience trends and will be subject to criteria defined in the board approved policy (as amended from time to time). Any such change in the reward point structure will be communicated to the life assured with a notice of minimum 30 days in advance. The Company will also ensure that the details around the Wellness Program offered is updated on Company's website from time to time.

Renewability Option at Maturity

(available with Cancer Care & Cardiac Care benefit option and any add-on benefits applicable to these benefit options)

At maturity, the policyholder can choose to extend the term of their policy. The Policyholder can opt to renew the cover by another 5-year subject to maximum maturity age by paying additional Premium(s) for the period extended subject to Board Approved Underwriting Policy (BAUP). The following conditions will apply:

- The policyholder will be eligible for extension provided the policy is in force and all due premiums till date have been paid.
- Policyholder can select policy term and premium payment term of another 5 year as per other minimum/maximum limits mentioned in above.
- Benefit(s) shall continue as per the outstanding coverage applicable at the time of extension of the policy term.
- In case of Cancer Care & Cardiac Care benefit option, the outstanding coverage amount, at the time of extension, would be defined as the lifetime limit available under this benefit option less any Minor condition already claimed. The policyholder will not be able to extend the policy term in case any Major condition / 100% of lifetime limit has already been claimed.
- Death, Maturity and Surrender benefits, if any will be applicable as per the original terms.

- The additional Premium(s) will be calculated as per the attained age of the Life Assured at the date of extension depending on the policy term and premium payment term opted (SP/LP/RP), then applicable premium rate.
- The additional Premium will be based on outstanding coverage at the date of extension.
- No policy alteration (except change in policy term/premium payment term) shall be allowed at the time of extension.

What if I don't pay the premiums?

If any premium for a non-single pay option remains unpaid at the end of the Grace Period, the policy shall lapse/be converted to a reduced paid-up policy from the due date of the first unpaid premium. The following is the treatment under various scenarios:

Such discontinued policies can be revived within the period of 5 years from the due date of first unpaid premium by payment of all due premiums together with interest. Upon revival of the benefit option, all the benefits shall be restored and be applicable with effect from the date of revival.

In case a policy is converted to Reduced Paid-up on premium discontinuance, the coverage will continue to be in reduced paid-up status with the Insured Amount re-set to the Reduced Paid-Up Sum Assured under the Benefit Option.

Here, Reduced Paid-Up Sum Assured under Benefit Option is defined as (Number of Premiums paid under benefit option / Number of Premiums payable under benefit option) X Sum Assured under the Benefit Option.

Maturity Benefit will only be paid if the policyholder has opted for a Return of Premium option. The maturity amount will be the total return of balance premiums.

		Cover Continuance		Treatment during and at the end of Revival Period	Treatment post revival period and at Maturity
Premium Paying options		Before 1 years' premium paid	After 1 years' premium paid		
Regular Pay	Without Return of balance premium	Cover ceases to exist	Cover ceases to exist	No amount is payable	No amount is payable
	With Return of balance premium	Cover ceases to exist	Cover continues with Reduced Paid-Up Sum Assured	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured is payable in case of claim. • Surrender Value as defined below is payable. 	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured is payable in case of claim. • Return of balance premiums is payable at maturity.
Limited pay	Without Return of balance premium	Cover ceases to exist	Cover ceases to exist	Unexpired Risk Premium Value is paid out in case of <ul style="list-style-type: none"> • Policyholder voluntarily terminates the contract • Expiry of Revival Period or at maturity, whichever is earlier 	<ul style="list-style-type: none"> • No amount is payable as benefit option is terminated by the end of the revival period.
	With Return of balance premium	Cover ceases to exist	Cover continues with Reduced Paid-Up Sum Assured	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured is payable in case of claim. • Surrender Value as defined below is payable 	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured is payable in case of claim. • Total return of balance premiums is payable at maturity

Reinstatement/revival of the contract, in case of installment premiums

If a premium is in default beyond the Grace Period and subject to the Policy not having been surrendered, it may be reinstated/revived, within five years after the due date of first unpaid premium and before the date of maturity, subject to: (i) Policyholder's written application for reinstatement/revival; (ii) production of Insured's current health certificate and other evidence of insurability, satisfactory to the Company; and (iii) payment of all overdue premiums with interest.

The evidence and any medical requirements called for are in line with the prevailing underwriting guidelines duly approved by the Board & the health declaration by the life assured.

Any reinstatement/revival shall only cover loss or insured event which occurs after the reinstatement/revival date.

Any evidence of insurability requested at the time of

reinstatement/revival will be based on the prevailing underwriting guidelines duly approved by the Board. The reinstatement/revival will be based on the Board approved underwriting policy.

The applicable interest rate for revival is determined using the SBI domestic term deposit rate for '1 year to less than 2 years', plus 2%. The rate of interest on revival with effect from 1st April 2024 is 8.98% simple p.a. (i.e. SBI interest rate of 6.98% + 2%) plus applicable taxes. The interest rate applicable is reviewed every 6 months and gets updated as per the given formula. Any alteration in the formula will be subject to prior approval of IRDAI.

Surrender Benefit:

The surrender value shall be equal to the higher of the Guaranteed Surrender Value (GSV) and the Special Surrender Value (SSV).

Guaranteed Surrender Value (GSV):

- **Without Return of Balance Premium**

Not Applicable.

- **With Return of Balance Premium**

The company guarantees a minimum non-negative surrender value which is equal to (GSV factor x Total Premiums paid (excluding loading for modal premiums and discount)) up to the date of surrender.

The GSV factors have been derived keeping in view provisions of the IRDAI (Insurance Products) Regulation, 2024.

- **Special Surrender Value (SSV):**

Special Surrender Value is determined by the company on time-to-time basis changing economic scenario. Company may review this Special Surrender Value factor from time to time based on the experience and any change in SSV factors will be subject to prior approval of IRDAI.

For Surrender Value factors, please refer the Policy Document on our website: www.tataaia.com

Additional Benefits and Features

Health Management Services

The life Assured(s) of TATA AIA Vitality Protect Advance who are eligible for Health Management Services may avail Second Opinion / Personal Medical Case Management / Medical Consultation services from service provider(s) affiliated to/registered with the Tata AIA Life Insurance Co. Ltd. The services are expected to assist the life Assured(s) to ascertain correct diagnosis of a medical condition and obtain due care for the life Assured(s) in case of illness.

These services are subject to:

- the availability of suitable service provider(s);
- primary diagnosis has been done by a registered medical practitioner as may be authorized by a competent statutory authority.
- Health Management Service is available to be utilized throughout the policy term, subject to prevailing eligibility conditions.
- the eligibility of the life Assured(s) as may be determined by Board Approved Underwriting Policy which will be reviewed periodically and updated on our website. The changes shall apply without any discrimination to all existing and new customers of the product.
- Policyholders can check their eligibility by visiting our website or contacting the Call Centre.
- Whenever the eligibility criteria changes or the service is withdrawn, the same shall be communicated to all the policyholders. Prior to effecting any changes, we shall inform the same to IRDAI.

Note:

- These services are aimed at improving Policyholder engagement and reducing exits from the Company's in-force book.
- The cost of these services is expected to be offset by either lower costs of claims or better economies of scale or higher revenue due to better persistency.
- These value-added services are completely optional for the eligible customer to avail
- For customers availing such services, they are offered at no additional cost to the Life Assured.
- Premiums charged to the policyholder shall not depend on whether such a service(s) is availed by the Policyholder.
- These services have been transparently stated in the Sales Literature and Policy Document with clear guidance on how to verify eligibility etc.
- The Life Assured may exercise his/her own discretion to avail the services.
- These services shall be directly provided by the service provider(s).
- The services can be availed only where the policy / rider is in-force.
- All the supporting medical records should be available to avail the service.
- We reserve the right to discontinue the service or change the service provider(s) at any time.
- The services are being provided by third party service provider(s) and we will not be liable for any liability.

Free Look Period:

If the policyholder is not satisfied with the terms & conditions of the policy, the policyholder has the right to cancel the Policy by providing written notice to the Company and receive a refund of all premiums paid without interest after deducting a) Proportionate risk premium for the period on cover, b) Stamp duty and medical examination costs (including goods and services tax) which have been incurred for issuing the Policy.

Such notice must be signed by the policyholder and received directly by the Company within 30 days after the policyholder receives the Policy Document, whether the policy is sourced electronically or otherwise.

Policy Loan: Loan is not available against this product

Grace Period at Renewal:

At renewability, the policyholder shall be offered a grace period of 30 days for other modes. The insurance coverage shall cease to exist till the date of receipt of renewal premium during the grace period

Grace Period of Payments of Premium in instalments:

During the policy term, starting from the date of first unpaid premium,

Grace Period for monthly mode policies is 15 days.

Grace Period for all other mode policies is 30 days.

During this period the policy shall continue to be in force with the risk cover as per the terms & conditions of the policy.

Nomination: Nomination for the Benefit Option shall be as per provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Assignment: Assignment for the Benefit Option shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time and prevailing regulations.

Sub-limits:

Contingency	Sub-Limits as a % of SI, if applicable	Sub limits in fixed rupee terms, if applicable
Cancer – Payouts on a Minor condition	25% of the Cancer Care Benefit Assured Amount	INR 1,000,000
Cardiac – Payouts on a Minor condition	25% of the Cardiac Care Benefit Assured Amount	INR 1,000,000

Cancellation: No refund is payable on cancellation by the insured. Insurer has the right of cancellation of the respective health benefit option within 3 years on grounds of misrepresentation, fraud or non- disclosure established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time and the premium collected shall be refunded, after deducting any claims made under the policy.

Prohibition of Rebates - Section 41 - of the Insurance Act, 1938, as amended from time to time

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Definitions and Exclusions:

Please refer 'Definitions and Exclusions Annexure' on our website (www.tataaia.com) for Generic definitions and definitions of illnesses covered under the product

Details of the Exclusions applicable under the various 'Health Benefit options' are given below

Event	Exclusion
Cancer Care	<p>Cancer Care We shall not be liable to make any payment under this Policy towards a covered cancer condition, caused by, based on, arising out of or howsoever attributable to any of the following:</p> <ol style="list-style-type: none">Any Illness, sickness or disease other than those specified as cancer conditions under this Policy;Any Pre-existing Disease or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:<ol style="list-style-type: none">That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; orFor which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement <p>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>Coverage under the policy after the expiry of the waiting period for Pre-Existing Disease (Up-to 36 months as per BAUP) is subject to the same being declared at the time of application and accepted by Insurer.</p> <ol style="list-style-type: none">Any cancer conditions caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,Any cancer conditions caused due to intentional self-injury, suicide or attempted suicideAny cancer conditions caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;Any cancer conditions caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

Event	Exclusion
Cancer Care	8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;
	9. Any cancer conditions caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving
	10. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger of a recognized airline on regular routes and on a scheduled timetable.
	11. Any cancer conditions caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
	12. Any cancer conditions caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
	13. Any cancer conditions based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
	14. Any cancer conditions caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
	15. Any cancer conditions caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
	16. Any cancer conditions caused due to surgical treatment of obesity that does not fulfil all the below conditions: <ul style="list-style-type: none"> a. Surgery to be conducted is upon the advice of the Doctor b. The Surgery / Procedure conducted should be supported by clinical protocols

Event	Exclusion
Cancer Care	<ul style="list-style-type: none"> c. The member has to be 18 years of age or older and d. Body Mass Index (BMI): <ul style="list-style-type: none"> • greater than or equal to 40 or • greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ul style="list-style-type: none"> i. Obesity related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes
	17. Any cancer conditions caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
	18. Any cancer conditions caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
	19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
	20. Any cancer conditions caused by sterility and infertility. This includes: <ul style="list-style-type: none"> a. Any type of contraception, sterilization b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization
Cardiac Care	We shall not be liable to make any payment under this Policy towards a covered cardiac condition, caused by, based on, arising out of or howsoever attributable to any of the following: <ul style="list-style-type: none"> 1. Any Illness, sickness or disease other than those specified as cardiac conditions under this Policy; 2. Any Pre-existing Disease or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability: <ul style="list-style-type: none"> a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement

Cardiac Care	<p>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>Coverage under the policy after the expiry of the waiting period for Pre-Existing Disease (Up-to 36 months as per BAUP) is subject to the same being declared at the time of application and accepted by Insurer.</p> <ol style="list-style-type: none"> 3. Any cardiac conditions caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner, 5. Any cardiac conditions caused due to intentional self-injury, suicide or attempted suicide 6. Any cardiac conditions caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power; 7. Any cardiac conditions caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured; 9. Any cardiac conditions caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving 10. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger of a recognized airline on regular routes and on a scheduled timetable. 11. Any cardiac conditions caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 12. Any cardiac conditions caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
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Cardiac Care	<ol style="list-style-type: none"> 13. Any cardiac conditions based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for. 14. Any cardiac conditions caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex. 15. Any cardiac conditions caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. 16. Any cardiac conditions caused due to surgical treatment of obesity that does not fulfil all the below conditions: <ol style="list-style-type: none"> a. Surgery to be conducted is upon the advice of the Doctor b. The Surgery / Procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI): <ul style="list-style-type: none"> • greater than or equal to 40 or • greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> i. Obesity related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes 17. Any cardiac conditions caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason. 18. Any cardiac conditions caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
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Cardiac Care	<p>20. Any cardiac conditions caused by sterility and infertility. This includes:</p> <ol style="list-style-type: none"> Any type of contraception, sterilization Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI Gestational Surrogacy Reversal of sterilization
Terminal Illness with Term Booster (TTB)	<p>Suicide Exclusion: In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.</p> <p>No other claim would be entertained by the Company except the refund of 80% Total Premiums Paid or the acquired surrender value, as applicable.</p> <p>Apart from Suicide exclusion detailed above, no other exclusion is applicable in the event of death.</p> <p>Terminal Illness Exclusion: The Life Insured will not be entitled to any Terminal Illness benefit if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide, whether medically sane or insane.</p>
Accidental Death (AD)	<p>Accidental Death Benefit shall not be payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> Death as a result of any disease or infection Death arising due to any condition other than death solely and directly as a result of an accident Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Wherever the proximate cause is accident which has occurred after the product inception date, this exclusion shall not apply. Suicide, attempted suicide, intentional self-inflicted injury, acts of self-destruction, irrespective of mental condition. Death arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen Death arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense,

Event	Exclusion
Accidental Death (AD)	<p>rebellion, revolution, insurrection, military or usurped power.</p> <ul style="list-style-type: none"> Death caused by participation of the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. Insured Person whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities Death arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion with criminal intent. Death arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
Accidental Total & Permanent Disability (ATPD)	<p>Accidental Disability Benefit shall be not payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> Disablement as a result of any disease or infection Disablement arising due to any condition other than disablement solely and directly as a result of an accident Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Wherever the proximate cause is accident which has occurred after the product inception date, this exclusion shall not apply. If the Disability has not persisted for at least 180 days and is not in the opinion of a medical practitioner, deemed to be permanent.

Event	Exclusion
Accidental Total & Permanent Disability (ATPD)	<ul style="list-style-type: none"> Attempted suicide, intentional self-inflicted injury, acts of self-destruction, irrespective of mental condition. Disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen Disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power. Disablement caused by participation of the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. Insured Person whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities Disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion with criminal intent. Disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

Disclaimers

- This product is underwritten by Tata AIA Life Insurance Company Ltd. This rider is not a guaranteed Issuance rider and it will be subject to Company's underwriting and acceptance. In case of Sub Standard lives, extra premiums will be charged as per our underwriting guidelines.
- This plan is not a guaranteed issuance plan and it will be subject to Company's underwriting and acceptance.
- This plan is also available for sale through online mode.
- The brochure is not a contract of insurance. This brochure should be read along with the base product brochure and sales Illustration before concluding a sale. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.
- This product brochure should be read along with Benefit Illustration.
- All Premiums and interest payable under the policy are exclusive of applicable taxes, duties, surcharge, cesses or levies which will be entirely borne/ paid by the Policyholder, in addition to the payment of such Premium or interest. Tata AIA Life shall have the right to claim, deduct, adjust and recover the amount of any applicable tax or imposition, levied by any statutory or administrative body, from the benefits payable under the Policy.
- Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. The Policyholder is advised to seek an opinion of tax advisor in relation to the tax benefits and liabilities applicable.

**BEWARE OF SPURIOUS
PHONE CALLS AND
FICTITIOUS /
FRAUDULENT OFFERS**

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.