

PART A
Welcome to Axis Max Life Insurance

| | |
|-------------------------------------|--|
| Date | 14-Jan-2026 |
| To | Priyabrata Mondal B1-110 Megapolis Symphony Hinjewadi Phase 3 Near Megapolis Saffron Pune 411057 Maharashtra India |
| Branch Code: | WAH76 |
| Policy no.: | 189736713 |
| Contact No: | 7318601195 |
| Email id: | Priyabratamondal622@Gmail.Com |
| Welcome | <p>Dear Priyabrata Mondal,</p> <p>Thank you for choosing Axis Max Life Insurance (formerly known as Max Life Insurance) as your bharosemand partner. We are committed to financially protect you and your loved ones. For them, BHAROSA TUM HO</p> <p>We request You to go through the enclosed Policy contract for Axis Max Life Smart Term Plan Plus (A Non-Linked Non Participating Individual Pure Risk Life Insurance Plan) with Policy number 189736713.</p> <p>Please also refer to the Customer Information Sheet bearing reference No 189736713 for key information about Your Policy.</p> |
| What to do in case of errors | <p>On examination of the Policy (enclosed herewith), if You notice any mistake or error, proceed as follows:</p> <ol style="list-style-type: none"> 1. Contact our customer helpdesk or Your agent immediately at the details mentioned below. 2. We will rectify the mistake/error and send an updated Policy to You. |
| Free Look Cancellation | <p>You have a period of 30 (Thirty) days beginning from the date of receipt of the Policy document for review of the terms and conditions of the Policy. If You disagree with any of the terms or conditions of the Policy document, or otherwise, and have not made any claim, You have the option to cancel the Policy by sending a written request to Us, by stating the reasons for such objections.</p> <p>Upon receipt of Your request and if no claim has been made under the Policy, the Policy will terminate immediately and all rights, benefits and interests under the Policy will cease immediately. You will be entitled to refund of 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, irrespective of the reasons mentioned.</p> |
| Long term protection | <p>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.</p> <p>We value Your association with us and assure You the best of our service, always.</p> |

Yours Sincerely,
Axis Max Life Insurance Limited



Suhail Ghai
Chief Digital Officer & Head Operations

Intermediary Name & Code: Policy Bazaar Ins Broker Pvt.Ltd (IRDA/DB797/19)

Seller Name & Code: Policy Bazaar Insurance B Private Limited Tb (869196)

Contact Number: 18601205577, 18002585970 , Address: Plot No. 119, Sector-44, Gurgaon - 122001

NB13

Axis Max Life Insurance Limited

Plot No. 90 C, Sector 18, Udyog Vihar, Gurugram-122015, Haryana, India

Phone 4219090 Fax 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1860 120 5577

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533

Visit Us at: <https://www.axismaxlife.com> E-mail: service.helpdesk@axismaxlife.com

IRDAI Registration No: 104 Corporate Identity Number: U74899PB2000PLC045626 .



POLICY PREAMBLE

AXIS MAX LIFE INSURANCE LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533

Axis Max Life Smart Term Plan Plus

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

UIN - 104N127V04

Axis Max Life Insurance Limited has entered 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.

Axis Max Life Insurance Limited



Place of Issuance: Gurugram, Haryana

POLICY SCHEDULE

Policy: Axis Max Life Smart Term Plan Plus

UIN: 104N127V04

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

Office: Policy Bazaar Ins Broker PVT.LTD Head Office

| | |
|--|---|
| Policy No.: 189736713 | Client ID: 6011640206 |
| Policyholder: Priyabrata Mondal PAN: FJVPMP2016P Relationship with Life Insured: Same Person Address (For all communication purposes): B1-110 Megapolis Symphony Hinjewadi Phase 3 Near Megapolis Saffron Pune 411057 Maharashtra India | Date of Birth: 04-Aug-2000 Gender: Male Contact No.: 7318601195 Email: Priyabratamondal622@Gmail.Com |
| Life Insured: Priyabrata Mondal Date of Birth: 04-Aug-2000 Address: B1-110 Megapolis Symphony Hinjewadi Phase 3 Near Megapolis Saffron Pune 411057 Maharashtra India | Age: 25 years Gender: Male Underwriting Category: Non Smoker |

Nominee(s):

| Nominee(s) Name | Relationship of Nominee(s) with Policyholder: | Date of Birth Of Nominee | Gender | Age | % share | Appointee (if Nominee is minor) | Name | Gender | Age | Relationship with Nominee |
|------------------------|--|---------------------------------|---------------|------------|----------------|--|-------------|---------------|------------|----------------------------------|
| Utpal Mondal | Parent | 13-Jul-1972 | Male | 53 | 100 | NA | N.A. | NA | NA | N.A. |

Plan Details

| | | | |
|--|----------------|--|---------------------|
| Policy Term (in years) | 40 | Date of Commencement of Risk/Inception of Policy | 13-Jan-2026 |
| Premium Payment Term (in years) | 12 | Date of Issuance of Policy | 13-Jan-2026 |
| Premium Payment Mode | Monthly | Date on which the first Survival Benefit is payable | NA |
| Date when the Last Premium is payable | 13-Dec-2037 | Due Date when Premium is payable | 13th of every month |
| Premium payment options: | Limited | Date on which Maturity Benefit is payable: | NA |
| Plan Variant | Regular Cover | Age of Life Insured at Maturity Date (in years) | 65 |
| Maturity Date | 13-Jan-2066 | Sum Assured Booster in lieu of discount opted* | No |
| Base Sum Assured (as chosen by Policyholder as on the Date of Commencement of Risk) | 2,00,00,000.00 | Sum Assured Booster in lieu of discount | NA |
| Sum Assured on Death as on the Date of Commencement of Risk^ | 2,00,00,000.00 | Maternity cover | No |
| | | Maternity cover Sum Assured opted | NA |
| Monthly Income chosen at inception^^ | NA | Income Cover^^ | NA |
| Special Exit Value | Yes | Point of Sale Policy | No |

| | | | |
|---|-----|---|----|
| Female Life discount (available throughout the Premium Paying Term) | No | Employee discount / Channel discount*** (available throughout the Premium Paying Term) | No |
| Salaried Customer / Existing MLI Customer Discount (available for first Policy Year only): | Yes | | |
| | | Maturity Benefit | NA |

| Maternity Cover Details | | | |
|---|----|---|----|
| Maternity Cover Sum Assured | NA | Maternity Cover Premium Payment Term (in Years) | NA |
| Maternity Cover Policy Term (in Years) | NA | Maternity Cover Premium as per premium payment mode selected | NA |



| Rider Details | | | | |
|--|---|--|----------|--|
| Rider Name | Axis Max Life Critical Illness and Disability Rider | | | |
| UIN | 104B033V02 | | | |
| Rider Sum Assured | 25,00,000.00 | | | |
| Rider Term (in Years) | 20 | | | |
| Rider Premium Payment Term (in Years) | 12 | | | |
| Rider Premium as per premium payment mode selected | 228.25 | | | |
| Premium Details | | | | |
| Annualised Premium | 26,239.50 | Premium payable as per premium payment mode selected (including Underwriting Extra Premium) along with applicable taxes, cesses and levies | 2,309.07 | |
| Underwriting Extra Premium as per premium payment mode selected | NA | Rider Premium as per premium payment mode selected | 228.25 | |
| GST** and any other taxes, cesses & levies as per premium payment mode selected | 0.00 | Total Premium (including Underwriting Extra Premium and Rider Premium) along with applicable taxes, cesses and levies payable as per premium payment mode selected | 2,537.32 | |
| Due Date when Premium is payable/Date when the last premium is payable | 13th of every month; 13-Dec-2037 | | | |
| Premium Payment Method: Credit card | | Payment Date: 13TH Bank Name: N.A. Bank Account Number: N.A. | | |
| Bank Account Details for Pay outs: | | Bank Name: NA Bank Account Number: NA | | |
| Intermediary Name & Code: Policy Bazaar Ins Broker Pvt.Ltd (IRDA/DB797/19) Address: Plot No. 119, Sector-44, Gurgaon 122001 | | Seller Name & Code: Policy Bazaar Insurance B Private Limited Tb (869196) Intermediary License No.: IRDA/DB797/19 Contact Number: 18601205577, 18002585970 Email: care@policybazaar.com | | |
| Details of Sales Personnel (for direct sales only): N.A | | | | |

All amounts mentioned above are in INR

[^]Sum Assured on Death as on the Date of commencement of risk includes Sum Assured Booster, if applicable

^{^^} Monthly Income chosen at inception is applicable only in case of 'Income Protection Cover' Plan Variant.

* Sum Assured booster is available only for 'Regular cover' and 'Return of Premium cover' Plan Variants.

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

*** channel discount is available only for 'Regular cover' and 'Return of Premium cover' Plan Variants.

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 a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. "**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;
3. "**Annualised Premium**" is the amount specified in the Schedule, shall be Premium amount payable during a Policy Year, excluding Underwriting Extra Premiums, loadings for modal premiums, Rider Premiums and applicable taxes;
4. "**Appointee**" 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 18 years on the date of payment of the such benefit;
5. "**Assignment**" is the process of transferring the rights and benefits to an assignee, in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time;
6. "**Base Sum Assured**" means the original sum assured as chosen by You as on the Date of Commencement of Risk;
7. "**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;
8. "**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;
9. "**Date of Issuance of Policy**" means the date as specified in the Schedule on which this Policy is issued;
10. "**Death Benefit**" means the benefit which is payable on death of Life Insured, as stated in the Policy;
11. "**Diagnosis**" or "**Diagnosed**" means the definitive diagnosis made by a Medical Practitioner during Policy 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;
12. "**Early Exit Value**" shall have the meaning assigned to it in Clause 1 of part D of the Policy;
13. "**Free look**" means a period during which, subject to the Clause 6 Part D of the Policy, You have an option to cancel the Policy and receive a refund of the Premium paid;
14. "**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 for payment of the Premium for this Policy shall be 15 (Fifteen) days where You are paying on a monthly basis and 30 (Thirty) days in all other cases;
15. "**Guaranteed Death Benefit**" means the amount which will be highest of the following and payable to the Claimant in accordance with the Clause 1.1 of Part C of the Policy.
 - 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; or
 - 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 on Death payable as per the Plan Variant chosen by You.;
16. "**Guaranteed Surrender Value**" shall have the meaning assigned to it in Clause 1 of Part D of the Policy;
17. "**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;

18. "**IRDAI**" means the Insurance Regulatory and Development Authority of India;
19. "**Lapsed Policy**" means a Policy which has not acquired Surrender Value /Early Exit Value and where the due Premium(s) has not been received as per Clause 7 of Part D, if you have not opted for Return of Premium Plan Variant and as per Clause 1.1 and 1.3 of Part D, if You have opted for Return of Premium Plan Variant;
20. "**Life Insured**" means the person named in the Schedule, on whose life the Policy is effected;
21. "**Limited Premium Payment Option**" means where the Premium Payment Term which is either 5, 7, 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;
22. "**Maturity Benefit**" means benefit which is payable on maturity in accordance with Clause 2 of Part C of the Policy;
23. "**Maturity Date**" means the date specified in the Schedule, on which the Policy Term expires;
24. "**Medical Practitioner**" means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within its scope and jurisdiction of license, provided such Medical Practitioner shall not include Your spouse, father (including step father), mother (including step mother), son (including step son), son's wife, daughter, daughter's husband, brother (including step brother) or sister (including step sister) or the Life Insured or You or employed by You/the Life Insured;
25. "**Maternity Cover**" means the cover provided against pregnancy related complications and congenital anomalies of newborn in accordance with Clause 1.7 of Part C of the Policy;
26. "**Maternity Cover Sum Assured**" means an amount specified in the Schedule which is payable in accordance with Clause 1.7 of Part C, on happening of pregnancy complications and congenital anomalies under the Policy;
27. "**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);
28. "**Nomination**" is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time;
29. "**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, unless amended;
30. "**Pay Till 60 Premium Payment Option**" 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 option, the Premium Payment Term will always be lesser than Policy Term;
31. "**Plan Variant**" means one of the following Plan Variants chosen by You on the Date of Commencement of Risk:
- (i) Regular Cover;
 - (ii) Early ROP Plus;
 - (iii) Smart Cover;
 - (iv) Return of Premium;
 - (v) Whole Life Cover;
 - (vi) Income Protection Cover;
32. "**Policy**" means the contract of insurance entered into between You and Us as evidenced by this document, the Proposal Form, the Schedule, the Customer Information Sheet 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;
33. "**Policy Anniversary**" means the annual anniversary of the Date of Commencement of Risk;
34. "**Policy Term**" means the term of this Policy as specified in the Schedule;
35. "**Policy Year**" means a period of 12 (Twelve) months commencing from the Date of Commencement of Risk and every Policy Anniversary thereafter;
36. "**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;
37. "**Premium Payment Term**" means the term specified in the Schedule, during which the Premiums are payable by You;

38. "**Pre-Existing Disease (PED)**" means any condition, ailment, injury or disease:
- that is/are Diagnosed by a Medical Practitioner not more than 36 months prior to the Date of Commencement of Risk issued by Us; or
 - for which medical advice or treatment was recommended by, or received from, a Medical Practitioner, not more than 36 months prior to the Date of Commencement of Risk;
39. "**Proposal Form**" means the form filled in by You giving full particulars, for the purpose of obtaining insurance coverage under the Policy;
40. "**Regular Premium Payment Option**" 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;
41. "**Reduced Paid-Up Mode**" means the Policy with reduced paid up benefits as specified under Clause 3 of Part C;
42. "**Reduced Paid-Up Sum Assured**" means the Policy with reduced paid up Sum Assured on Death as specified under Clause 3.1 of Part C;
43. "**Reduced Paid-Up Terminal Illness Benefit**" means the Policy with reduced paid up Terminal Illness Benefit as specified under Clause 3.2 of Part C;
44. "**Reduced Paid-Up Maturity Benefit**" means the Policy with reduced paid up maturity benefit as specified under Clause 3.3 of Part C;
45. "**Reduced Paid-Up Surrender Value**" means the Policy with reduced paid up Surrender Value or Early Exit Value as specified under Clause 3.4 of Part C;
46. "**Revival**" means restoration by Us of the Policy, which was discontinued due to non-payment of Premium, by Us with all the benefits mentioned in the Policy document, upon the receipt of all the due Premiums and other charges or late fee if any , during the Revival Period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Insured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Board approved Underwriting Policy;
47. "**Revival Period**" means a period of 5 (Five) consecutive years from the due date of the first unpaid Premium;
48. "**Rider**" means insurance cover(s) added to this Policy for Rider Premium;
49. "**Rider Premium**" means the premium amount payable in respect of a Rider applicable under the Policy and is the amount specified in the Schedule;
50. "**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;
51. "**Single Premium Payment Option**" means where the Premium is received in full in advance of the Date of Commencement of Risk;
52. "**Special Exit Value**" shall have the meaning assigned to it in Clause 1.1.1.2 of Part D of the Policy;
53. "**Special Surrender Value**" shall have the meaning assigned to it in Clause 1.1.3 of Part D of the Policy;
54. "**Sum Assured Booster**" shall have the meaning assigned to it in Clause 1.8 of Part C of the Policy;
55. "**Sum Assured on Death**" means an absolute amount of benefit, which is guaranteed to become payable as per Clause 1.1 of Part C, on death of the Life Insured in accordance with terms and conditions of the Policy;
56. "**Survival Benefit**" means the benefit (return of premium) payable as per the terms and conditions of this Policy as per the Plan Variant chosen You, until death of the Life Insured or end of the Policy Term, whichever is earlier.
57. "**Surrender**" means complete withdrawal / termination of the entire Policy;
58. "**Surrender Value**" shall have the meaning assigned to it in Clause 1 of Part D;
59. "**Terminal Illness**" means a life-threatening, progressive, irreversible and incurable condition resulted from a disease or injury, wherein despite the exhaustion of all possible medical interventions for any intention or pursuit of curative measures, the Life Insured faces an inevitable natural death within a foreseeable timeframe within six (6) months, consistent with the clinicopathological prognosis associated with the said disease or Injury. The state of Terminal Illness as described above must be certified by the specialist Medical Practitioner treating the condition and supported by relevant and appropriate clinical evidence. We reserve the right to appoint an independent medical specialist who is an expert in the said condition to confirm the prognosis of the condition and the state of Terminal Illness as described above;
60. "**Terminal Illness Benefit**" shall have the meaning assigned to it in Clause 1.2 of Part C;
61. "**Total Premiums Paid**" means total of all the Premium paid under the Policy, excluding any extra Premium and applicable taxes if collected explicitly;

62. "**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 the medical examination report of the Life Insured;
63. "**Underwriting Policy**" means an underwriting policy approved by Our board of directors;
64. "**Waiting Period**" means a waiting period of:
- i. 90 (Ninety) days in case of Policy sourced through point of sale (as per Clause 1.1.6 of Part C of the Policy);
 - ii. 10 (Ten) months in case of benefit cover option is Maternity Cover (as per Clause 1.7 of Part C of the Policy), and
 - iii. 1 (One) year in case of insta payment on claim intimation (as per Clause 1.4 of Part C of the Policy);
- starting from the Date of Commencement of Risk or Date of Issuance of Policy or date of Revival, whichever is later;
65. "**We**", "**Us**" or "**Our**" means Axis Max Life Insurance Limited; and
66. "**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, provided all the due Premiums have been paid and is not under Reduced Paid Up Mode, then, upon death of the Life Insured, during the Policy Term, We will pay the Guaranteed Death Benefit to the Claimant as per the Plan Variant selected by You:

| Plan Variant | Death Benefit |
|--------------------------------|--|
| Regular Cover | The Sum Assured on Death will be equal to the Base Sum Assured selected at the Date of Inception of Policy. The Guaranteed Death Benefit will be payable on death. |
| Early ROP Plus | Sum Assured on death will be equal to the Base Sum Assured up to the first policy anniversary, falling after the Life Insured attains higher of: (i) Age 60 or (ii) the Age on the Date of Commencement of Risk plus the Premium Payment Term plus 10 years. However, in case of death of the Life Insured after this point, the Sum Assured on Death will be equal to 50% of the Base Sum Assured and will remain at this reduced level for the remainder period of the Policy Term. The Guaranteed Death Benefit will be payable on death. |
| Smart Cover | The Sum Assured on Death will be equal to 150% of the Base Sum Assured until the 15th Policy Anniversary and then 100% of the Base Sum Assured after the completion of the 15th Policy Anniversary. The Guaranteed Death Benefit will be payable on death. |
| Return of Premium | The Sum Assured on Death will be equal to the Base Sum Assured. The Guaranteed Death Benefit will be payable on death. |
| Whole Life Cover | Sum Assured on death will be equal to the Base Sum Assured up to the first policy anniversary, falling after the Life Insured attains higher of: (i) Age 60 or (ii) the Age on the Date of Commencement of Risk plus the Premium Payment Term plus 10 years. However, in case of death of the Life Insured after this point, the Sum Assured on Death will be equal to 50% of the Base Sum Assured and will remain at this reduced level for the remainder period of the Policy Term. The Guaranteed Death Benefit will be payable on death. |
| Income Protection Cover | We will pay the Guaranteed Death Benefit in the form of 'monthly income applicable at the time of death of Life Insured', commencing from the end of the Policy month on or after the date of intimation of death and continue for each Policy month till higher of 120 months or the outstanding Policy Term in months. <i>Where outstanding Policy Term in months is equal to number of whole months from the date of death to the end of the Policy Term.</i> You will have the choice to opt for either 'Level Income' or 'Inflation proof Income' options. The 'monthly income applicable at the time of death' will depend on the option chosen by You and the same has been defined below: <ul style="list-style-type: none">• Level Income: 'monthly income applicable at the time of death' is equal to the monthly income chosen at inception.• Inflation proof Income: 'monthly income applicable at the time of death' is equal to the monthly income chosen at inception, which will increase by 10% every 3 years (simple interest) from inception capped at 200% of the monthly income chosen at inception. After the death of the Life Insured, there shall be no increase in the monthly income under this Income Protection Plan Variant. |

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

- a. Payout option 1 - lump sum 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 10/20/30 years starting from the next monthly anniversary following the date of intimation of death ("Payout Period") shall be calculated as per the formula below:

$$\text{Monthly Income} = \frac{\text{Guaranteed Death Benefit} \times i}{(1 - \frac{1}{(1+i)^{120}}) \times (1+i)}$$

Where interest ("i") equals to $(1 + (\text{Bank Rate} - 1\%))^{1/12} - 1$



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 monthly income shall be determined basis the prevailing RBI Bank Rate on the date of intimation of death, less 1% p.a. 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 the proportion as may be selected by the Claimant of the Guaranteed Death Benefit as lump sum and the remaining Guaranteed Death Benefit would be payable as monthly income. The lump sum proportion shall be in multiples of 10% of Guaranteed Death Benefit.

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 Terminal Illness Benefit claim has been paid, then the Guaranteed Death Benefit shall be reduced to the extent of the Terminal Illness Benefit already paid.
- 1.1.4. In case You have selected 'Income Protection Variant' as the Plan Variant, the above commutation option will not be available under the Policy, instead the below commutation option will be available:
 - I. At any time after the death of the Life Insured, if the Claimant would subsequently like to get a lump sum instead of the income payouts, a discounted value of the outstanding income instalments shall be paid as a lump sum. The discounted value shall be calculated using a discount rate as 10-year G-Sec yield (basis FBIL website) plus 2%. This will allow the expected future economic environment at the time. The "10-year G-Sec yield" for the financial year ending 31st March (every year) will be considered for determining the discount rate.
 - II. On grounds of simplicity and operational ease, the discount rate will be revised only if the '10-year G-sec yield' changes by 100 bps or more from the previous '10-year G-sec yield' used to determine the prevailing discount rate (reviewed on every 31st March). As the discount rate will be reviewed at the beginning of each financial year, any change in discount rate will be applicable from 1st July to 30th June to allow sufficient time for making changes to the system.

The current discount rate is based on '10-year G-sec yield' of 7.31% p.a. prevailing as of 31st March 2024 plus 2% i.e. $7.31\% + 2\% = 9.31\%$ compounded annually.

Lumpsum amount=Commutation Factor x Monthly Income chosen at Inception

Note- The 'Commutation Factor' will depend on the Policy Term, date of death and the outstanding Policy Term in months. The outstanding income instalments are calculated as the difference between the outstanding Policy Term in months and the number of months for which income instalments have already been paid, if any.

- 1.1.5. The option to convert lump sum into monthly income payout shall not be available under claims against Terminal Illness and Maternity Cover.
- 1.1.6. Point of Sale Policy: In case this Policy is sourced as a point-of-sale Policy, the following conditions shall apply:
 - a. In case of death of the Life Insured, Death Benefit will be payable as noted in Clause 1.1.1 above. However, in case the Life Insured dies during the Waiting Period of 90 days from Date of Commencement of Risk due to any reason other than an Accident, We will refund 100% of the Total Premiums Paid till the date of death of the Life Insured and no other benefit will be payable and the Policy will terminate.
 - b. In the event of death of Life Insured due to an Accident, the Waiting Period of 90 days as specified above shall not be applicable and the death benefit shall be payable in accordance with Clause 1.1.
 - c. The Waiting Period is not applicable in case of Revival of the Policy sourced as a point-of-sale Policy.

1.2. TERMINAL ILLNESS BENEFIT

- 1.2.1. If the Policy is in force and is not under Reduced Paid-Up Mode, then, 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 accelerated Terminal Illness Benefit to the Claimant (except under Income Protection Cover Plan Variant).

Only one valid Terminal Illness Benefit is payable during the Policy Term and once a Terminal Illness claim is paid, the sum of Guaranteed Death Benefit, will be reduced by the Terminal Illness Benefit paid and the Policy will continue.

- 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. In case of Income Protection Plan Variant on Diagnosis of Terminal Illness, monthly income payments will be based on the 'monthly income applicable at the time of death,' will commence and continue for the higher of 120 months or the 'outstanding Policy Term in months'. The total income payments to be paid after death will be reduced by the income payments already made on account of Terminal Illness and subject to maximum of Rs. 1 Crore.
- 1.2.4. The claim payout under the Terminal Illness Benefit would be made in lump sum only. The Claimant shall not have the options to receive or convert the lump sum claim amount into monthly income.
- 1.2.5. In case the claim against the Terminal Illness has been raised, We may request 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.
- 1.2.6. After the payment of the claim in respect of Terminal Illness of the Life Insured, all Premiums (including the Premium for base Policy and optional benefits, if any) falling due from the date of Diagnosis of Terminal Illness would be waived off and the Policy shall continue till death of the Life Insured or the end of the Policy Term, whichever is earlier.
- 1.2.7. Post the Diagnosis of Terminal Illness of the Life Insured, You are allowed to Surrender the Policy in accordance with Clause 1 of Part D.
- 1.2.8. Terminal Illness Benefit will be available in case of Policy is sourced as a point-of-sale policy.

1.3. COVER CONTINUANCE BENEFIT OPTION

- 1.3.1. If the Policy has completed at least three (3) Policy Years from the Date of Commencement of Risk and all the due Premiums have been received in full and the Policy is in force, then, upon You submitting a prior written request to Us at least 30 days (15 days in case of monthly mode) in advance before the next Policy Anniversary, You shall be allowed to have a cover continuance benefit under the Policy ("Cover Continuance Benefit") which allow to defer the Premium for a period of up to 12 months from the due date, while maintaining the full risk cover under the Policy and the Riders ("Cover Continuance Benefit Period"). No interest shall be levied on the Premium due during the Cover Continuance Benefit Period. In the event of any claim during this Cover Continuance Benefit Period, We will pay the claim as applicable after deducting the unpaid Premiums, if any, as on date of death or other insured event covered under the Policy and the Rider's. The maximum duration of Cover Continuance Benefit Period shall be consecutive 12 policy months from the date of first unpaid Premium. The Cover Continuance Benefit Period shall be available for multiple times with a gap of 5 policy years from the expiry date of previous Cover Continuance Benefit Period. It is clarified that once the Cover Continuance Benefit is exercised, it shall continue for maximum of 12 consecutive policy months.
- 1.3.2. At the end of Cover Continuance Benefit Period, the Premium (including the Rider(s) Premium, additional Premium (if any) for the other inbuilt benefits, any Underwriting Extra Premium, loadings for modal premiums, applicable taxes, cesses and levies, etc. if any, without any revival fee or interest) due and payable for the said period shall be deferred ("Deferred Amount") but the risk cover under the Policy and Rider(s) shall continue as per the terms and conditions of the Policy and Rider(s), respectively. In case of any claim under the Policy on the happening of any insured event during this period, We shall pay the eligible claim under the Policy after deducting all the Deferred Amount.
- 1.3.3. This benefit option is available subject to the following conditions:
 - 1.3.3.1. You shall be required to submit a written request at least 30 days (15 days in case of monthly mode policy) in advance each time You intend to opt for the above benefit. If a Premium (including the Rider(s) Premium, applicable taxes, cesses and levies, etc. if any) remains unpaid with no prior request, the Policy

(including for Rider(s), if any), shall lapse at the end of the Grace Period, as per the terms and conditions of the Policy.

- 1.3.3.2. This benefit option shall be available multiple times. However, there shall be a gap of at least 5 Policy Years between two Cover Continuance Benefit Periods. For example, if You opt for this benefit in the 5th Policy Year for the first time, the second cover continuance benefit will be available to be exercised after 5 years, i.e. in the 11th Policy Year.
- 1.3.3.3. It is clarified that if You exercise the cover continuance benefit in the last 5 Policy Years, then the next cover continuance benefit shall not be allowed.
- 1.3.3.4. The cover continuance benefit shall not be available during the last Policy Year of the Premium Payment Term.
- 1.3.3.5. The benefit is available to all Premium payment options except Single Premium Payment Option.
- 1.3.3.6. You shall pay the Deferred Amount at the end of Cover Continuance Benefit Period to ensure continuance of the risk cover under the Policy. For example, if You exercise cover continuance benefit in the 5th Policy Year then at the end of Cover Continuance Benefit Period, You have to pay the due amounts for the previous Policy Year (5th Policy Year) along with the next due Premium (6th Policy Year).
- 1.3.3.7. You may pay the Deferred Amount anytime during the said Cover Continuance Benefit Period, without necessarily waiting for the end of Cover Continuance Benefit Period.
- 1.3.3.8. Other than Return of Premium, Early ROP Plus and Whole Life cover Plan Variant, in case the above outstanding amounts are not paid within 30 days (15 days in case of monthly mode) of the commencement of the next Policy Year after expiry of the Cover Continuance Benefit Period, the Policy (including Rider(s), if any) shall lapse and no benefits shall be payable in the Policy or the Rider(s), if any, and We shall be entitled to recover such dues from any amounts or benefits payable under the Policy or Rider(s) to You.
- 1.3.3.9. Under Return of Premium, Early ROP Plus and Whole Life cover Plan Variant, in case the due amounts are not paid within 30 days (15 days in case of monthly mode) of the commencement of the next Policy Year after expiry of the Cover Continuance Benefit Period, the Policy will by default become Reduced Paid-Up (RPU) and We shall be entitled to recover such dues from any amounts or benefits payable under the Policy or Rider(s) to You.
- 1.3.3.10. During the above Cover Continuance Benefit Period, You may Surrender the Policy anytime, however, payments by Us, if any, shall be first adjusted towards the Deferred Amount.
- 1.3.3.11. In case Maternity Cover is opted and the Cover Continuance Benefit has been requested by You in 5th Policy Year, the outstanding Premiums for selected Plan Variant and the Maternity Cover should be paid in the next Policy Year i.e. in 6th Policy Year; otherwise, the selected Plan Variant will not be reinstated.

1.4. INSTA PAYMENT ON CLAIM INTIMATION

- 1.4.1. In case of death of the Life Insured post completion of minimum Waiting Period of One (1) Policy Year from the Date of Commencement of Risk or Revival of the Policy and provided the Policy is in force, the Company shall upon receipt of intimation of death claim (along with the required supporting documents which include the death certificate, cancelled cheque / bank account details, claim intimation form, KYC of Claimant or any other document as may be required from time to time), endeavor to pay an accelerated death benefit as per the below Base Sum Assured range from applicable Guaranteed Death Benefit within One (1) working day from the claim registration date as gesture to provide interim support. It is clarified that any payment under this Clause 1.4.1 shall be made upon the Company being satisfied with respect to the validity and enforceability of the documents submitted along with the intimation of death claim.

| Base Sum Assured range | Accelerated death benefit from Guaranteed Death Benefit on claim intimation (in INR) |
|--|--|
| Base Sum Assured range from Rs. 5 Lacs to less than Rs. 25 Lacs | Rs. 5,000 |
| Base Sum Assured range from Rs. 25 Lacs to less than Rs. 50 Lacs | Rs. 25,000 |
| Base Sum Assured range from Rs. 50 Lacs to 1 Crore | Rs. 1,00,000 |
| Base Sum Assured greater than and equal to Rs. 1 Crore onwards | Rs. 2,00,000 |

- 1.4.2 Post payment of the above accelerated death benefit, as applicable, in case upon completion of the review or investigation of the claim records, the death claim is found to be payable, the Company will release the remaining applicable Guaranteed Death Benefit. However, in case, after the review or investigation of the claim records, it is found that the death claim (including the applicable accelerated death benefit) is not payable to the Claimant owing to any reason whatsoever, the Claimant shall refund the entire amount paid towards accelerated death benefit within 7 days of receipt of communication. The Company's decision on the claim shall be final and binding on the Claimant. In case the Claimant fails to refund the said amount, appropriate actions may be initiated by the Company for recovery of the said amount.
- 1.4.3. The payment of the applicable Guaranteed Death Benefit (including the applicable accelerated death benefit paid in terms of Clause 1.4.1) shall be subject to the final outcome of the review or investigation of the claim records. It is clarified that payment of the applicable accelerated death benefit shall in no event be considered as acceptance or admission of liability of the death claim under the Policy by Us.
- 1.4.4. This benefit option is available subject to following conditions:
- 1.4.4.1. This accelerated death benefit, as applicable, is not payable in case of death during first (1) Policy Year.
 - 1.4.4.2. On assessment of claim records submitted during the initial claim evaluation, additional documents may be sought by the Company.
 - 1.4.4.3. In the event of death of the Life Insured during the Cover Continuance Benefit Period, the Company will first deduct the Deferred Amount from above applicable accelerated death benefit and pay the balance, if any.
 - 1.4.4.4. In case You have opted for 'Income Protection Cover' as a Plan Variant, this accelerated death benefit amount will be the lower of 'monthly income applicable at the time of death' or accelerated death benefit from Guaranteed Death Benefit on claim intimation as specified in the table above in this Clause.

1.5. LIFELINE PLUS

- 1.5.1 The Lifeline Plus Top-Up Sum Assured option allows a female Life Insured to increase her Base Sum Assured following the death of her spouse, provided the Policy is force, and the following conditions are met:
- I. The option can be exercised only after completion of 3rd Policy Anniversary.
 - II. The option can be exercised only after 6 months and within 2 years of the spouse's death.
 - III. The maximum amount for the top-up will be the lower of 50% of the Base Sum Assured or ₹50 lakh.
 - IV. The top-up is subject to complete medical underwriting as per the Underwriting Policy.
 - V. No financial documents are required when requesting the top-up.
 - VI. The premium for the additional cover will be based on the Life Insured's Age at the time of the request.
 - VII. The Premium will be based on the rates applicable at the Date of Commencement of Risk and the attained Age at the time of top-up.
 - VIII. The option can be exercised up to a maximum attained Age of 50 years.
 - IX. Proof of marriage and the spouse's death must be submitted with the top-up request.
 - X. The minimum Premium Payment Term is 5 years, and the minimum Policy Term is 10 years.
 - XI. The minimum outstanding Policy Term to exercise this option is 10 years, provided the Life Insured is eligible based on Age.
 - XII. The Policy Term of the top-up will match the outstanding term of the base cover, and the Premium Payment Term will be the maximum available under the base cover.
 - XIII. The Premium payment mode will be the same as that of the base Policy.
 - XIV. This option can only be exercised once during the Policy Term, with the total top-up capped at the lower of 50% of the Base Sum Assured or ₹50 lakh, and it will remain level throughout the Policy Term.
 - XV. This option is available under the 'Regular Cover' and 'Return of Premium' Plan Variants.

- XVI. The top-up amount can only be in multiples of ₹10 lakh.
- XVII. The suicide clause applies to the top-up during the first year of top up.
- XVIII. The top-up will mirror the base Plan Variant, i.e., if the base plan is 'Return of Premium,' the top-up will also be 'Return of Premium'.
- XIX. The top-up will not affect any other optional benefits, such as Maternity Cover.
- XX. Premium rates for the top-up will be based on the Base Sum Assured band, including the top-up amount.
- XXI. The top-up can be Surrendered at any time, with the Surrender year for the base Sum Assured and top-up being determined separately.
- XXII. If a waiver of premium rider is in place, it will also apply to the top-up sum assured.
- XXIII. The top-up sum assured will be paid out on the death of the Life Insured.
- XXIV. If the Life Insured is Diagnosed with a Terminal Illness, 100% of the top-up sum assured (up to ₹1 crore, including the Base Sum Assured) will be payable.
- XXV. The Sum Assured on Death will be reduced by the Terminal Illness benefit paid.
- XXVI. After the Terminal Illness benefit is paid, the Policy will continue with the combined sum assured (Base Sum Assured + top-up sum assured), reduced by the Terminal Illness claim amount.

1.6. HEALTH MANAGEMENT SERVICES

To support the health and wellbeing of the Life Insured, You have the option to access health management services, including medical second opinions, consultations, and discounts on medicines from our registered service providers. These wellness services are designed to help Life Insured receive accurate Diagnoses and access the appropriate care.

1.7. MATERNITY COVER - PREGNANCY RELATED COMPLICATIONS AND CONGENITAL ANOMALIES OF NEWBORN

The Maternity Cover provides financial support in case of pregnancy complications and congenital anomalies in newborns. Please refer to Annexure B of the Policy for the list of pregnancy complications (for mother) and congenital anomalies in newborns (for child) covered under this option and the percentage of the Maternity Cover Sum Assured amount payable on happening of such complication or anomalies.

1.7.1 Coverage Details:

- Pregnancy Complications: If a pregnancy complication (as listed in Annexure B) occurs 50% of the Maternity Cover Sum Assured will be paid.
- Congenital Anomalies: If a congenital anomaly (as listed in Annexure B) occurs within 3 years of birth, a percentage of the Maternity Cover Sum Assured will be paid, up to a maximum of 50% Maternity Cover Sum Assured.

1.7.2. Maximum Benefit: The total payout is up to 100% of the Maternity Cover Sum Assured, with a maximum of 50% for each category (pregnancy complications and congenital anomalies).

1.7.3. Eligibility:

- Available only to female Policyholders.
- This option may be selected on the Date of Inception of Policy or can be added later during the Policy Term, subject to certain Premium conditions.
- If added mid-Policy, premium will be prorated for the current year and fully charged starting the next Policy Anniversary.

1.7.4. Claim Process:

- If a claim is made for either pregnancy complications or congenital anomalies, 50% of the Maternity Cover Sum Assured will be paid upon the first occurrence.
- Separate claims for pregnancy complications and congenital anomalies are allowed, up to 50% of the Maternity Cover Sum Assured for each, totaling 100%.

1.7.5. Policy Continuity:

- The base Policy remains active until Maturity Date as long as the Policy is in force.
- The Premium paying frequency of Maternity Cover shall be same as the Premium paying frequency of base Policy opted at inception.
- A detailed list of applicable definitions and exclusions is provided in Annexure B.

1.7.6. Other Terms & Conditions:

- Benefits are paid as a lump sum.
- The cover ends once 100% of the Maternity Cover Sum Assured is paid.

- Premium payments for this cover cease once the full Maternity Cover Sum Assured is paid.
- The cover is available for a Policy Term of 5 years for Regular Premium Payment Option only, subject to minimum outstanding Policy Term of base Policy should be 5 years.
- Waiting Period: No benefits will be payable for conditions Diagnosed within 10 months from the Date of Commencement of Risk, Date of Issuance of Policy, or Revival. If Diagnosed within this period, the Maternity Cover will terminate, and the Premium paid will be refunded.
- A 30-day survival period is required.
- Congenital anomalies must manifest within 3 years of birth.
- Once terminated, the Maternity Cover cannot be reinstated.
- Only Regular Premium Payment Option is available for this cover.

1.7.7. Termination: The Maternity Cover will end when any of the following occurs:

- On Policy Term ends or five years of this option coverage.
- 100% of the Maternity Cover Sum Assured is paid.
- The Policy is canceled or Surrendered.
- On 100% of the Guaranteed Death Benefit or suicide benefit is paid.
- If the Policy fails to Revive within the applicable period.
- If You opt to discontinue or cancel this cover.

1.8. SUM ASSURED BOOSTER IN LIEU OF THE DISCOUNT

If You are entitled for discount and have opted for the 'Regular Cover' and 'Return of Premium' Plan Variants, You will have an option to choose between the first-year discount or an increase in the Base Sum Assured in lieu of the discount ("Sum Assured Booster"). The Sum Assured Booster for a Regular Premium Payment Option will be 2% of Base Sum Assured and for Single Premium Payment Option/ Limited Premium Payment Option, it will be 3% of Base Sum Assured. The Sum Assured Booster will be considered as top -up sum assured only and will not change the Base Sum Assured band.

2. MATURITY BENEFIT

The Maturity Benefit is only available if you have selected the 'Return of Premium', 'Early ROP Plus', or 'Whole Life Cover' Plan Variants. No Maturity Benefit is provided for other Plan Variants.

- **Return of Premium Cover:** If the life insured survives the Policy Term, 100% of the Total Premiums Paid, including any underwriting extra premiums and modal premium loadings, will be refunded at the end of the Policy Term.
- **Early ROP Plus & Whole Life Cover:**
 - In case of 'Early ROP Plus' and 'Whole Life Cover' Plan Variant, the remaining 50% of the Total Premiums Paid, including any Underwriting Extra Premiums and modal premium loadings, will be paid back if the Life Insured survives until the end of the Policy Term.
- **Additional Premiums Not Refunded:**
The following optional benefits' additional premiums will not be refunded at maturity for any of the above three Plan Variants:
 - Maternity Cover
 - any Riders selected
- **Discounted Premiums:**
If a discount applies to the Policy, only 100% of the discounted Premiums received will be refunded at or before the Policy's maturity.

3. REDUCED PAID-UP BENEFIT/ NON-FORFEITURE OPTIONS (only applicable for 'Return of Premium', 'Early ROP Plus' and 'Whole Life Cover')

If Return of Premium, or 'Early ROP Plus' or 'Whole Life Cover' Plan Variants was chosen by You at the Date of Inception of Policy and Policy has acquired a Surrender Value as specified under Clause 1 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, for revival of Lapsed Policy mentioned in Part D. If a Reduced Paid-Up Mode 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:

3.1. 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' Plan Variant, will be reduced as per the below formula:

Reduced Paid-Up Sum Assured=Reduced Paid-Up Factor * Sum Assured applicable before Policy moved to Reduced Paid-Up Mode.

Reduced Paid-Up Factor = Ratio of the "total period for which Premiums have already been paid" to the "maximum period for which Premiums were originally payable."

- b. Please note that for the 'Early ROP Plus' and 'Whole Life cover', the Reduced Paid-Up Sum Assured will further get reduced by 50% on higher of (on attainment of age 60 or Age at entry + Premium Payment Term + 10) to allow for reduction in Base Sum Assured in these Plan Variants.

3.2. Reduced Paid -Up Terminal Illness Benefit

In the event the Life Insured is Diagnosed with a Terminal Illness during Policy Term, when the Policy is under Reduced Paid-Up Mode, a benefit equals to the Reduced Paid-Up Sum Assured, 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.

3.3. Reduced Paid -Up Maturity Benefit

Under the Return of Premium Plan Variant, 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 will be paid at end of Policy Term. Please note that any additional Premium charged for optional benefits like Maternity Cover or Riders, will not be returned back at maturity under this option.

Under the 'Early ROP Plus' and 'Whole Life Cover' Plan Variants, 50% of the Total Premiums Paid plus Underwriting Extra Premiums paid plus loading for modal premiums, if any, will be paid back on survival of the Life Insured till higher of (on attainment of age 60 or Age at entry + Premium Payment Term + 10). The remaining 50% of the Total Premiums Paid plus Underwriting Extra Premiums paid plus loading for modal premiums, if any, will be paid back at the end of Policy Term on survival of the Life Insured till the end of Policy Term. Please note that any additional Premium charged for optional benefits like Maternity Cover and Riders will not be returned at maturity under these Plan Variants.

3.4. Reduced Paid -Up Surrender Value

The Surrender Value of Reduced Paid-Up Policy will be same as calculated in accordance with Clause 1 of Part D (Surrender / Early Exit Value). The Policy which has acquired the Surrender Value shall lapse if the Reduced Paid-Up Sum Insured under the Policy is less than Rs. 2500/- . In case the Reduced Paid-Up Sum Assured under the Policy is less than Rs. 2500/-, the Policy may be terminated after expiry of Revival Period by paying the applicable Surrender Value.

4. PREMIUMS

- 4.1. You shall have a choice between the Single Premium Payment Option, Limited Premium Payment Option, Regular Premium Payment Option or Pay Till 60 Premium Payment Option for Premium payments. Unless otherwise allowed in the Policy, the Premium payment option can only be chosen at the Date of Inception of Policy and cannot be changed subsequently.
- 4.2. 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 also be applicable on the Premium payable towards any optional benefits/ Riders that You may have opted under this Policy.
- 4.3. 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 Policy Anniversary following the receipt of such request by You.
- 4.4. You can pay Premium at any of Our offices or through Our website <https://www.axismaxlife.com> or by any other means, as informed by Us. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.
- 4.5. The Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.

5. SURVIVAL BENEFIT

During the Policy Term while the Life Insured is alive, Survival Benefit payable shall depend on the Plan Variant chosen by You and shall be payable on the due date as specified in the Schedule, in arrears, provided the Policy is in-force and all due Premiums have been received. The same shall be as under:

- i. For 'Early ROP Plus' Plan Variant - In case Life Insured survives the higher of: (i) Age 60 or (ii) the Age on the Date of Commencement of Risk plus the Premium Payment Term plus 10 years, We will pay 50% of Total Premiums Paid including any underwriting extra premiums and modal premium loadings.
- ii. For 'Whole Life Cover' Plan Variant - In case Life Insured survives the higher of: (i) Age 60 or (ii) the Age on the Date of Commencement of Risk plus the Premium Payment Term plus 10 years, We will pay 50% of Total Premiums Paid including any underwriting extra premiums and modal premium loadings.

6. GRACE PERIOD

- 6.1. The Premium is due and payable by the due date specified in the Schedule. If the Premium is not paid by the due date, You may pay the same during the Grace Period without any penalty or late fee.
- 6.2. 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

1.1. You may Surrender the Policy any time after the Policy has acquired a Surrender Value or Early Exit Value as below:

1.1.1. If You have not opted for 'Return of Premium', 'Early ROP Plus' and 'Whole Life Cover' Cover Variants:

1.1.1.1. The Policy shall acquire Early Exit Value ("Early Exit Value"), subject to the following criteria:

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

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

70% x (Sum of Total Premiums Paid, Underwriting Extra Premium and loadings for modal premiums, if any) x (unexpired Policy Term/ Policy Term).

Early Exit Value shall be applicable on the base Premium and not on additional optional benefits like Maternity Cover.

1.1.1.2. **Special Exit Value:** You shall be allowed a Special Exit Value, wherein We will return sum of Total Premiums Paid, Underwriting Extra Premiums and loadings for modal premiums, if any, only if You Surrender the Policy. Special Exit Value can be obtained in any Policy Year, starting Policy Year 30th, but not during the last 4 Policy Years.

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 for Policy Term less than 40 years
- (iv) Special Exit Value shall be applicable on the base Premium and not on additional optional benefits like Maternity Cover.

1.1.2. If You have opted for 'Return of Premium', 'Early ROP Plus' or 'Whole Life Cover' and You discontinue paying Premium or You surrenders the Policy, then:

1.1.2.1. The Policy shall acquire Guaranteed Surrender Value ("Surrender Value"), subject to the following criteria:

- a. For Single Premium Payment Option: immediately after payment of Single Premium.
- b. Limited Premium Payment Option including Pay Till 60 Premium Payment Option and Regular Premium Payment Option: on receipt of two full year Premium.

1.1.4.3. The Surrender Value is the higher of Guaranteed Surrender

1.1.2.2. The Surrender Value is the higher of Guaranteed Surrender Value or Special Surrender Value. Guaranteed Surrender Value is defined as:

{Guaranteed Surrender Value factor x (sum of Total Premiums Paid, Underwriting Extra Premium and loadings for modal premiums, if any)} less Survival Benefit applicable till date of surrender, if any.

The Guaranteed Surrender Value factors are provided below:

| Policy Year of Surrender | % of Total Premiums Paid, Underwriting Extra Premium | |
|--------------------------|--|---|
| | Single Premium Payment Option | Limited Premium Payment Option, Pay Till 60 Premium Payment Option and Regular Premium Payment Option |
| 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)], or 90%] N : Year of Surrender |

1.1.3. Special Surrender Value

- 1.1.3.1. Your Policy also acquires a Special Surrender Value after completion of first Policy Year provided one full year Premium has been received and shall become payable after completion of first Policy Year for Limited Premium Payment Option/ Regular Premium Payment Option. For Single Premium Payment Option, Your Policy shall acquire a Special Surrender Value immediately upon receipt of Single Premium. Before making a request for Surrender, You may approach Us to know about the Surrender Value in respect of Your Policy.
- 1.1.3.2. It may be noted that the Special Surrender Value and the basis for calculating the Special Surrender Value factors under the Policy may be revised by Us based on the experience or applicable laws.
- 1.1.3.3. For Limited Premium Payment Option/Regular Premium Payment Option; Surrender requests can only be made after completion of first Policy Year and Special Surrender Value as calculated above shall become payable only after completion of first Policy Year provided one full year Premium has been received.
- 1.1.3.4. For Single Premium Payment Option; Special Surrender Value shall become payable immediately after receipt of single Premium.

2. LOANS

- 2.1. If You have opted for Return of Premium, Early ROP Plus and Whole Life Cover' as Plan Variants and once this Policy has acquired the Surrender Value, then, You will be eligible for grant of loans from Us.
- 2.2. The minimum amount of loan which can be granted by Us under this Policy is INR 10,000 (Rupees Ten Thousand). In no event shall the maximum amount of loan which can be granted under this Policy during the Policy Term exceed 75% (Seventy-Five percent) of the Surrender Value payable under this Policy, subject to such terms and conditions as may be determined by Us from time to time.
- 2.3. Upon grant of a loan under this Policy, this Policy shall automatically be assigned in Our favour, till the time the entire loan amount including interest, any fees or dues towards such loan has been repaid to Us. On repayment of the entire loan and accumulated interest to Us, if any, this Policy will be reassigned to You.
- 2.4. If You have obtained a loan under this Policy, then, You are required to pay interest on such loan. The interest on the loan will be compounded and applied annually on the Policy Anniversary at the rates as prescribed by Us at the time of taking the loan.

- 2.5. The loan interest rate shall be equal to applicable 'RBI Bank Rate' plus 3.0%. The current loan interest rate is 9.75% p.a. compounded annually and is based on 'RBI Bank Rate' of 6.75% p.a. prevailing as at 31st March 2024. The 'RBI Bank Rate' for the financial year ending 31st March (every year) will be considered for determining the loan interest rate and the same shall be made effective w.e.f. 01st July every year. The loan interest rate is revised only if the 'RBI Bank Rate' changes by 1% or more from the 'RBI Bank Rate' used to determine the prevailing loan interest rate (reviewed on every 31st March). For further details and the loan interest rate applicable as on date, please refer to our website <https://www.axismaxlife.com>.
- 2.6. We reserve the right to recover the any outstanding loan along with the accrued interest from the benefits payable in the case of Surrender or Survival or maturity or death of the Life Insured, by deducting the appropriate amounts from the benefits payable on happening of such events.
- 2.7. The inforce polices or fully paid up polices will not be foreclosed for non-payment of outstanding loan balance even if the outstanding loan balance and accumulated interest on such loan exceeds the Surrender Value.
- 2.8. For Reduced Paid Up Mode policies, if the outstanding loan amount granted to You and accumulated interest on such loan exceed the Surrender Value, the Policy will terminate. In case outstanding loan amount including accumulated interest on such loan exceeds 95% of the Surrender Value or the remaining Policy Term is 6 months (whichever is earlier), We will send You a communication for repayment of loan along with the accrued interest.
- 2.9. If You have not opted for 'Early Rop Plus', 'Whole Life' Cover and 'Return of Premium' Plan Variant, 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; and
- 3.2. if You produce 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 interest fee as may be determined by Us from time to time (in the manner described herein below) 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 interest rate Basis | Currently Applicable Revival interest rate* |
|---|---|---|
| 0-60 | Nil | 0.00% |
| 61-180 | RBI Bank Rate + 1% p.a. compounded annually on due Premiums | 7.75% |
| >180 | RBI Bank Rate + 3% p.a. compounded annually on due Premiums | 9.75% |

***Note:** The current applicable revival interest rate effective as on 1st July 2024 is based on RBI Bank rate of 6.75% p.a. prevailing as at 31st March, 2024. The 'RBI Bank Rate' for the financial year ending 31st March (every year) will be considered for determining the revival interest rate and the same shall be made effective w.e.f. 01st July every year. The revival interest rate is revised only if the 'RBI Bank Rate' changes by 1% or more from the 'RBI Bank Rate' used to determine the prevailing revival interest rate (reviewed on every 31st March). For further details and the Revival interest rate applicable as on date, please refer to our website <https://www.axismaxlife.com>. Any change in methodology to derive the Revival rate of interest shall be with prior approval from IRDAI.

- 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 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', 'Early ROP Plus' and 'Whole Life cover' Plan Variant: 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

- 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', 'Early ROP Plus' and 'Whole Life cover' Plan Variant:
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 You and the Policy shall be terminated.
- 3.8. 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 including the optional benefits chosen.
- 3.9. 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 Base Sum Assured: You may be eligible to revive your Policy by reducing the Base Sum Assured. Please contact Us for details on whether You are eligible for this Revival scheme and, if so, the extent to which the Base 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 <https://www.axismaxlife.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 Free look cancellation request from You;
- 5.2. the date of death of the Life Insured;
- 5.3. on the expiry of the Policy Term;
- 5.4. upon payment of the Sum Assured on Death or 100% of the Guaranteed Death Benefit to Claimant;
- 5.5. on the expiry of the Revival Period, if the Lapsed Policy has not been revived in case of other than 'Return of Premium', 'Early ROP Plus' and 'Whole Life Cover' Plan Variants;
- 5.6. on cancellation or Surrender of the Policy by You;
- 5.7. on the Maturity Date, upon the payment of all Maturity Benefits, if any;
- 5.8. upon payment of the commuted value of the future benefits; or
- 5.9. upon payment of dues as per suicide clause (Clause 6 of Part-F);

6. FREELOOK CANCELLATION

"Free look" means a period of 30 days beginning from the date of receipt of the Policy, to review the terms and conditions of the Policy. If You disagree with the any of the Policy terms and conditions or otherwise, You have the option to cancel the Policy by sending a written request to Us, stating the reasons for Your objection. Upon receipt of Your request, if no claim has been made under the Policy, the Policy will terminate immediately 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 irrespective of the reasons mentioned.

7. LAPSLATION OF POLICY

In case of Lapsed Policy risk cover will cease and no benefits shall be payable. Once the Policy has acquired Surrender Value / Early Exit Value, the Policy shall not lapse at the end of the Grace period. You may revive a Lapsed Policy during the Revival Period.



PART E**POLICY CHARGES****APPLICABLE FEES/ CHARGES UNDER THE POLICY**

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



PART F

GENERAL TERMS AND CONDITIONS

1. TAXES

- 1.1. All Premiums received, benefits payable, and/or funds accumulated under the Policy or as may be maintained by Us for policyholders are subject to applicable taxes, cesses, and levies, including but not limited to Goods and Services Tax (GST) and Income Tax, as applicable, which shall be entirely borne by You and will always be paid by You at the time of Premium payment, receipt of benefits and/or fund payout, as applicable.
- 1.2. Notwithstanding anything contained in this Policy or otherwise, We hereby reserve the right to claim, deduct, reduce and/or set-off a sum equivalent to any tax, interest, penalty, and/or other payments, as maybe imposed by any legislation, regulation, order, judgment, or otherwise, from any benefits payable to You, your nominee, or assignee or from the funds accumulated under the Policy or funds maintained by Us.
- 1.3. Tax benefits may be available as per prevailing tax laws. Tax laws, their interpretation and/or application, including benefits arising thereunder are subject to change. You are advised to consult your tax advisor regarding the tax benefits and liabilities applicable to you.

2. CLAIM PROCEDURE

- 2.1. For processing a claim request under this Policy, We will require all of the following documents:
 - 2.1.1. In case of a Death claim:
 - 2.1.2. claimant's statement in the prescribed form (death claim application form -form A);
 - 2.1.3. original Policy document;
 - 2.1.4. a copy of police complaint/ first information report (in the case of death by accident or unnatural death or suicidal death of the Life Insured);
 - 2.1.5. All medical/ hospital records (including diagnostic records), in case of hospitalisation;
 - 2.1.6. a copy of duly certified post mortem report, autopsy/viscera report and a copy of the final police investigation report /charge sheet (in the case of death by accident or unnatural death or suicidal death of the Life Insured);
 - 2.1.7. original/ attested copy of death certificate issued by the local/municipal authority (only in the case of death of the Life Insured);
 - 2.1.8. discharge summary / indoor case papers in case death happened due to medical reasons in a hospital;
 - 2.1.9. medical booklet / CGHS card details in case of defence and central government personnel;
 - 2.1.10. body transfer certificate / embassy documents / postmortem report whichever applicable in case of death in foreign country;
 - 2.1.11. complete passport copy in case of death in foreign country;
 - 2.1.12. a self-attested copy of identity proof of the Claimant including Nominee(s) bearing their photographs and signatures (only in the case of the death of the Life Insured)
 - 2.1.13. other life / health insurance details with claim history details;
 - 2.1.14. employer certificate with complete leave records (Form E);
 - 2.1.15. ITR for last 3 years / GST certificate in case of self employed;
 - 2.1.16. in case of a medical/natural death of the Life Insured, the attending physician's statement (Form C) and the medical records (admission notes, discharge/death summary, test reports, etc.);
 - 2.1.17. NEFT mandate form attested by bank authorities;
 - 2.1.18. Bank details of Claimant;
 - 2.1.19. any other document or information required by Us for assessing and approving the claim request.
 - 2.1.20. In case of claim with towards 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 Terminal Illness of the Life Insured;
 - e) All medical/ hospital records (including diagnostic records) pertaining to Terminal Illness and treatment.
 - f) a self-attested copy of identity proof of the Claimant including Nominee(s), if any, bearing their photographs and signatures; and

g) any other documents/information required by Us for assessing and approving the claim request

2.1.21. In case of claim under the Maternity Cover

- a) claimant's statement in the prescribed form (form AA);
- b) First consultation records (where Life Insured and child went with initial signs/ symptoms);
- c) employer's certificate with complete leave records (Form E);
- d) a cancelled cheque or copy of passbook with pre-printed name and bank account number, for payout through NEFT (if not provided earlier);
- e) NEFT Form (if not provided earlier);
- f) Bank statement of last 2 years of the Life Insured;
- g) certificate by a Medical Practitioner confirming Diagnosis of complications of pregnancy or congenital anomalies;
- h) physician's statement from treating Medical Practitioner;
- i) all medical/ hospital records (including Diagnostic records) pertaining to Diagnosis of complications of pregnancy or congenital anomalies and treatment;
- j) a self-attested photo ID proof

2.1.22. 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

2.2. A Claimant can download the claim request documents from Our website <https://www.axismaxlife.com> or can obtain the same from any of Our branches.

2.3. 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:

- 2.3.1. that the benefits have become payable as per the terms and conditions of this Policy; and
- 2.3.2. of the bonafides and credentials of the Claimant.

2.4. 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.

2.5. The Claimant is required to intimate Us along with necessary documents as mentioned above, regarding a claim under the Policy, at the earliest possible time either in person or through online mode or Our distribution channel or authorized call centre. For any support or guidance in relation to claims, please contact us at Helpline No. - 1860 120 5577, Email: service.helpdesk@axismaxlife.com.

3. 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.

4. FRAUD, MIS-STATEMENT AND FORFEITURE

Fraud, mis-statement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. [A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure - (1) for reference].

5. EXCLUSIONS

5.1. SUICIDE EXCLUSION

Notwithstanding anything stated herein, if the Life Insured commits suicide, 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.

5.2. EXCLUSIONS APPLICABLE TO THE MATERNITY COVER:

The Life Insured will not be entitled to any Maternity Cover for the disease specific exclusions and if the critical illness is caused or aggravated directly or indirectly by any of the critical illness as specified in Annexure B of the Policy.

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]. You may request for a cancellation or change of nomination(s) for a Policy along with necessary details of substituted nominee. Additional charges, not exceeding Rs. 100/- on each occasion may be applicable for cancellation or change of nominee. This option is not available in case the Policy is sold under Married Woman's Property Act, 1874.

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]. You may request for written acknowledgement of the receipt of notice of assignment or transfer assignment for a Policy along with the necessary details and documents. Additional charges, not exceeding Rs. 100/- on each occasion may be applicable for granting a written acknowledgement of the receipt of notice of assignment or transfer assignment. This option is not available in case the Policy is sold under Married Woman's Property Act, 1874.

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. COMMUNICATION AND NOTICES

- 13.1. 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.
- 13.2. 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.
- 13.3. For any updates, please visit Our website <https://www.axismaxlife.com>.

14. 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.

15. 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.

16. TRANSLATION

In the event of any conflict or discrepancy between any translated version and the English language version of this Policy contract, the English language version of this Policy contract shall prevail.



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:
 - a. Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar Sector 18, Gurugram- 122015, Haryana, India, Helpline No. - 1860 120 5577, Email: service.helpdesk@axismaxlife.com; or
 - b. To any office of Axis Max Life Insurance Limited
- 1.2. If Our response is not satisfactory or there is no response within 14 (Fourteen) days:
 - 1.2.1. the complainant may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:

Grievance Redressal Officer,
Axis Max Life Insurance Limited
Plot No. 90C, Udyog Vihar Sector 18, Gurugram- 122015, Haryana, India
Helpline No. - 1860 120 5577 or (0124) 4219090
Email: manager.services@axismaxlife.com;
 - 1.2.2. the complainant may approach the Grievance Cell of the IRDAI on the following contact details:

IRDAI Grievance Call Centre (Bima Bharosa Shikayat Nivaran Kendra)
Toll Free No:155255 or 1800 4254 732
Email ID: complaints@irdai.gov.in
Website:- bimabharosa.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: :

Policyholder Protection & Grievance Redressal Department (PPGR)
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad - 500 032
India
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.irdai.gov.in or on Council of Insurance Ombudsmen website at www.cioins.co.in, if the grievance pertains to:
 - 1.3.1. delay in settlement of a claim beyond the time specified by Us;
 - 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 non-observance of or non-adherence to the provisions of any regulations made by the IRDAI with regard to protection of policyholders' interests or otherwise, or of any circulars, guidelines or instructions issued by the IRDAI or of the terms and conditions of the Policy contract, in so far as they relate to issues mentioned in this para 1.3 above.
- 1.4. As per Rule 14 of the Insurance Ombudsman Rules, 2017, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year 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.

ENDORSEMENT

STAMP DUTY AMOUNT : ₹4250.00

Paid by e-Stamps Certificate no. 717/Issue Date: 07-01-2026/Vide Treasury (E-CHALLAN) GRN NO.144781502 for Rs. 50000000



Suhail Ghai
Authorized Signatory



Annexure - B

I. PREGNANCY COMPLICATIONS - for Pregnancy Period

1. Disseminated Intravascular Coagulation (after 28 weeks of pregnancy)

A disorder of diffuse activation of the clotting cascade resulting in depletion of clotting factors in the blood. Major symptoms are bleedings, possibly from multiple sites in the body or thrombosis formation and/or multiorgan failure. The disorder requires immediate replacement therapy by either transfusion of blood, platelet concentrates, fresh frozen plasma or Antithrombin III. DIC has to be Diagnosed by an obstetrician as a complication caused by pregnancy.

2. Postpartum Haemorrhage Requiring Hysterectomy - Ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, retained placenta, a vulvar, vaginal or cervical laceration or haematoma requiring surgical intervention in form of Hysterectomy after delivery until 6 weeks post-partum. The Diagnosis of post partum haemorrhage and the need for hysterectomy must be confirmed by a gynaecologist or obstetrician. Confirmation of undergoing hysterectomy with complete documentation will be required.

3. Severe Pre-Eclampsia and associated complications - Pre-/eclampsia is new onset of hypertension after 20 weeks pregnancy with proteinuria or end organ dysfunction. Severe pre-/eclampsia has to be Diagnosed by an obstetrician and has to meet at least 3 of the following criteria:

- o Systolic blood pressure > 160 mm Hg or Diastolic blood pressure > 110 mm Hg on two occasions at least four hours apart.in
- o Creatinine elevation (Progressive renal insufficiency- serum creatinine >1.1 mg/dL)
- o Pulmonary Edema
- o new onset cerebral or visual disturbances.
- o The Diagnosis must be confirmed by an obstetrician or gynecologist.

4. Choriocarcinoma - The Life Insured suffers from a malignant (often metastatic) gestational trophoblastic disease following a pregnancy. The disease has to be Diagnosed by an obstetrician and must be confirmed by definite histology (result of biopsy). Subsequent hysterectomy must have been performed.

5. Ectopic Pregnancy - Ectopic pregnancy is a condition in which implantation occurs outside the uterine cavity, such as in the cervix uteri, ovary, fallopian tube, abdominal or pelvic cavity. The ectopic pregnancy has to be Diagnosed and confirmed by an obstetrician and has to be terminated by laparotomy or laparoscopic surgery.

6. Molar Pregnancy - or Hydatiform mole is a gestational trophoblastic disease. It is a benign neoplasm categorized as complete or partial moles. The Diagnosis should be confirmed by an obstetrician with histopathological report.

7. Uterine Rupture: The actual undergoing of surgery for the treatment of uterine rupture i.e., spontaneous tearing of uterus occurring during pregnancy by which the integrity of the myometrial wall is breached. This include incomplete rupture in which the peritoneum is still intact or a complete rupture in which the contents of the uterus may spill into the peritoneal cavity or the broad ligament in an unscarred uterus. This excludes uterine scar rupture caused due to previous LSCS or any other uterine surgery that occurred before the inception of the policy.

II. Congenital Anomalies - upto 3rd Birthday of the child

1. **Down's Syndrome** - means a specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterised by muscular hypotonicity, microcephaly, brachycephaly and a flattened occiput. Such Diagnosis shall be based solely on the accepted currently applicable criteria of Down's Syndrome after full examination by the appropriate medical specialist practitioner. Diagnosis must be supported by retardation of physical and mental development.
2. **Surgical Repair of Atrial Septal Defect** - means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The Diagnosis must be confirmed by a pediatric cardiologist, supported by an echocardiogram and invasive surgery must have been performed to correct the condition.
3. **Surgical Repair of Ventricular Septal Defect** - is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. The Diagnosis must be confirmed by a pediatric cardiologist, supported by an echocardiogram. and invasive surgery must have been performed to correct the condition.
4. **Surgical Repair of Tricuspid Atresia** - Abnormal (incomplete) development of the tricuspid valve, resulting in non-communication between the right atrium and the right ventricle. The Diagnosis must be confirmed by a pediatric cardiologist, supported with echocardiography and surgery must have been performed to correct the condition.
5. **Surgical Repair of Spina Bifida** - means defective closure of the spinal column due to a neural tube defect with a resultant meningocele or meningocele and associated neurological deficit with corrective surgical procedure done.
6. **Surgical Repair of Tetralogy of Fallot** - means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The Diagnosis must be confirmed by a Pediatric cardiologist, supported by an echocardiogram and invasive surgery must have been performed to correct the condition.
7. **Surgical Repair of Truncus Arteriosus** - Truncus arteriosis is a congenital defect where there is a single vessel arising from the heart that forms the aorta and pulmonary artery. The Diagnosis must be confirmed by a Pediatric cardiologist, supported with echocardiography and surgery must have been performed to correct the condition.
8. **Surgical Repair of:**
 - (a) **Tracheoesophageal Fistula** - Tracheoesophageal Fistula which represents a congenital or acquired connection between trachea and oesophagus. The Diagnosis of TOF must be confirmed by a pediatrician. A surgical repair must have been done to correct the condition.
 - (b) **Oesophageal Atresia** - Pure Oesophageal Atresia is a congenital anomaly where there is a failure of the oesophagus to develop as a continuous passage (or in which the proximal and distal portions of the esophagus do not communicate). Instead it ends as a blind pouch and food is unable to pass from mouth to the stomach. A surgical repair must have been done to correct the condition Oesophageal atresia with Tracheoesophageal Fistula is excluded.
9. **Surgical Repair of Transposition of Great Vessels** - means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The Diagnosis must be confirmed by a pediatric cardiologist, supported with echocardiogram and invasive surgery must have been performed to correct the condition.
10. **Club Foot** - is a congenital abnormality of the lower extremity which consists of plantar flexion, inversion of the heel hind foot and forefoot and adduction of the forefoot. The benefit will only be paid if the condition is bilateral and surgery has been performed to correct the abnormality.
11. **Cleft Lip and/or Cleft Palate requiring surgical repair** - is the Diagnosis of Cleft Lip/Cleft Palate by a medical specialist. Surgery must have been performed to correct the abnormality.
12. **Infantile Hydrocephalus** - is congenital condition leading to excessive and life threatening accumulation of cerebrospinal fluid within the cerebral ventricles, which in the opinion of a consultant neurologist, necessitates the insertion of an extra-cranial shunt.
13. **Surgical Repair of Infantile Hypertrophic Pyloric Stenosis (IHPS)** - is a disorder caused by hypertrophy of the pylorus, which can progress to near-complete obstruction of the gastric outlet, leading to forceful vomiting. The Diagnosis should have been confirmed by a medical specialist and surgery for correction of the condition should have been done.
14. **Surgical Repair of Anal Atresia** - (Imperforate Anus) means the congenital absence or abnormal narrowing of the anorectal opening resulting in corrective surgery required. This must be confirmed by a pediatrician and surgery must have been performed to correct the abnormality.

15. **Osteogenesis Imperfecta** - This is a genetic disorder characterised by brittle, osteoporotic, easily fractured bones. The Life Insured must be Diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:
- a. the result of physical examination of the Insured by a Doctor that the Life Insured suffers from growth retardation and hearing impairment; and
 - b. the result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and
 - c. positive result of skin biopsy.
- Diagnosis of Osteogenesis Imperfecta must be confirmed by a qualified pediatrician.
16. **Surgical Repair of Patent Ductus Arteriosus** - Ductus Arteriosus means a vascular connection between the main pulmonary artery and the aorta of the heart diverting blood away from the pulmonary circulation. When this duct persist post birth it is called as Patent ductus arteriosus. The Diagnosis must be confirmed by a pediatric cardiologist, supported by an echocardiogram and invasive surgery must have been performed to correct the condition.



III. MATERNITY COVER SUM ASSURED

| Pregnancy Complications | Payout % |
|--|------------------------------------|
| Disseminated Intravascular Coagulation (after 28 weeks of pregnancy) | 50% of Maternity Cover Sum Assured |
| Postpartum Hemorrhage Requiring Hysterectomy | 50% of Maternity Cover Sum Assured |
| Severe Pre-Eclampsia and associated complications | 50% of Maternity Cover Sum Assured |
| Choriocarcinoma | 50% of Maternity Cover Sum Assured |
| Ectopic pregnancy | 50% of Maternity Cover Sum Assured |
| Molar Pregnancy | 50% of Maternity Cover Sum Assured |
| Uterine Rupture | 50% of Maternity Cover Sum Assured |
| Congenital Anomalies | Payout % |
| Down's Syndrome | 50% of Maternity Cover Sum Assured |
| Surgical repair of Atrial Septal Defect | 50% of Maternity Cover Sum Assured |
| Surgical repair of Ventricular Septal Defect | 50% of Maternity Cover Sum Assured |
| Surgical Repair Tricuspid Atresia | 50% of Maternity Cover Sum Assured |
| Surgical repair of Spina Bifida | 50% of Maternity Cover Sum Assured |
| Surgical repair of Tetralogy of fallot | 50% of Maternity Cover Sum Assured |
| Surgical repair of Truncus Arteriosus | 50% of Maternity Cover Sum Assured |
| Surgical repair of Esophageal Atresia and/or Tracheoesophageal Fistula | 50% of Maternity Cover Sum Assured |
| Surgical repair of Transposition of Great Vessels | 50% of Maternity Cover Sum Assured |
| Club Foot | 50% of Maternity Cover Sum Assured |
| Cleft Lip and / or Cleft Palate requiring surgical repair | 25% of Maternity Cover Sum Assured |
| Infantile Hydrocephalus | 50% of Maternity Cover Sum Assured |
| Surgical repair of Infantile Hypertrophic Pyloric Stenosis | 50% of Maternity Cover Sum Assured |
| Surgical repair of Anal Atresia | 50% of Maternity Cover Sum Assured |
| Osteogenesis Imperfecta | 50% of Maternity Cover Sum Assured |
| Surgical Repair of Patent Ductus Arteriosus | 50% of Maternity Cover Sum Assured |

IV. Exclusions applicable to the Maternity Cover

Apart from the disease specific exclusions, no benefit will be payable if the critical illness is caused or aggravated directly or indirectly by any of the following:

- Any of the listed critical illness conditions where death occurs within 30 days of the Diagnosis;
- Pregnancy Complications benefit has a Waiting Period of 10 months from the Date of Commencement of Risk or date of Revival, whichever is later;
- Any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of Revival whichever is later and We have accepted the same;
- Suicide or attempted suicide or intentional self-inflicted injury, by the Life Insured, whether sane or not at that time;
- Life Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by the Life Insured registered Medical Practitioner;
- Existence of any sexually transmitted disease (STD) and its related complications;
- Complications of surgical procedures or Accident(s) occurring during surgical therapeutic procedures;
- Unreasonable failure to seek medical advice, the Life Insured has delayed medical treatment in order to circumvent the Waiting Period or other conditions and restriction applying to this Policy;
- Nuclear reaction, radioactive or chemical contamination due to nuclear accident;
- Ayurveda, Homeopathy, Unani, Naturopathy, Reflexology, Acupuncture, Bone-setting, Herbalist treatment, Hypnotism, Rolfing, Massage therapy, Aroma therapy or any other treatments other than Allopathy / western medicines;
- Existing children and children conceived prior to Date of Commencement of Risk are not covered.

In addition to the above, We will not pay any benefit under Maternity Cover if:

- (i) the illness of the Life Insured or Life insured's infant arises directly or indirectly due to any complication resulting from fertility treatments including in-vitro fertilization, IUI or any other artificial methods;
- (ii) In case of pregnancy complications if:
 - o the Life Insured opts for elective termination of pregnancy other than for medical reasons; or
 - o Disseminated Intravascular Coagulation (DIC) arises during the first seven months of the pregnancy

Annexure 1

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

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows: **1.**No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a. the Date of issuance of Policy or b. the Date of Commencement of Risk or c.the date of Revival of Policy or d. the date of rider to the Policy, whichever is later. **2.**On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from a.the date of issuance of policy or b.the date of commencement of risk or c.the date of revival of policy or d. the date of rider to the policy, whichever is later. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based. **3.** Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a.The suggestion, as a fact of that which is not true and which the insured does not believe to be true;b. The active concealment of a fact by the insured having knowledge or belief of the fact; c.Any other act fitted to deceive; and d.Any such act or omission as the law specifically declares to be fraudulent. **4.**Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak. **5.** No Insurer shall repudiate a life insurance policy on the ground of fraud, if the insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries. **6.** Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.**7.**In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.**8.**Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.**9.**The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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

Annexure 2

Section 39 - Nomination by Policyholder

Nomination of a life insurance policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:**1.**The policyholder of a life insurance policy on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.**2.**Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of 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 *hia.parents or b.spouse or c.children ord.spouse and chidrene.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.*succession certificate of such nominee(s).*

[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 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.]



PART A
Welcome to Axis Max Life Insurance

| | |
|-------------------------------------|--|
| Date | 14-Jan-2026 |
| To | Priyabrata Mondal B1-110 Megapolis Symphony Hinjewadi Phase 3 Near Megapolis Saffron Pune 411057 Maharashtra India |
| | Policy Number: 189736713 Branch Code: WAH76 Contact Number: 7318601195 |
| Welcome | <p>Dear Priyabrata Mondal,</p> <p>Thank you for choosing Axis Max Life Insurance (formerly known as Max Life Insurance) as Your bharosemand partner. We are committed to financially protect You and Your loved ones. For them, BHAROSA TUM HO</p> <p>We request You to go through the enclosed Rider contract for Axis Max Life Critical Illness and Disability Rider (A Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider) with Rider document number 189736713.</p> <p>Please also refer to the Customer Information Sheet bearing reference no. 189736713 for key information about Your Rider.</p> |
| What to do in case of errors | <p>On examination of the Rider (enclosed herewith), if You notice any mistake or error, proceed as follows:</p> <ol style="list-style-type: none"> 1. Contact our customer helpdesk or Your agent immediately at the details mentioned below. 2. We will rectify the mistake/error and send an updated Rider to You. |
| Cancelling the Rider | <p>You have a period of 30 (Thirty) days beginning from the date of receipt of the Rider document to review the terms and conditions of the Rider. If You disagree with any of the terms or conditions of the Rider document, or otherwise, and have not made any claim, You have the option to cancel the Rider by sending a written request to Us, by stating the reasons for such objections.</p> <p>Upon receipt of Your request and if no claim has been made under the Rider, the Rider shall terminate and all rights, benefits and interests under the Rider shall cease immediately. You will be entitled to refund of the Rider Premiums received by Us, after deducting the proportionate risk Rider Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any, irrespective of the reasons mentioned.</p> |
| Long term protection | <p>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 Rider or claim-related services at the address mentioned below.</p> <p>We value Your association with us and assure You the best of our</p> <p>Yours Sincerely, Axis Max Life Insurance Limited</p>  <p>Suhail Ghai Chief Digital Officer & Head Operations</p> |

Axis Max Life Insurance Limited
Plot No. 90 C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122 015, India.
Phone: 4219090 Fax: 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1860 120 5577
Regd Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533
Visit Us at: <https://www.axismaxlife.com> E-mail: service.helpdesk@axismaxlife.com
IRDAI Registration No: 104
Corporate Identity Number: U74899PB2000PLC045626



RIDER PREAMBLE

AXIS MAX LIFE INSURANCE LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533

Axis Max Life Critical Illness and Disability Rider

(Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider)

UIN : 104B033V02

Axis Max Life Insurance Limited has entered 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 below.

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

Axis Max Life Insurance Limited



Place of Issuance: Gurugram, Haryana

RIDER SCHEDULE

Base Policy Name - Axis Max Life Smart Term Plan Plus **Type of Base Policy** - A Non-Linked Non Participating Individual Pure Risk Life Insurance Plan
Policy UIN - 104N127V04 **Office** - Policy Bazaar Ins Broker PVT.LTD Head Office
Rider Name - Axis Max Life Critical Illness and Disability Rider **Type of Rider** - Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider
Rider UIN - 104B033V02

| Policy No.: 189736713 Date of Proposal: 10-Jan-2026 | | Client ID: 6011640206 | | | | | |
|---|---|---|-----|--|---------|---|---------------------------|
| Policyholder: Priyabrata Mondal PAN: FJVPMP2016P | | Gender: Male Contact Number: 7318601195 Email: Priyabratamondal622@Gmail.Com | | | | | |
| Relationship with Life Insured: Same Person Date of Birth: 04-Aug-2000 | | | | | | | |
| Address (For all communication purposes): B1-110 Megapolis Symphony Hinjewadi Phase 3 Near Megapolis Saffron Pune 411057 Maharashtra India | | | | | | | |
| Life Insured: Priyabrata Mondal Date of Birth: 04-Aug-2000 Age: 25 years Address: B1-110 Megapolis Symphony Hinjewadi Phase 3 Near Megapolis Saffron Pune 411057 Maharashtra India | | Age Admitted: Yes Gender: Male | | | | | |
| Nominee(s): | | | | | | | |
| Nominee(s) Name | Relationship of Nominee(s) with Policyholder: | Date of Birth of Nominee | Age | Gender | % share | Appointee(s) Name (if Nominee is a minor) | Relationship with Nominee |
| Utpal Mondal | Parent | 13-Jul-1972 | 53 | Male | 100 | N.A. | N.A. |
| Date of Commencement of Risk under Rider: 13-Jan-2026 | | | | Premium Payment mode: Monthly | | | |
| Date of Issuance of Rider: 13-Jan-2026 | | | | Coverage Variant chosen: Total and Permanent Disability Variant | | | |
| Premium Payment Method: Credit card | | | | Bill Draw Date: 13TH Bank Name: N.A. Bank Account Number: N.A. | | | |
| Intermediary Name & Code: Policy Bazaar Ins Broker Pvt.Ltd (IRDA/DB797/19) Address: Plot No. 119, Sector-44, Gurgaon 122001 | | | | Seller Name & Code: Policy Bazaar Insurance B Private Limited Tb (869196) Agent's/Intermediary License No.: IRDA/DB797/19 Contact Number: 18601205577, 18002585970 Email: care@policybazaar.com | | | |
| Details of Sales Personnel (for direct sales only): N/A | | | | | | | |

| List of coverage | Maturity Date | Insured Event | Rider Sum Assured (INR) | Rider Term | Rider Premium Payment Term | Annualised Premium* A (INR) | Underwriting Extra Premium B (INR) | GST** and any other taxes, cesses & levies C (INR) | Total Rider Premium along with applicable taxes, cesses and levies payable as per Premium payment mode selected E= [(A+B+C)*D] (INR) | Due Date when Rider Premium is payable/ Date when the Last Premium is payable |
|---|---------------|---------------------------|-------------------------|------------|----------------------------|-----------------------------|------------------------------------|--|--|---|
| | | | | | | | | | | |
| Axis Max Life Critical Illness and Disability Rider | 13-Jan-2046 | As per Clause 1 of Part C | 25,00,000.00 | 20 | 12 | 2,075.00 | 518.75 | 0.00 | 0.088 | 228.25 |
| | | | | | | | | | | 13th of every month; 13-Dec-2037 |

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

PART - B

DEFINITIONS APPLICABLE TO YOUR RIDER

The words and phrases listed below will have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The terms used in this Rider but not defined will derive their meaning from the Policy.

1. "**Accident or "Accidental"**" means a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. "**Accidental Injury**" means bodily injury of the Life Insured caused solely, directly and independently of any other intervening causes from an Accident.
3. "**Activities of Daily Living**" means and includes the following:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
 - iv. Mobility: the ability to move indoors from room to room on level surfaces
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available;
4. "**Age**" means the Life Insured's age on last birthday as on the Date of Commencement of Risk under Rider or on the previous Policy Anniversary, as the case may be;
5. "**Annualised Premium**" is the amount specified in the Schedule, and shall be the Rider Premium amount payable in a Policy Year, excluding Underwriting Extra Premium, loadings for modal premiums and taxes;
6. "**Base Policy**" means the policy to which this Rider is attached and forms part of;
7. "**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;
8. "**Critical Illness**" means the first time Diagnosis of the Life Insured with any of the illnesses or the first performance of any of the certain medical procedures/surgeries, as enlisted in Clause 1 of Part-C to this Rider, by a Medical Practitioner in respect of the Life Insured, during his lifetime. The same has been divided into two categories, i.e.:
 - i. "**Minor Critical Illness**" which includes those Critical Illnesses mentioned at serial number 1-5 in Clause 1 of Part-C; and;
 - ii. "**Major Critical Illness**" which includes those Critical Illnesses mentioned at serial number 6-64 in Clause 1 of Part-C;
9. "**Date of Commencement of Risk under Rider**" means the date as specified in the Schedule, on which the coverage under this Rider commences;
10. "**Date of Issuance of Rider**" means the date as specified in the Schedule, on which this Rider has been issued;
11. "**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;
12. "**Exit Value**" means an amount payable on surrender of this Rider in accordance with Clause 1 of Part D;
13. "**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, pandemic, epidemic or restriction by any government or other authority or any circumstance beyond Our control, owing to which, the performance of this Policy shall be wholly or partially suspended during the continuance of such Force Majeure Event;
14. "**Freelook**" means a period during which, subject to the Clause 6 Part D of the Policy, You have an option to cancel the Rider document and receive a refund of the Premium paid;
15. "**Gold Variant**" means coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event the Life Insured

is Diganosed with 22 Critical Illnesses (1 Minor Critical Illness, 21 Major Critical Illness) as enlisted at Serial no. 1 and 6 to 26 in Clause 1 of Part-C to this Rider;

16. "**Gold Plus Variant**" means a coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event of earlier of the following events (a) Life Insured suffers Total and Permanent Disability or (b) Life Insured is Diganosed with any of the 22 Critical Illnesses (1 Minor Critical Illness, 21 Major Critical Illness) as enlisted at Serial no. 1 and 6 to 26 in Clause 1 of Part-C to this Rider;
17. "**Grace Period**" means the time granted by Us from the due date of payment of Premium, without any penalty or late fee, during which time the rider is considered to be in-force with the risk cover without any interruptions as per terms and conditions of the Rider. The Grace Period for payment of Premium for all types of life insurance policies shall be 15 (Fifteen) days from the due date of the unpaid Rider Premium where the Policyholder pays the Premium on monthly basis and 30 (Thirty) days from the due date of unpaid Rider Premium for all other cases;
18. "**Healthy Week**" means a week wherein Life Insured have completed minimum 50,000 steps in a week subject to maximum 15,000 steps per day;
19. "**IRDAI**" means the Insurance Regulatory and Development Authority of India;
20. "**Lapsed Rider**" means a Rider where the due Premium has not been received within the Grace Period;
21. "**Life Insured**" means the person named in the Schedule, on whose life the Rider is affected;
22. "**Limited Premium Payment Variant**" means a variant under this Rider, wherein the Rider Premium Payment Term is less than the Rider Term.
23. "**Maturity Date**" means the date specified in the Schedule, on which the Rider Term expires;
24. "**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;
25. "**Modal Factor**" means the applicable factor as specified in the Base Policy, which is used to determine the Premium, as per the frequency of premium opted by You;
26. "**Nominee**" means nominee nominated by You (only if You are the Life Insured) under the Base Policy, in accordance with Section 39 of Insurance Act, 1938 as amended from time to time, to receive the benefits under the Rider and whose name is mentioned in the Schedule;
27. "**Platinum Variant**" means coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event the Life Insured is Dignosed with any of the 64 Critical Illnesses (5 Minor Critical Illness, 59 Major Critical Illness) as mentioned in Clause 1 of Part-C, to this Rider;
28. "**Platinum Plus Variant**" means a coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event of earlier of the Life Insured suffers Total and Permanent Disability or is Dignosed with any of the 64 Critical Illnesses (5 Minor Critical Illness, 59 Major Critical Illness) as mentioned in Clause 1 of Part-C, to this Rider;
29. "**Pre-existing diseases**" means any condition, ailment or injury, disease, Critical Illness / disability
 - a) That is/are Diagnosed by a Medical Practitioner within 36 months prior to the Date of Commencement of Risk under Rider or its reinstatement; or
 - b) For which medical advice or treatment was recommended by, or received from, a Medical Practitioner within 36 months Prior to the Date of Commencement of Risk under Rider or its reinstatement;
30. "**Regular Premium Payment Variant**" means where the Rider Premium Payment Term is same as Policy Term;
31. "**Revival**" means restoration of the Rider, which was discontinued due to non-payment of Premium, by Us with all the benefits mentioned in the Rider document, upon the receipt of all the Premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the Rider, upon being satisfied as to the continued insurability of the Life Insured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Underwriting Policy.
32. "**Revival Period**" means a period of 5 (Five) consecutive years, as specified under Base Policy, from the due date of the first unpaid Rider Premium;
33. "**Rider**" means this insurance cover(s) added to the Base Policy for additional Rider Premium and includes the customer information sheet;

34. "**Rider Anniversary**" means the annual anniversary of the Date of Commencement of Risk under Rider;
35. "**Rider Benefit**" means an amount of benefit payable on occurrence of a specified event covered under the Rider, and is an additional benefit to the benefit under the Policy, and may include waiver of premium benefit on other applicable Riders;
36. "**Rider Premium**" means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Rider, excluding applicable taxes, cesses and levies, if any;
37. "**Rider Premium Payment Term**" means the term as specified in the Schedule during which the Rider Premium under the Rider is to be paid by You;
38. "**Rider Sum Assured: or "Sum Assured under Health Cover"**" means as specified in the schedule, which is absolute amount of benefit which is guaranteed to become payable on happening of insured health related contingency in accordance with the terms and conditions of the Rider under health cover;
39. "**Rider Term**" means the term of this Rider as specified in the Schedule;
40. "**Rider Year**" means a period of 12 (Twelve) months commencing from the Date of Commencement of Risk under Rider and every Rider Anniversary thereafter;
41. "**Schedule**" means the policy schedule and any endorsements attached to and forming part of the Rider and if any updated Schedule is issued, then, the Schedule latest in time;
42. "**Survival Period**" means a period of 14 (Fourteen) days from the date of Diagnosis of a Critical Illness and fulfillment of the conditions covered under the definition of the Critical Illness during which the Life Insured shall survive after being Diagnosed with the Critical Illness before any Critical Illness benefit be paid. In case of Total and Permanent Disability, the applicable survival period shall be 6 months from the date of Diagnosis or Accident, as per the clause 42 of Part B;
43. "**Surrender**" means complete withdrawal or termination of the entire Rider;
44. "**Total and Permanent Disability**" means occurrence of any of the following conditions as a result of accidental bodily injury, sickness or disease whereby the Life Insured:
- Has the inability to perform at least 3 of the 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 a continuous period of at least 6 months:
Or
 - Suffers physical impairment causing:
 - Total and irrecoverable loss of sight of both eyes. The blindness must be confirmed by a Medical Practitioner; or
 - Loss of use or loss by severance of two or more limbs at or above wrists or ankles; or
 - The total and irrecoverable loss of sight of one eye and loss of use or loss by severance of one limb at or above wrist or ankle.
- The above disability must have lasted, without interruption, for at least 6 (six) consecutive months from the date of Diagnosis or Accident and must, in the opinion of a qualified Medical Practitioner appointed by Us, be deemed permanent;
45. "**Total and Permanent Disability Variant**" means a coverage variant under the Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the Rider Sum Assured shall be payable in the event the Life Insured suffers Total and Permanent Disability;
46. "**Total Rider Premiums Paid**" means the total of all Rider Premiums paid under the Rider, excluding any Underwriting Extra Premium, and taxes or levies, if collected explicitly;
47. "**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;
48. "**Underwriting Policy**" means an underwriting policy approved by Our board of directors;
49. "**Waiting Period**" means a period of 90 (Ninety) days from the Date of Issuance of Rider / Revival of this Rider in case of Major Critical Illness/ Total and Permanent Disability claim or 180 (One Hundred Eighty) from the Date of Issuance of Rider / Revival of this Rider in case of a Minor Critical Illness claim;
50. "**We", "Us" or "Our**" means Axis Max Life Insurance Limited; and;
51. "**You", "Your" or "Policyholder**" means the policyholder as named in the Schedule, who is the policyholder under the Base Policy.

PART - C**RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT CONDITIONS****1. RIDER BENEFITS**

The following benefits shall be payable upon happening of any insured event, subject to the conditions mentioned herein:

A. Critical Illness benefit (Applicable only for Gold Variant, Gold Plus Variant, Platinum Variant and Platinum Plus Variant)

- i) Subject to the Rider and the Base Policy being in force and Life Insured surviving through the Survival Period, basis the coverage variant (Gold Variant, Gold Plus Variant, Platinum Variant and Platinum Plus Variant) chosen by You, in case the Life Insured is Diagnosed with a Major Critical Illness after completion of the Waiting Period during the Rider Term, We shall, on receipt of a written request from the Claimant, pay the applicable Rider Sum Assured as per the terms stated hereinbelow. However, in case of Diagnosis of a Minor Critical Illness, We will pay the lower of 25% of the Rider Sum Assured Or Rs.5 lacs, upon the Life Insured surviving through the Survival Period.
- ii) We will admit only one valid Major Critical Illness claim and make payment under this Rider only once during the lifetime of the Life Insured and thereafter this Rider shall terminate and no further claim in respect of any Critical Illness or Total and Permanent Disability shall be entertained. However, in case of the claim being in respect of a Minor Critical Illness, We will pay lower of 25% Rider Sum Assured or Rs.5 lacs and the Rider cover will continue with the Rider Sum Assured reduced by the claim amount already paid for a Minor Critical Illness(es). It is clarified that the Rider Premium will not reduce if Minor Critical Illness claim has been paid out under this Rider.
- iii) In case of Gold Variant or Gold Plus Variant, only the claim for Angioplasty under Minor Critical Illness conditions shall be allowed. In case of Platinum Variant and Platinum Plus Variant, maximum of three claims towards five different Minor Critical Illness conditions can be made under this Rider. However, in case of Platinum Variant and Platinum Plus Variant for multiple Minor Critical Illness claims, the cooling off period of one year must have elapsed between the date of the Diagnosis of two (2) Minor Critical Illness. It is clarified that no cooling off period is applicable in case of the Major Critical Illness claim.
- iv) For any Critical Illness claim to be valid under this Rider, the incidence of the Critical Illness must be the first occurrence in the lifetime of the Life Insured and conform to Survival Period.
- v) Multiple claims against the same Critical Illness are not allowed.
- vi) Apart from the exclusions specified in Clause 1.A.viii.c (exclusions applicable to this Rider) of Part C, there are other exclusions for Critical Illness as mentioned in Clause 1.A.viii.a and 1.A.viii.b of Part C. For any such exclusions, the Claimant will not be entitled to any Critical Illness benefits under this Rider.
- vii) It is clarified that the Life Insured must survive through the Survival Period and no claim shall be payable under this Rider, in case the Life Insured dies within the Survival Period. If the Life Insured is Diagnosed with a Critical Illness during the Rider Term, the claim would be payable even if the Survival Period is beyond Rider Term, subject to Life Insured surviving through the Survival Period.
- viii) **Definitions of Critical Illnesses and exclusions applicable for the Critical Illness benefit:**
 - a. Subject to applicable exclusions and Waiting Period, the Critical Illness benefit would be paid only if the Diagnosed Critical Illness condition falls within the definition as laid down below for each Critical Illness.

| Sl no | Name of the Illness | Details |
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| MINOR CRITICAL ILLNESS | | |
| 1. | 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).</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.</p> <p><i>Diagnostic angiography or investigation procedures without Angioplasty/stent insertion are excluded.</i></p> |

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| | Carcinoma in-situ / Early Stage Cancer | <p>Carcinoma in-situ (CIS) - Carcinoma-in-Situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated:</p> <ul style="list-style-type: none"> i. Breast, where the tumor is classified as Tis according to the TNM Staging method ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0 iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM staging method or FIGO Stage 0 iv. Ovary -include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aNOM0, T1bNOM0 (TNM Staging) or FIGO 1A, FIGO 1B v. Colon and rectum; penis; testis; lung; liver; stomach, nasopharynx and oesophagus vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included. <p>The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Further more, the Diagnosis of Carcinoma in-situ must always be positively Diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical Diagnosis does not meet this standard.</p> <p><i>Pre-malignant lesion and Carcinoma in Situ of any organ, unless listed above, are excluded.</i></p> <p>b. Specified Early Stage Cancers - Specified Early Cancers shall mean first ever presence of one of the following malignant conditions:</p> <ul style="list-style-type: none"> i. Prostate Cancer that is histologically described using the TNM Classification as T1NOM0 or Prostate cancers described using another equivalent classification. ii. Thyroid Cancer that is histologically described using the TNM Classification as T1NOM0. iii. Tumors of the Urinary Bladder histologically classified as T1NOM0 (TNM Classification). iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. <i>RAI Stage 0 or lower is excluded.</i> v. Malignant melanoma that has not caused invasion beyond the epidermis. vi. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system. vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist. <p><i>Pre - malignant lesions and conditions, unless listed above, are excluded.</i></p> |
| 3. | Small Bowel Transplant | <p>The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.</p> |
| 4. | Brain Aneurysm Surgery or Cerebral Shunt Insertion | <ul style="list-style-type: none"> a) The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered, or b) The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field. |

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| 5. | Severe Osteoporosis | <p>The occurrence of osteoporosis with fractures must be confirmed by a specialist in the relevant medical field and all of the following conditions are met:</p> <ul style="list-style-type: none"> i. At least fracture of neck of femur or two (2) vertebral body fractures, due to or in the presence of Osteoporosis; and ii. Bone mineral density measured in at least two (2) sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe Osteoporosis (T-score of less than -2.5) <p>Actual undergoing of internal fixation or replacement of fractured bone is required.</p> <p>Coverage for Osteoporosis with Fracture will automatically cease after the Life Insured attains seventy (70) years of age.</p> |
| MAJOR CRITICAL ILLNESS | | |
| 6. | Cancer of Specified Severity | <p>A malignant tumor 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> <ul style="list-style-type: none"> a. All tumors which are histologically described as carcinoma <i>in situ</i>, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma <i>in situ</i> of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3. b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; c. Malignant melanoma that has not caused invasion beyond the epidermis; d. 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 T2NOMO e. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below; f. Chronic lymphocytic leukaemia less than RAI stage 3 g. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification, h. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; |
| 7. | Myocardial Infarction (First Heart Attack of Specific 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> <ul style="list-style-type: none"> i. A history of typical clinical symptoms consistent with the Diagnosis of acute myocardial infarction (for e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p><i>The following are excluded:</i></p> <ul style="list-style-type: none"> i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure |
| 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</p> |

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| | | <p>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> <i>Angioplasty and/or any other intra-arterial procedures</i></p> |
| 9. | 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> |
| 10. | Coma of specified Severity | <p>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:</p> <ul style="list-style-type: none"> i. No response to external stimuli continuously for at least 96 hours; ii. Life support measures are necessary to sustain life; and iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>The condition has to be confirmed by a specialist Medical Practitioner. <i>Coma resulting from alcohol or drug abuse is excluded.</i></p> |
| 11. | Kidney Failure Requiring Regular Dialysis | <p>End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.</p> |
| 12. | Stroke resulting in permanent symptoms | <p>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.</p> <p><i>The following are excluded:</i></p> <ul style="list-style-type: none"> a. <i>Transient ischemic attacks (TIA)</i> b. <i>Traumatic injury of the brain</i> c. <i>Vascular disease affecting only the eye or optic nerve or vestibular functions.</i> |
| 13. | Major Organ / Bone Marrow Transplant | <p>The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner. <p><i>The following are excluded:</i></p> <ul style="list-style-type: none"> i. <i>Other stem-cell transplants</i> ii. <i>Where only Islets of Langerhans are transplanted</i> |
| 14. | Permanent Paralysis of Limbs | <p>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.</p> |
| 15. | Motor Neuron Disease with Permanent Symptoms | <p>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</p> |

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| | | 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. |
| 16. | Multiple Sclerosis with Persisting Symptoms | <p>The unequivocal Diagnosis of definite multiple sclerosis confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> i. investigations including typical MRI findings which unequivocally confirm the Diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. <p><i>Neurological damage due to SLE is excluded.</i></p> |
| 17. | Benign Brain Tumor | <p>Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.</p> <p>This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:</p> <ul style="list-style-type: none"> i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or ii. Undergone surgical resection or radiation therapy to treat the brain tumor. <p><i>The following conditions are excluded:</i></p> <ul style="list-style-type: none"> a. 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. |
| 18. | Blindness | <p>Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.</p> <p>The Blindness is evidenced by:</p> <ul style="list-style-type: none"> a. corrected visual acuity being 3/60 or less in both eyes or; b. 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> |
| 19. | 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 90decibels across all frequencies of hearing" in both ears.</p> |
| 20. | End Stage Lung Failure | <p>End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 < 55 \text{ mmHg}$); and iv. Dyspnea at rest. |
| 21. | End Stage Liver Failure | <p>Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <ul style="list-style-type: none"> i. permanent jaundice; and ii. ascites; and iii. hepatic encephalopathy. <p><i>Liver failure secondary to drug or alcohol abuse is excluded.</i></p> |
| 22. | 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</p> |

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| | | must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. |
| 23. | Loss of Limbs | The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. <i>Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.</i> |
| 24. | Major Head Trauma | <p>Accidental Injury of Head, 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.</p> <p>The Accidental Injury of head must result in an inability to perform at least three (3) of the 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.</p> <p><i>Spinal cord injury is excluded</i></p> |
| 25. | Primary (Idiopathic) 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> <ul style="list-style-type: none"> i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. <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> |
| 26. | Third Degree Burns | There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The Diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area |
| 27. | Alzheimer's Disease | <p>Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.</p> <p>Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Life Insured. The Diagnosis must be supported by the clinical confirmation of a Neurologist and supported by our appointed Medical Practitioner.</p> <p>The disease must result in a permanent inability to perform three or more of the Activities of Daily Living with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically</p> |

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| | | <p>documented for a period of at least 90 days</p> <p><i>The following conditions are however not covered:</i></p> <ul style="list-style-type: none"> • non-organic diseases such as neurosis; • alcohol related brain damage; and • any other type of irreversible organic disorder/dementia |
| 28. | Parkinson's disease | <p>The unequivocal Diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.</p> <p>The Diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • the disease cannot be controlled with medication; • signs of progressive impairment; and • inability of the Life Insured to perform at least 3 of the 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 a continuous period of at least 6 months: <p><i>Parkinson's disease secondary to drug and/or alcohol abuse is excluded.</i></p> |
| 29. | Aorta Graft Surgery | <p>The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.</p> <p><i>You understand and agree that we will not cover:</i></p> <ul style="list-style-type: none"> • <i>Surgery performed using only minimally invasive or intra-arterial techniques.</i> • <i>Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.</i> <p>Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.</p> |
| 30. | Amputation of feet due to complications from Diabetes | <p>Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Medical Practitioner who is a specialist as the only means to maintain life.</p> <p><i>Amputation of toe or toes, or any other causes for amputation shall not be covered.</i></p> |
| 31. | Apallic Syndrome or Persistent Vegetative State (PVS) | <p>Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The Diagnosis must be confirmed by a Neurologist acceptable to Us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.</p> |
| 32. | Aplastic Anaemia | <p>Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ol style="list-style-type: none"> a. Blood product transfusion. b. Marrow stimulating agents. c. Immunosuppressive agents; or d. Bone marrow transplantation. <p>The Diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:</p> <ol style="list-style-type: none"> a. Absolute neutrophil count of less than 500/mm³ or less b. Platelets count less than 20,000/mm³ or less c. Reticulocyte count of less than 20,000/mm³ or less <p><i>Temporary or reversible Aplastic Anaemia is excluded.</i></p> |
| 33. | Bacterial Meningitis | <p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant,</p> |

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| | | <p>irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more of the Activities of Daily Living. This Diagnosis must be confirmed by:</p> <ol style="list-style-type: none"> The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and A consultant neurologist. |
| 34. | Brain Surgery | <p>The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, 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 all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Medical Practitioner who is a qualified specialist.</p> |
| 35. | Cardiomyopathy | <p>An impaired function of the heart muscle, unequivocally Diagnosed as Cardiomyopathy by a Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association (NYHA) Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:</p> <ul style="list-style-type: none"> • NYHA Class IV - inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. <p>The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.</p> <p><i>Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.</i></p> |
| 36. | Chronic Adrenal Insufficiency (Addison's Disease) | <p>An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Medical Practitioner who is a specialist in endocrinology through one of the following:</p> <ul style="list-style-type: none"> • ACTH simulation tests • Insulin-induced hypoglycemia test • Plasma ACTH level measurement • Plasma Renin Activity (PRA) level measurement. <p><i>Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.</i></p> |
| 37. | Chronic Relapsing Pancreatitis | <p>An unequivocal Diagnosis of chronic relapsing pancreatitis made by a Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.</p> <p><i>Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.</i></p> |
| 38. | Creutzfeldt-Jacob Disease (CJD) | <p>Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Medical Practitioner, who is 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 examination along with severe progressive dementia.</p> |
| 39. | Severe Crohn's Disease | <p>Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of</p> |

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| | | <p>continued inflammation in spite of optimal therapy, with all of the following having occurred:</p> <ul style="list-style-type: none"> • Stricture formation causing intestinal obstruction requiring admission to hospital, and • Fistula formation between loops of bowel, and • At least one bowel segment resection. <p>The Diagnosis must be made by a Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.</p> |
| 40. | Dissecting Aortic Aneurysm | <p>A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The Diagnosis must be made by a Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.</p> |
| 41. | Eisenmenger's Syndrome | <p>Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The Diagnosis must be made by a Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:</p> <ul style="list-style-type: none"> • Mean pulmonary artery pressure > 40 mm Hg • Pulmonary vascular resistance > 3mm/L/min (Wood units); and <p>Normal pulmonary wedge pressure < 15 mm Hg.</p> |
| 42. | Elephantiasis | <p>Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal Diagnosis of elephantiasis must be confirmed by a Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.</p> <p><i>Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.</i></p> |
| 43. | Encephalitis | <p>Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This Diagnosis must be certified by a Medical Practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more of the Activities of Daily Living.</p> |
| 44. | Fulminant Viral Hepatitis | <p>A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This Diagnosis must be supported by all of the following:</p> <ol style="list-style-type: none"> i. Rapid decreasing of liver size ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework iii. Rapid deterioration of liver function tests iv. Deepening jaundice; and v. Hepatic encephalopathy. <p>Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.</p> |
| 45. | Hemiplegia | <p>The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury. <i>Self-inflicted injuries are excluded.</i></p> |

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| 46. | HIV due to Blood transfusion and occupationally acquired HIV | <p>A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> • The blood transfusion was medically necessary or given as part of a medical treatment • The blood transfusion was received in India after the Policy Date, Date of endorsement or Date of reinstatement, whichever is the later • The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and • The Life Insured does not suffer from Thalassaemia Major or Haemophilia. <p>B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Life Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to Our satisfaction:</p> <ul style="list-style-type: none"> • Proof that the Accident involved a definite source of the HIV infected fluids; and • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; <p>This benefit is only payable when the occupation of the Life Insured is a Medical Practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. <i>This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</i></p> |
| 47. | Infective Endocarditis | <p>Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:</p> <ul style="list-style-type: none"> • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and • The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Medical Practitioner who is a cardiologist. |
| 48. | Loss of Independent Existence (cover up to age 74) | <p>Inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Medical Practitioner.</p> <p>Only Life Insured with Age between 18 and 74 on first Diagnosis is eligible to receive a benefit under this illness.</p> |
| 49. | Loss of One Limb and One Eye | <p>Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee. The loss of sight of one eye must be clinically confirmed by a</p> |

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| | | Medical Practitioner who is an eye specialist and must not be correctable by aides or surgical procedures. |
| 50. | Medullary Cystic Disease | <p>Medullary Cystic Disease where the following criteria are met:</p> <ul style="list-style-type: none"> the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and 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> |
| 51. | Muscular Dystrophy | A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The Diagnosis of muscular dystrophy must be unequivocal and made by a Medical Practitioner who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the Activities of Daily Living for a continuous period of at least 6 months. |
| 52. | Myasthenia Gravis | <p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:</p> <ul style="list-style-type: none"> Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification (given below); and The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Medical Practitioner who is a neurologist. <p>Myasthenia Gravis Foundation of America Clinical Classification:</p> <p>Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.</p> <p>Class II: Eye muscle weakness of any severity, mild weakness of other muscles.</p> <p>Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.</p> <p>Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.</p> <p>Class V: Intubation needed to maintain airway.</p> |
| 53. | Myelofibrosis | A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Life Insured requires a blood transfusion at least monthly. The Diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Medical Practitioner who is a specialist. |
| 54. | Necrotising Fasciitis | Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal Diagnosis of necrotizing fasciitis must be made by a Medical Practitioner who is a specialist and the Diagnosis must be supported with laboratory evidence of the presence of bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part. |
| 55. | Other Serious Coronary Artery Disease | <p>The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed.</p> <p>Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).</p> |

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| 56. | Pheochromocytoma | Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be confirmed by a Medical Practitioner who is an endocrinologist. |
| 57. | Poliomyelitis | The occurrence of Poliomyelitis where the following conditions are met: <ol style="list-style-type: none"> Poliovirus is identified as the cause, Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. |
| 58. | Progressive Scleroderma | A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. <i>The following are excluded:</i> <ol style="list-style-type: none"> <i>Localised scleroderma (linear scleroderma or morphea);</i> <i>Eosinophilic fasciitis; and</i> <i>CREST syndrome.</i> |
| 59. | Progressive Supranuclear Palsy | Confirmed by a Medical Practitioner who is a specialist in neurology of a definite Diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability. |
| 60. | Severe Rheumatoid Arthritis | Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met: <ul style="list-style-type: none"> Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis; Permanent inability to perform at least two (2) of the Activities of Daily Living; Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and The foregoing conditions have been present for at least six (6) months. |
| 61. | Severe Ulcerative Colitis | Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met: <ul style="list-style-type: none"> the entire colon is affected, with severe bloody diarrhoea; and the necessary treatment is total colectomy and ileostomy; and the Diagnosis must be based on histopathological features and confirmed by a Medical Practitioner who is a specialist in gastroenterology. |
| 62. | Systemic Lupus Erythematosus with Lupus Nephritis | A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final Diagnosis must be confirmed by a Medical Practitioner specialising in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: Class I Minimal Change Lupus Glomerulonephritis Class II Mesangial Lupus Glomerulonephritis Class III Focal Segmental Proliferative Lupus Glomerulonephritis Class IV Diffuse Proliferative Lupus Glomerulonephritis Class V Membranous Lupus Glomerulonephritis |
| 63. | Terminal Illness | The conclusive Diagnosis of an illness, which in the opinion of a Medical Practitioner who is an attending Consultant and agreed by our appointed Medical Practitioner, life expectancy is no |

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| | | greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken. |
| 64. | Tuberculosis Meningitis | Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a Diagnosis must be confirmed by a Medical Practitioner who is a specialist in neurology. |

b. Exclusions to Critical Illness benefit

The following exclusions shall be applicable to the benefits under Gold Variant/Gold Plus / Platinum Variant/ / Platinum Plus Variant under this Rider:

- a. No benefit shall be payable if any Major Critical Illness is Diagnosed within the Waiting Period. In such case this Rider will terminate and We will refund the Rider Premium paid corresponding to the Rider benefit. However, no Waiting Period will be applicable in case of any Critical Illness occurring solely due to an Accident.
- b. No Critical Illness benefit shall be payable in respect of any Critical Illness that was Diagnosed before the Date of Commencement of Risk under Rider.
- c. Any valid claim under this Rider is payable only subject to fulfilling all of the following criteria:
 - (i) Completion of Survival Period from the date of Diagnosis.
 - (ii) All investigations to confirm the Diagnosis of claimed Critical Illness condition should have been done before the death of the Life Insured and Waiting Period should have expired.
 - (iii) Satisfaction of the respective claimed Critical Illness condition's definition & exclusion as detailed in Clause 1.A.viii.a of Part C.

c. Other exclusions to Critical Illness benefit:

We shall not be liable to make any payment under this Rider if the covered Critical Illness of the Life Insured results directly or indirectly caused by, based on, arising out of or howsoever attributable to from any one of the following clauses:

1. Any illness, sickness or disease other than those specified as Critical Illnesses under this Rider.
2. Any Pre-Existing Diseases. However, coverage under the Rider after the expiry of 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Us.
3. Any Critical Illness directly or indirectly caused due to treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Life Insured unless taken as prescribed by a Medical Practitioner.
5. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
6. Any Critical Illness directly or indirectly, 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 Critical Illness 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. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
9. Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured.
10. Any Critical Illness directly or indirectly 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 and selfie accident.
11. Participation by the Life Insured in any flying activity, except as a bonafide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
12. Any Critical Illness directly or indirectly, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during

hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Term.

13. Any Critical Illness directly or indirectly, 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.
14. Any Critical Illness 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.
15. Any Critical Illness directly or indirectly, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
16. Any Critical Illness directly or indirectly, 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.
17. Any Critical Illness directly or indirectly, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - 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 Life Insured is 18 years of age or older and
 - d. Body Mass Index (BMI):
 - 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:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep apnoea
 - iv. Uncontrolled Type 2 Diabetes despite optimal therapy
18. Any Critical Illness directly or indirectly, 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.
19. Any Critical Illness directly or indirectly, caused by treatment directly arising from or consequent upon any Life Insured committing or attempting to commit a breach of law with criminal intent.
20. In the event of the death of the Life Insured within the stipulated Survival Period as set out above.
21. Any Critical Illness directly or indirectly, caused by sterility and infertility. This includes:
 - 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

B. Total and Permanent Disability benefit (Applicable only if You have chosen either Gold Plus Variant, Platinum Plus Variant or Total and Permanent Disability Variant)

- i) Rider Sum Assured (or remaining Rider Sum Assured, as applicable) shall be payable on a valid Total and Permanent Disability claim during the Rider Term, subject to Rider benefit being in force. Upon payment of the Total and Permanent Disability claim, the Rider shall terminate and no further benefit shall be paid under the Rider.
- ii) **Exclusions:** We shall not be liable to make any payment under this Rider towards the Total and Permanent benefit, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
 1. No benefit towards Total and Permanent Disability benefit shall be payable if any Total and Permanent Disability occurs within the Waiting Period. In such case this Rider will terminate and We will refund the Rider Premium paid corresponding to the Rider

benefit. However, no Waiting Period will be applicable in case of any Total and Permanent Disability occurring solely due to an Accident.

2. Any Pre-Existing Diseases. However, coverage under the Rider after the expiry of 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Us.
3. Any disability directly or indirectly caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Life Insured unless taken as prescribed by a Medical Practitioner.
5. Any disability directly or indirectly caused due to intentional self- injury, suicide or attempted suicide, whether the person is medically sane or insane.
6. Any disability directly or indirectly, 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. Service in any military, air-force, naval, paramilitary or similar organization.
8. Any disability 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.
9. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
10. Congenital external anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
11. Any disability directly or indirectly 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 and selfie accidents.
12. Participation by the Life Insured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
13. Any disability directly or indirectly, caused by medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any disability due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Term.
14. Any disability directly or indirectly, 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.
15. Any disability 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.
16. Any disability directly or indirectly, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
17. Any disability directly or indirectly, 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.
18. Any disability directly or indirectly, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - 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 Life Insured has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - 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:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease

- iii Severe sleep apnea
- iv. Uncontrolled type 2 Diabetes despite optimal therapy
- 19. Any disability directly or indirectly, 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.
- 20. Any disability directly or indirectly, caused by treatment directly arising from or consequent upon any Life Insured committing or attempting to commit a breach of law with criminal intent.
- 21. In the event of the death of the Life Insured within a period of 6 (Six) consecutive months from the date of Diagnosis or Accident.
- 22. Any disability directly or indirectly, caused by sterility and infertility. This includes:
 - 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

If any of the exclusions stated above is/are found at the underwriting stage, then the Rider will not be offered. However, if any exclusion is accepted as substandard as per board approved Underwriting Policy, then the claim will not be rejected on ground of that exclusion.

C. Max Fit Program (*available with all variants other than Total and Permanent Disability Variant*)

- i. To promote good health and wellbeing of the Life Insured under the Rider, a wellness program is offered to the Life Insured wherein a subscription to a mobile application (which can be downloaded from Google Play Store or Apple Store, on compatible mobile devices) will be available to the Life Insured only for the first 5 years of Rider Term from the Date of Commencement of Risk under Rider calculation of Healthy Weeks should start from the Date of Commencement of Risk under Rider. Through this mobile application the Life Insured will be able to record the number of steps taken per week and by accumulating Healthy Weeks as provided in the mobile application, You will be eligible for a discount on renewal premium as per table in Clause 4.6 of Part C of the Rider.
- ii. This benefit will not be available in case the Rider is in lapse status and in case of reinstatement of Rider beyond the first 5 years of Rider Term from the Date of Commencement of Risk under Rider. In case of reinstatement of the Rider within the first 5 years of Rider Term from the Date of Commencement of Risk under Rider, the benefit will be available till the end of first 5 years of Rider Term from the Date of Commencement of Risk under Rider.
- iii. It is entirely for You and/or Life Insured to decide whether to obtain this benefit or not. The benefit is intended to improve well-being and habits of the Life Insured, by working towards personalized health goals. These benefits or advice provided in the mobile application are not based on medical advice and are not meant to substitute the Life Insured's visit to/consultation with an independent Medical Practitioner. For any change that the Life Insured makes to his lifestyle, on the advice of the health coach in the mobile application, Axis Max Life or any of its service provider shall in no manner be liable for any harm or injury, whether bodily or otherwise, that may occur as a result of such lifestyle changes. The Life Insured must seek immediate medical advice if there is any adverse effect or discomfort on making any lifestyle changes.
- iv. The data received by Us from the Life Insured shall be treated as confidential and shall be used only for the purpose of calculating the Healthy Weeks in the mobile application.

2. DEATH BENEFIT

No Death benefit is payable under this Rider.

3. MATURITY BENEFIT

No maturity benefit is payable under this Rider.

4. PREMIUM

- 4.1. You can pay the Premiums annually, semi-annually, quarterly or on monthly basis, as per the Rider Premium payment mode chosen by You, provided that the Rider Premium payment mode under this Rider shall always be same as the Premium payment mode of the Base Policy and can only be changed with the change of Premium payment mode in the Base Policy.
- 4.2. Any change in the Rider Premium payment mode will result in a change in the Rider Premium amount based on the applicable Modal Factors.

- 4.3. You can pay Rider Premium at any of Our offices or through Our website <https://www.axismaxlife.com> or by any other means, as informed by Us. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.
- 4.4. The Rider Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.
- 4.5. **Max Fit Program discount (Applicable in all variants other than Total and Permanent Disability Variant)**
- Subject to Clause 1.C of part C, the Life Insured shall be entitled for a discount only on the next renewal premium (Annualised Premium) by accumulating Healthy Weeks in a Rider Year as per table given below:
- For Regular Premium Payment Variant:

| No. of Healthy Weeks accumulated (During the first 11 months from Rider Anniversary or Date of Commencement of Risk under Rider, as the case may be) | Discount as % of renewal Premium (For Regular Pay Variant) |
|--|--|
| 0 to 12 | Nil |
| 13 to 26 | 5% |
| 27 to 36 | 7.5% |
| Above 36 | 10% |

- For Limited Premium Payment Variant: the discount shall be equal to the discount in Table in (a) above, multiplied by the 'Factor'. Here the 'Factor' shall be computed as per the formula given below:

$$'Factor' = \{1 - 1/1.055^{PPT}\} / \{1 - 1/1.055^PT\}$$

Where PPT means chosen Premium Payment Term of the Rider and PT means Rider Term.

For example, in case of 5 years Premium Payment Term of the Rider and 10 years Rider Term, the Factor is equal to 57% and if the number of Healthy Weeks recorded are above 36 in first 11 months of Rider Year, You shall be eligible for premium discount of 5.7% on the upcoming renewal Premium.

Note: For the purpose of above calculations noted above, any of the Healthy Weeks accumulated during the last month before the Rider Anniversary will not be considered.

- One Healthy Week can be accumulated by recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day.
- For the sake of clarity, the Healthy Weeks accumulated by you in the immediately preceding Rider Year will be considered for providing any discount on the next due Annualised Premium and will be communicated to You via email, SMS/ letter/ calls as a part of renewal communication and these Healthy Weeks cannot be carried forward. No discount on the Annualised Premium shall be provided in case You fail to accumulate the minimum Healthy weeks as noted in the table above.
- The level of discount provided may be revised as per the emerging experience, with prior approval of IRDAI.

LAPSATION OF RIDER

- If You discontinue the payment of Premium during the of Rider Premium Payment Term, the Rider will become a Lapsed Rider on the expiry of the Grace Period and no benefits under the Rider shall be payable.

GRACE PERIOD

1. The Rider Premium is due and payable by the due date specified in the Schedule. If the Rider Premium is not paid by the due date, You may pay the same during the Grace Period without any interest or late fee.
2. The insurance coverage continues during the Grace Period and in case a valid Critical Illness claim is made by the Claimant during the Grace Period, then, We will pay the Critical Illness benefit payable under the Rider after deducting the due Rider Premium, if any,

ALTERATIONS

1. Rider can be attached to the Base Policy at inception or at any policy anniversary of the Base Policy as per board approved Underwriting Policy and the applicable Rider terms and conditions.

- 7.2. Rider shall automatically get surrendered if the Base Policy is surrendered and Exit Value under the Rider, if any shall be payable.

8. HOSPITALIZATION BENEFITS

No Hospitalization benefits shall be payable under this Rider.

PART - D

SERVICING CONDITIONS APPLICABLE TO THE RIDER

1. EXIT VALUE

- 1.1. The Rider can be surrendered even without surrendering the Base Policy, however, the Exit Value shall be paid only in case the Limited Premium Payment Variant Rider has acquired an Exit Value.
- 1.2. The Rider shall acquire Exit Value provided that all the due Rider Premiums for the following minimum period have been received in full and applied by Us:

| | |
|---------------------------------|---|
| Limited Premium Payment Variant | On receipt of two full years' Rider Premium |
| Regular Premium Payment Variant | No Exit Value shall be payable |

- 1.3. The Exit Value shall be determined basis the formula given below:

*75% * (sum of Total Rider Premiums Paid and Underwriting Extra Rider Premium, if any) * (Remaining Rider Term in months / Total Rider Term in months) * (sum of Total Rider Premium Paid and Underwriting Extra Rider Premium, if any / sum of total Rider Premium and Underwriting Extra Rider Premium, if any payable) * {(Rider Sum Assured at the Date of Commencement of Risk under Rider less Minor Critical Illness claim paid, if any) / Rider Sum Assured at the Date of Commencement of Risk under Rider}*

- 1.4. Rider shall automatically terminate if the Base Policy is surrendered. In such cases only Exit Value, if any, under the Rider, shall be payable.

2. LOANS

You are not entitled to any loans under this Rider.

3. REVIVAL OF THE RIDER

Lapsed Rider can be revived only if Base Policy has been revived. Rest of the conditions for reinstatement/revival of this Rider shall be same as that applicable for the Base Policy.

4. PAYMENT OF RIDER BENEFITS

- 4.1. The benefits under this Rider shall be payable only on submission of satisfactory proof of the Life Insured's Diagnosis of Critical Illness to Us. The benefits under this Rider shall be payable to the Life Insured upon Claimants written request and submission of the required documents.
- 4.2. Once the benefits under this Rider are paid to the Claimant, this Rider will terminate and the same shall constitute a valid discharge of Our liability under this Rider.

5. TERMINATION OF THE RIDER

- 5.1. The Rider shall continue to be in force for the Rider Term as specified in the Schedule from the Date of Commencement of Risk under Rider.
- 5.2. The insurance coverage of a Life insured under this Rider shall automatically terminate on the occurrence of any of the first of the following events during the Rider Term:
 - 5.2.1. on the date on which we receive the Freelo look cancellation request from You;
 - 5.2.2. on the date of death of Life Insured;
 - 5.2.3. any Critical Illness occurring within Waiting Period, in which case We will only refund the Rider Premium received.
 - 5.2.4. on payment of 100% of a Rider Sum Assured under this Rider;
 - 5.2.5. on date on which the Rider or Base Policy expires, or is cancelled or terminated for any reason whatsoever;
 - 5.2.6. on receipt of written request from the Life Insured or You for Surrender of the Rider or the Base Policy;
 - 5.2.7. on the expiry of the Revival Period, if the Lapsed Rider has not been revived.

6. FREELOOK CANCELLATION

"Freelook" means a period of 30 days beginning from the date of receipt of the Rider, to review the terms and conditions of the Rider. If You disagree to any of those terms and conditions of the Rider document or otherwise, and have not made any claim, You have the option to cancel the Rider by sending a written request to Us, by stating the reasons for the same. Upon receipt of Your request and if no claim has been made under the Rider, the Rider will terminate immediately and all rights, benefits and interests under the Rider will cease immediately. You shall be entitled to a refund of the Rider Premiums 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, irrespective of the reasons mentioned.

PART - E

RIDER CHARGES

APPLICABLE FEES/ CHARGES UNDER THIS RIDER

This Rider is a non-linked non-participating individual pure risk health insurance Rider, so Part E is not applicable to this Rider.

PART - F

GENERAL TERMS & CONDITIONS OF THE RIDER

These general terms and conditions are applicable in addition to the general terms and conditions of the Base Policy.

1. ELIGIBILITY FOR RIDER BENEFITS

- 1.1. The minimum Age of the Life Insured on the Date of Commencement of Risk under Rider should be 18 (Eighteen) years.
- 1.2. The maximum Age of the Life Insured on the Date of Commencement of Risk under Rider cannot exceed 65 (Sixty Five) years.
- 1.3. The maximum Age of the Life Insured on the Maturity Date for Gold Variant and Platinum Variant cannot exceed 85 (Eighty Five) years, however, under Gold Plus Variant, Platinum Plus Variant and Total and Permanent Disability Variant of this Rider, the maximum Age of Life Insured on the maturity cannot exceed 75 (Seventy Five) years.
- 1.4. Minimum Rider Term is 5 (Five) years and maximum allowable Rider Term, subject to the above Clauses, is 20 years. However, in no case the Rider Term under this Rider can exceed the remaining tenure of the Base Policy.

2. REDUCTION IN SUM ASSURED

The Rider Sum Assured, can in no case be higher than the sum assured under the Base Policy. Thus in case, You have an option to reduce Sum Assured under Base Policy and the same is exercised by You in a manner that the Sum Assured under the Base Policy becomes less than the Rider Sum Assured, then the Rider Sum Assured shall automatically be reduced to make the Rider Sum Assured equal to the Sum Assured under the Base Policy.

3. TAXES

Same as Base Policy

4. CLAIM PROCEDURE

- 4.1. A Claimant claiming benefits under this Rider shall endeavor to notify Us of the same, in writing, within 90 (Ninety) days from the Diagnosis of the Critical Illness.
- 4.2. We will require the following documents in case of claim under this Rider:
 - a) claimant's statement in the prescribed form (form AA);
 - b) original Rider document;
 - c) discharge summary / indoor case papers from where Life Assured;
 - d) First consultation records (where Life Assured went with initial signs/symptoms);
 - e) attending physician's statement from treating Doctor;
 - f) employer's certificate with complete leave records (Form E);
 - g) copy of bank passbook / cancelled cheque of the claimant;
 - h) ITR for last 3 years / GST certificate in case of self-employed;
 - i) NEFT mandate form attested by bank authorities;
 - j) Bank statement of last 2 years of the Life Insured;
 - k) certificate by a Medical Practitioner confirming Diagnosis of Critical Illness of the Life Insured;
 - l) All medical/ hospital records (including diagnostic records) pertaining to Critical illness/ Total and Permanent Disability Diagnosis and treatment;
 - m) a self-attested copy of identity proof of the Claimant including Nominee(s), if any bearing their photographs and signatures; and
 - n) any other documents/information required by Us for assessing and approving the claim request.

- 4.3. A Claimant can download the claim request documents from Our website <https://www.axismaxlife.com> or can obtain the same from any of Our branches.
- 4.4. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause leading to the occurrence of the Insured event and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall pay the benefits under this Rider subject to Our satisfaction:
- that the benefits have become payable as per the terms and conditions of this Rider; and
 - of the bonafides and credentials of the Claimant.
- 4.5. 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 Section 2.1 of Part F.
- 4.6. For any support or guidance in relation to claims, please contact us at Helpline No. - 1860 120 5577, Email: service.helpdesk@axismaxlife.com

5. DECLARATION OF THE CORRECT AGE AND GENDER

Same as Base Policy.

6. FRAUD, MISSTATEMENT AND FORFEITURE

Same as Base Policy.

7. NOMINATION

Same as Base Policy.

8. ASSIGNMENT

Same as Base Policy.

9. TRAVEL RESTRICTION

There are no restrictions on travel under this Rider.

10. RIDER CURRENCY

As per Base Policy.

11. ELECTRONIC TRANSACTIONS

As per Base Policy.

12. AMENDMENT

As per Base Policy.

13. REGULATORY AND JUDICIAL INTERVENTION

As per Base Policy.

14. FORCE MAJEURE

As per Base Policy.

15. COMMUNICATION AND NOTICES

As per Base Policy.

16. GOVERNING LAW AND JURISDICTION

As per Base Policy.

17. TRANSLATION

In the event of any conflict or discrepancy between any translated version and the English language version of this Policy contract, the English language version of this Policy contract shall prevail.



PART - G

GRIEVANCE REDRESSAL MECHANISM AND OMBUDSMAN DETAILS

As per Base Policy.

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 Email: oio.ahmedabad@cioins.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080-26652049/26652048 Email: oio.bengaluru@cioins.co.in. (State of Karnataka)

BHOPAL - Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal-462 011. Tel.: 0755-2769201/2769202/2769203 Email: oio.bhopal@cioins.co.in (States of Madhya Pradesh and Chhattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751009. Tel.: 0674-2596461/2596455/2596429/2596003. Email: oio.bhubaneswar@cioins.co.in. (State of Odisha.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.: 0172 - 2706468 Email: oio.chandigarh@cioins.co.in [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.: 044-24333 668 / 24333678 Email: oio.chennai@cioins.co.in [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002. Tel.: 011- 46013992/ 23213504/ 23232481 Email: oio.delhi@cioins.co.in (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonepat and Bahadurgarh)

GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near. Pan Bazar,S.S. Road, Guwahati- 781001(ASSAM) Tel.: 0361-2632204/ 2602205/ 2631307 Email: oio.guwahati@cioins.co.in (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Hyundai Showroom,A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122/ 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

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

KOCHI - Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: oio.ernakulam@cioins.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe - a part of Union Territory of Puducherry.)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: oio.kolkata@cioins.co.in (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow- 226001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in (Following Districts of Uttar Pradesh: Lalitpur, 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- 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in (List of wards under Mumbai Metropolitan Region excluding wards in Mumbai - i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai.)

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

Annexure A: List of Insurance Ombudsman

PATNA - Office of the Insurance Ombudsman, 2nd floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : oio.patna@cioins.co.in (State of Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411030. Tel.: 020-24471175 Email: oio.pune@cioins.co.in (State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region.)

THANE - Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane - 400604 Tel No. 022-20812868/69 Email id: oio.thane@cioins.co.in (Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.)



Axis Max Life Insurance Limited



(Formerly known as Max Life Insurance Company Limited)

Regd. Office : 419, Bhai Mohan Singh Nagar , Railmajra, Tehsil

Balachaur,District Nawanshahr,Punjab-144533

Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City
Phase-II, Gurugram - Haryana, 122002

**Proposer/Joint
Life**

Payor

Attach Recent
Photograph

Attach Recent
Photograph

Non Linked Proposal Form

Proposal Number: 189736713

GO/CA/Broker Code: 869196

Do you have an Axis Max Life Insurance Policy or have currently applied simultaneous policies? Yes No. If yes give policy/proposal number:

Purpose of Insurance: Savings Child Future Pension Protection Tax Benefit

Objective of Insurance: E/E MWPA HUF CEIP Keyman Partnership Individual

Product Solution Affinity Customer Existing Customer I want to receive physical policy document Yes

A. PERSONAL DETAILS

| | | | | | | | | |
|--|--------|--|---------------------------------|--------------------------------------|---|---------------------------------|--------------------------------------|------------------------------|
| | | PROPOSER/JOINT LIFE | | | <input type="checkbox"/> LIFE TO BE INSURED(if other than proposer) | | | |
| 1. Title | | MR | | | | | | |
| 2. Name | First | Priyabrata | | | | | | |
| | Middle | | | | | | | |
| | Last | Mondal | | | | | | |
| 3. Father's / Husband's Name | First | Utpal | | | | | | |
| | Last | Mondal | | | | | | |
| 4. Date of Birth | | 04/08/2000 DD/MM/YYYY | | | | | | |
| 5. Gender | | <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | |
| 6. Nationality | | <input checked="" type="checkbox"/> Indian | <input type="checkbox"/> NRI | <input type="checkbox"/> PIO | <input type="checkbox"/> | <input type="checkbox"/> Indian | <input type="checkbox"/> NRI | <input type="checkbox"/> PIO |
| 6a. Residence for Tax purposes in Jurisdiction(s) outside India No | | if Nationality other than Indian | | | if Nationality other than Indian | | | |
| 7. Marital Status | | Single | | | | | | |
| 8. Education | | Post Graduate | | | | | | |
| 9. Relationship with Proposer/Joint Life | | SELF | | | | | | |
| 10. Industry Type | | Others IT | | | | | | |
| 11. Organisation Type | | Pvt Ltd | | | | | | |
| 12. Occupation/Job Title | | Salaried / SOFTWARE ENGINEER | | | | | | |
| 13. Name of entity / employer | | Kpit Technologies Ltd | | | | | | |
| 13a. Nature of Duties | | | | | | | | |
| 14. Annual Income(Rs.) | | 1500000 | | | | | | |

15. Is the Life to be Insured / Proposer / Joint Life / Nominee / Payor a Politically Exposed Person ? Yes No

| | | | | | | | |
|---------------------|-------|-----------------------|--|----------------------|--|----------------------|--|
| 16. NOMINEE DETAILS | | Nominee 1 (Mandatory) | | Nominee 2 (Optional) | | Nominee 3 (Optional) | |
| a. Title | | Mr. | | NA | | NA | |
| b. Name | First | UTPAL | | NA | | NA | |

| | | | | | |
|---|--------|---|--|--|-----|
| | Middle | MONDAL | | NA | NA |
| | Last | | | NA | NA |
| c. Date of Birth | | 13/07/1972 | | NA | NA |
| d. Gender | | Male | | NA | NA |
| e. Percentage of Share | | 100 % | | 0 % | 0 % |
| f. Relationship with Proposer/Joint Life | | <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Parents <input type="checkbox"/> Other ----- | <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other ----- | <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other ----- | |
| g. Appointee Full Name (if nominee is under age 18) | | | | NA | NA |
| h. Appointee relationship to Nominee | | | | NA | NA |
| i. Appointee Gender | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | |
| j. Appointee Date of Birth | | NA | NA | NA | NA |

17. CURRENT RESIDENTIAL ADDRESS

| | | | | |
|--------------------------|-------------------------------|------------|-------------|----------------------|
| House No./Apt. Name | B1-110 MEGAPOLIS SYMPHONY | | | |
| Society Road/Area/Sector | HINJEWADI PHASE 3 | | | |
| Landmark | NEAR MEGAPOLIS SAFFRON | | | |
| Village/Town | City/ District PUNE | | | |
| Pin Code | 411057 | State/U.T. | MAHARASHTRA | Country India |
| Mobile # 1 | 7318601195 | Mobile # 2 | 7319088487 | STD Code Telephone # |
| E-mail ID | priyabratamondal622@gmail.com | | | |

18. PERMANENT RESIDENTIAL ADDRESS (optional)

| | | | | |
|--------------------------|-----------------------------|------------|-------------|---------------|
| House No./Apt. Name | DHAITA | | | |
| Society Road/Area/Sector | Shibpur Changuria Suri - II | | | |
| Landmark | Birbhum West Bengal | | | |
| Village/Town: | City/ District BIRBHUM | | | |
| Pin Code: | 731102 | State/U.T. | WEST BENGAL | Country India |

19. Preferred Mailing Address Current Residential Permanent Residential

19a. I/We agree to receive regular promotional, updates / alerts from Axis Max life from time to time. Yes No

20. Do you wish to hold this Policy electronically under e-insurance ? Yes No

a. e-Insurance Account No. (if available): and Insurance Repository name:

b. Preferred Insurance Repository you would like to have your e-Insurance Account CAMSRep Karvy CIRL NSDL

B. COVERAGE INFORMATION - Type of Coverage

| a. Base Plan | Variant | Premium Back Option | Sum Assured/ Income Payout | Income Payout Frequency | Coverage Term | Premium Payment Term | Modal Premium | GST |
|--|-------------------------|---------------------|---|-------------------------|----------------------|-----------------------------|---------------|------|
| Axis Max Life Smart Term Plan Plus - Regular Cover - Limited Pay | Regular Cover | No | 20000000.00 | NA | 40 | 12 | 2309.00 | 0.00 |
| | Income Deferment Period | Income Period | | Income Start Year | | | | |
| | NA | NA | | NA | | | | |
| b. Riders/ Optional Benefits | Premium Back Option | Sum Assured | | Coverage Term | Premium Payment Term | Modal Premium | GST | |
| Axis Max Life Critical Illness and Disability Rider - Limited | | 2500000.00 | | 20 | 12 | 183.0 | 0 | |
| Modal Premium without GST* and Cess: 2492.00 | | | GST* and applicable Cess: 0.0 | | | Total Premium Paid: 2492.00 | | |
| c. Death Benefit Option Regular Cover | | | d. Life Stage Benefit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | | | | | |

| | | | | |
|---|---|--|--|---|
| e. Policy Continuance Benefit (PCB) <input checked="" type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Avail Income on a Special Date <input type="checkbox"/> Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA (if yes), please provide date | | |
| g. Sum Assured Booster <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA | h. Income Cover option <input type="checkbox"/> Level Income <input type="checkbox"/> Inflation Proof Income <input checked="" type="checkbox"/> NA | | | |
| Bonus Options (Not Applicable for plans that offer reversionary bonus) | | <input type="checkbox"/> Paid to Policy holder <input type="checkbox"/> Premium Offset <input type="checkbox"/> Paid-up Addition | | |
| 2. NEFT BANK A/C DETAILS OF PROPOSER/ JOINT LIFE | | All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities/arrangements of Axis Max Life Insurance). | | |
| Bank Account Number: | | Account Holder's Name: | | |
| MICR Code: | | IFSC Code: | | |
| Bank Name & Branch: | | | | |
| Type of Bank Account: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others | | | | |
| 3. PERMANENT ACCOUNT NUMBER (PAN): | | FJVPM2016P <input type="checkbox"/> Form 60 <i>(for proposer/ joint life)</i> <input type="checkbox"/> Form 60 <i>(for insured)</i> | | |
| 4. MODE OF PAYMENT | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly (Direct Debit) | | | |
| 5. RENEWAL PREMIUM BY | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque/DD <input type="checkbox"/> Direct Debit <input checked="" type="checkbox"/> Credit Card / Debit Card <input type="checkbox"/> List Billing <input type="checkbox"/> UPI <input type="checkbox"/> Enach | | | |
| 6. SOURCE OF FUNDS | <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Agriculture <input type="checkbox"/> Professional <input type="checkbox"/> Business | <input type="checkbox"/> Other Income Specify: | | |
| 7. IS PAYOR DIFFERENT FROM THE PROPOSER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Name:- | Gender:- | DOB:- | PAN:- | |
| Address:- | | Income:- | | |
| Relationship to Proposer/ Joint Life:- | | Banking since:- NA | | |
| BANK ACCOUNT DETAILS OF THE PAYOR | | | | |
| Bank Account Number:- | | Bank Name & Branch:- | | |
| 8. Are you an Axis Max Life Agent Advisor or an employee of Max group company/ Corporate Agents ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 9. EFFECTIVE DATE OF COVERAGE 10/01/2026 | | | | |
| 10. PREMIUM PAYMENT DETAILS | Amount in words :- Two Thousand Four Hundred Ninety Two | | | |
| Paid Rs : 2492.00 | Payment by | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Net Banking <input type="checkbox"/> UPI BASBA <input type="checkbox"/> UPI <input type="checkbox"/> Auto Debit Mandate | | |
| Cheque / Draft No / Instrument No. :- | | Date :- 10/01/2026 02:46:17 PM | | |
| Bank Name and Branch:- | | | | |
| C. INFORMATION OF LIFE TO BE INSURED | | | Proposer/ Joint Life <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Life to be Insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. Do you have any life or Critical Illness insurance policy issued, pending approval from any other insurance companies or has your application for Life/ Health/ Critical Illness insurance or its reinstatement ever been offered at modified terms, rejected or postponed ? | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Issued or Pending:- NO | | LIFE: TOTAL Sum Assured:- | CI / DD: TOTAL Sum Assured:- | |
| <input type="checkbox"/> Offered at modified terms, rejected or postponed NO | | | | |
| 2. Active Life Insurance Policy SA across all Insurance companies for Spouse and Children _____ (in Crs.) | | | | |
| 3. In the next 12 months you intend to travel or reside abroad other than on holiday of more than 4 weeks? | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 4. Do you participate or do you intend to participate in any hazardous activities as part of your Occupation/ Sports/ Hobby? | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 5. Have you ever been convicted or are you under investigation for any criminal charges? | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 6. FOR FEMALE LIFE TO BE INSURED | | | | |
| Spouse | Occupation: | Income: | Insurance Amount: | Are you pregnant? |

| | | | | | | |
|--|---|--|---------------------------------|-------------------------------------|--------------------------|--------------------------|
| Detail: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| If "Yes", how many months? | Do you have any complications related to pregnancy? <input type="checkbox"/> If 'Yes' give details? | | | | | |
| 7. FOR MINOR LIFE TO BE INSURED (Age <18 yrs.) | | | | | | |
| Parent's Annual Income:- | | Parent's - Total insurance cover:- | | | | |
| D. MEDICAL INFORMATION | | | Proposer/ Joint Life | Life to be Insured | | |
| | | | Yes | No | Yes | No |
| 1. FAMILY HISTORY : Has any two (2) or more of your family members (Parents & Siblings) ever been diagnosed with Diabetes or Hypertension or Kidney Failure or Cancer or Heart Attack or any Hereditary Disorder before the age of 60 ? | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Proposer/ Joint Life | | | Life To Be Insured | | |
| Height | 165 cms | feet | inch | cms | feet | inch |
| Weight | 65 Kgs. | | | | | |
| ABHA Number | | | | | | |
| 3. Has your weight changed more than 5 Kgs in the past 1 year? <input checked="" type="checkbox"/> No If Yes, please provide reason:_____ | | | | | | |
| 4. HAVE YOU EVER BEEN INVESTIGATED, TREATED OR DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS. If YES, PLEASE PROVIDE DETAILS | | | Proposer/ Joint Life | Life to be Insured | | |
| | | | Yes | No | Yes | No |
| i). Diabetes /High blood sugar levels | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ii). Hypertension/ High Blood Pressure, High Cholesterol or Thyroid disorder | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| iii). Heart or vascular disorder including chest pain, stroke, heart attack or Angioplasty, CABG or any other heart surgery. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| iv). Breathing or lung disorders including asthma, emphysema, tuberculosis. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| v). Liver or digestive system related disorder including jaundice ,gall bladder, pancreas or Hepatitis B/C. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| vi). Any abnormal growth like tumour,lump,cancer or blood disorder, including anemia or thalassaemia or Sexually transmitted disease (STD) including HIV or AIDS. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| vii). Any kind of Kidney or bladder disorder, including kidney failure, renal stone, nephritis or prostrate disorder. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| viii). Any neurological or mental health problem like paralysis, multiple sclerosis, Parkinson's, epilepsy, depression or anxiety. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ix). Muscular-skeletal or joint disorders, including any kind of arthritis, gout, osteoporosis. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| x). Are you having history of any hospitalization, treatment or investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| xi). Have you advised now or in last 5 yrs tests like X-Ray/CT scan/MRI/ Ultrasonography/ ECG/Blood test or any other investigatory or diagnostic tests, or any type of surgery. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. TOBACCO / ALCOHOL / DRUGS CONSUMPTION: Do you consume any of the following ? | | | | | | |
| i). Tobacco (Smoking /Chewing) currently or even occasionally in last 2 years? If yes please specify alcohol quantity (Daily/Monthly/Occassionally) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> Smoking: Please specify the number of cigarette | | | Qt. _____ | Qt. _____ | | |
| | | | Fr. _____ | Fr. _____ | | |
| <input type="checkbox"/> Tobacco Sachet/Gutka/Flavoured Pan Masala etc.: Please specify the number of pouches you chew | | | Qt. _____ | Qt. _____ | | |
| | | | Fr. _____ | Fr. _____ | | |

| | | | | |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| ii). Do you consume Alcohol? If yes, Please specify alcohol quantity (ml/(Daily/ Monthly/ Occationally)) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wine | Qt. _____ | Qt. _____ | | |
| <input type="checkbox"/> Beer | Fr. _____ | Fr. _____ | | |
| <input type="checkbox"/> Hard Liquor | Qt. _____ | Qt. _____ | | |
| Fr. _____ | Fr. _____ | | | |
| iii). Are you taking drugs like Cannabis/Marijuana/Ecstasy/Heroin/LSD/Amphetamines or any other illegal drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv). Please specify drugs habits : | | | | |

E. DECLARATION AND AUTHORISATION

DECLARATION BY PROPOSER/ JOINT LIFE

I/We hereby declare that I/We fully understand the meaning and scope of the Proposal form and the questions contained above and I am submitting the completed proposal form of my/our own volition, and confirm that I/We have not been induced by anyone to make the Proposal. I/We have been explained the nature of questions and the importance of disclosing all material information.

I/We further declare that all the statements and declarations herein shall be the basis of a contract between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the Proposal. I agree that in case of any fraud or misstatement, provisions of Section 45 of Insurance Act, 1938, as amended from time to time will apply. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the Proposal subsequent to the signing of this proposal and before acceptance of risk and issuance of the Policy by the Company. The first and subsequent year premium will be paid out of legally acquired source of income. I will provide information as and when required by the Company, acting on its own or under any order or instruction received from Statutory Authorities, as regards to the sources of funds or utilization's or withdrawals. I agree that the Company may provide any information related to me in respect of this proposal; as available to the Company at any time, to any Statutory Authority in relation to the any laws including the laws governing prevention of money laundering, applicable in the country. To enable the Company to assess the risk under my/our proposal or for any other purpose in relation to the policy, I/we, my/our heirs, administrators or executors or assignees hereby authorize my past or present employer(s)/business association/medical practitioners /other agencies or governmental and/or any regulatory bodies, insurance repositories, CERSAI/ UIDAI, reinsurers / hospitals or diagnostic centres or TPAs/ other insurance companies/ service providers/ National Health Authority (NHA) through ABHA to disclose and make available to the Company such details/records including financial or medical records, as may be requested by the Company. I understand that I have disclosed my personal information with Axis Max life and I hereby provide consent to Axis Max Life to share, store my information with its authorized service providers for servicing this policy/proposal such as issuance, underwriting renewal and claims process with respect to this policy as per the regulation applicable from time to time. I/We submit the mandate to credit My / Our account towards all payments against the above policy and agree and understand that payouts would be processed through electronic mode of payment and will be affected at select cities as per facilities/ arrangements of Axis Max Life Insurance. I/We authorize Axis Max Life to send all communications by E-mail, SMS or any other communication mode. I/We authorize Axis Max Life to send all communication by electronic means.

I do hereby certify that above stated information regarding the nationality and tax residential status is correct in all respects and may be used for all purposes, including reporting to statutory authorities & compliances, and understand that it is my responsibility to report the changes, if any, to Axis Max Life within 2 weeks of occurrence of such change.

Applicable in case UPI BASBA is opted as mode of payment - As per the IRDAI's directions, I hereby provide my express consent and authorise Axis Max Life Insurance to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of (i) 14 days from the date of premium block mandate or (ii) date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilised towards premium payment upon proposal acceptance. I further authorise Axis Max Life Insurance to share information with the relevant entities for the purpose of blocking/releasing the premium amount.

| | |
|--|-----------------------------|
| Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Proposer/ Joint Life | Digitally Verified With OTP |
|--|-----------------------------|

Place:- PUNE Date:- 10/01/2026 02:59:20

VERNACULAR /ILLITERATE DECLARATION

I hereby declare that I have fully explained the contents of this proposal to the proposer/Life to be Insured in _____ language, as understood by him/her and that the left thumb impression/signature of the proposer/Life to be Insured has been appended/affixed after fully understanding the contents thereof. I have truthfully recorded the answers given by the Proposer/Life to be Insured.

I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms. _____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression.

| | |
|--|---------------------------|
| Name of the Declarant: | Address of the Declarant: |
| I hereby certify that I have understood the content of the proposal form as explained to me in _____ language by the declarant, Mr./Ms. _____, filling in the proposal form and after the same, I am affixing my signature/thumb-impression. | |

| | |
|---|--|
| Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Declarant | Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Proposer/ Joint Life |
|---|--|

DISABILITY DECLARATION

Declaration to be made by authorized representative of the policyholder or prospect, who is a person with disability (unconnected with Axis Max Life Insurance Limited)

I hereby declare that I have been fully explained the contents of this proposal form, policy documents, terms and conditions and the eIA.

| | |
|--|---|
| Name of the Declarant: Relationship with the prospect: | Address of the Declarant: Contact details: |
| I certify that I have understood the content of the proposal form, policy documents, terms and conditions and the eIA as explained to me and confirm the above by affixing/appending my signature/thumb-impression/ OTP. | |
| Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Declarant | Signature / OTP Confirmation / Thumb Impression / Electronic Signature of Proposer |

DECLARATION BY PRINCIPAL OFFICER/AGENT ADVISOR/SPECIFIED PERSON

I _____ do declare and confirm that I have met and explained the Product features, benefits, premium paying term, nature of the questions contained in this Proposal form and other relevant terms and conditions to the Proposer and the Life Insured. I have also explained that the answers to the questions forms the basis of the contract of the Insurance between the Company and the Proposer / Life Insured, and if any untrue statement is contained therein and / or any information that may be relevant to enable the Company make an informed decision, the Company shall have the right to vary the benefits which may be payable and / or treat the policy voidable at the option of the Company subject to section 45 of the Insurance Act, 1938 as amended from time to time. I confirm that to the best of my knowledge the Life Insured does not suffer from any physical or mental abnormality or handicap or has / had been hospitalised, undergone any surgery or treatment, or he /she is involved in activities including any hazardous avocation or occupation or any other information material for underwriting this proposal form, unless expressly stated in this Proposal. I also declare and represent to the Company that I am in full compliance with the regulatory requirements applicable to agent / corporate agent / specified person / broker prescribed by the Insurance Act 1938, as amended from time to time and any other regulation, circular, instruction issued by IRDAI from time to time. I confirm that I have verified the identity, current / permanent residential address of the Proposer/ Life Insured, the nature of his/her business and his / her financial status basis the Axis Max Life AML moral hazard checklist.

Is this a Replacement Sale? If yes, I have adequately explained the consequences of replacement sale to the customer. Yes No

| | |
|---|--|
| Relationship of Principal Officer/Agent Advisor/Specified Person with the Proposer/Joint Life/Life Insured | |
| Name of Principal Officer/Agent Advisor/Specified Person | Policybazaar Insurance Brokers Pvt Ltd. |
| Principal Officer/Agent Advisor/Specified Person Code | |
| Phone No. with STD Code | |
| Date:- | Place: |
| Signature / Thumb Impression / Electronic Signature of Principal Officer/Agent Advisor/Specified Person | Signature / Thumb Impression /Electronic Signature of Sales Manager |

We Confirm that we have made joint efforts in soliciting the prospect and will be jointly responsible for performing the service related to the policy. We further confirm that the objective of sharing the commission is not for qualifying for any contest and/or reward & recognition programs of the company.

(Applicable only if more than one Agent Advisors share the commission.)

| Name(S) of Principal Officer/AA/Spec Person | Principal Officer/AA/Spec Person Code | Principal Officer/AA/Spec Person's Signature | % Share |
|--|--|---|----------------|
| | | | |
| | | | |

Important Notes:

(1) Any payment/s including initial payment accompanying this proposal, cash or by bearer instrument must be made at any of the Company's General Office only.
 (2) Crossed cheque or bank drafts must be made in favour of AXIS MAX LIFE INSURANCE LIMITED ACCOUNT (Proposal No. as above) may be handed over to the Agent Advisor.

(3) The Proposal form will be considered received only after the receipt of all the material information and documents (Refer the list of Documents stated below). Receipt of the Completed Proposal and initial payment does not create any obligations upon the Company to underwrite the risk. The Company shall not be liable until it has underwritten the risk and issued the Policy. If the Policy is sent by post it shall be deemed to have been delivered to and received by you in the ordinary course within 3 (three) days of posting. We draw your attention to Section-39, 45 and 41 of the Insurance Act, 1938, as amended from time to time and Regulation 18 of Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024, which reads as follows-

Regulation 18(1): No proposal shall be accepted unless nomination is obtained as per section 39 of the Act.

Section 39: In case nomination facility is availed, section 39 of the Insurance Act, 1938 as amended from time to time shall apply.

Section 45: No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of policy, from the date of the Commencement of Risk or Revival of the policy or the date of the rider to the policy, whichever is later. However, Insurer may question the Policy at any time within three years from the date of issuance of policy, from the date of Commencement of Risk or Revival of the policy or the date of the rider to

the policy, whichever is later, on the ground of fraud, in which case insurer shall inform Proposer/Life Insured/legal representatives in writing specifying the grounds and materials on which such decision is based. For other details please refer to Section 45 of the Insurance Act, 1938 as amended from time to time.

Section 41: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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. For other details please refer to Section 41 of the Insurance Act, 1938 as amended from time to time.

(2) In the event of any conflict or discrepancy between any translated version and the English language version of this form, the English language version shall prevail.

NOMINEE 1 DETAILS:

| COMMUNICATION ADDRESS | | | |
|--------------------------|-----------------------------|--------------|-------------|
| House No./Apt. Name | DHAITA | | |
| Society Road/Area/Sector | Shibpur Changuria Suri - II | | |
| Landmark | Birbhum West Bengal | | |
| Village/Town | City / District BIRBHUM | | |
| Pin Code | 731102 | State / U.T. | WEST BENGAL |
| Mobile # 1 | Country India 9679861422 | | |
| E-mail ID | | | |

| PERMANENT RESIDENTIAL ADDRESS | | | |
|-------------------------------|---|----------------------------------|---------------------------------|
| House No./Apt. Name | DHAITA | | |
| Society Road/Area/Sector | Shibpur Changuria Suri - II | | |
| Landmark | Birbhum West Bengal | | |
| Village/Town | City/ District BIRBHUM | | |
| Pin Code | 731102 | State / U.T. | WEST BENGAL |
| NEFT BANK A/C DETAILS | <i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Axis Max Life Insurance).</i> | | |
| Bank Account Number:- | Account Holder's Name:- | | |
| MICR Code :- | IFSC Code:- | | |
| Bank Name & Branch: | | | |
| Type of Bank Account | <input type="checkbox"/> Saving | <input type="checkbox"/> Current | <input type="checkbox"/> Others |
| | Banking Since: | | |

APPOINTEE 1 DETAILS:

| COMMUNICATION ADDRESS | | | |
|--------------------------|-----------------|--|--|
| House No./Apt. Name | | | |
| Society Road/Area/Sector | | | |
| Landmark | | | |
| Village/Town | City / District | | |
| Pin Code | State / U.T. | | |
| Mobile # 1 | Country | | |
| E-mail ID | | | |

| PERMANENT RESIDENTIAL ADDRESS | | | |
|-------------------------------|---|----------------------------------|---------------------------------|
| House No./Apt. Name | | | |
| Society Road/Area/Sector | | | |
| Landmark | | | |
| Village/Town | City/ District | | |
| Pin Code | State / U.T. | | |
| NEFT BANK A/C DETAILS | <i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Axis Max Life Insurance).</i> | | |
| Bank Account Number:- | Account Holder's Name:- | | |
| MICR Code :- | IFSC Code:- | | |
| Bank Name & Branch: | | | |
| Type of Bank Account | <input type="checkbox"/> Saving | <input type="checkbox"/> Current | <input type="checkbox"/> Others |
| | Banking Since: | | |

NOMINEE 2 DETAILS:

COMMUNICATION ADDRESS

| | | | |
|--------------------------|-----------------|---------|--|
| House No./Apt. Name | | | |
| Society Road/Area/Sector | | | |
| Landmark | | | |
| Village/Town | City / District | | |
| Pin Code | State / U.T. | Country | |
| Mobile # 1 | | | |
| E-mail ID | | | |

PERMANENT RESIDENTIAL ADDRESS

| | | | |
|------------------------------|---|----------------------------------|---------------------------------|
| House No./Apt. Name | | | |
| Society Road/Area/Sector | | | |
| Landmark | | | |
| Village/Town | City/ District | | |
| Pin Code | State / U.T. | Country | |
| NEFT BANK A/C DETAILS | <i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Axis Max Life Insurance).</i> | | |
| Bank Account Number:- | Account Holder's Name:- | | |
| MICR Code :- | IFSC Code:- | | |
| Bank Name & Branch: | | | |
| Type of Bank Account | <input type="checkbox"/> Saving | <input type="checkbox"/> Current | <input type="checkbox"/> Others |
| Banking Since: | | | |

APPOINTEE 2 DETAILS:**COMMUNICATION ADDRESS**

| | | | |
|--------------------------|-----------------|---------|--|
| House No./Apt. Name | | | |
| Society Road/Area/Sector | | | |
| Landmark | | | |
| Village/Town | City / District | | |
| Pin Code | State / U.T. | Country | |
| Mobile # 1 | | | |
| E-mail ID | | | |

PERMANENT RESIDENTIAL ADDRESS

| | | | |
|------------------------------|---|----------------------------------|---------------------------------|
| House No./Apt. Name | | | |
| Society Road/Area/Sector | | | |
| Landmark | | | |
| Village/Town | City/ District | | |
| Pin Code | State / U.T. | Country | |
| NEFT BANK A/C DETAILS | <i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Axis Max Life Insurance).</i> | | |
| Bank Account Number:- | Account Holder's Name:- | | |
| MICR Code :- | IFSC Code:- | | |
| Bank Name & Branch: | | | |
| Type of Bank Account | <input type="checkbox"/> Saving | <input type="checkbox"/> Current | <input type="checkbox"/> Others |
| Banking Since: | | | |

NOMINEE 3 DETAILS:**COMMUNICATION ADDRESS**

| | | | |
|--------------------------|-----------------|---------|--|
| House No./Apt. Name | | | |
| Society Road/Area/Sector | | | |
| Landmark | | | |
| Village/Town | City / District | | |
| Pin Code | State / U.T. | Country | |
| Mobile # 1 | | | |
| E-mail ID | | | |

| PERMANENT RESIDENTIAL ADDRESS | | | | |
|-------------------------------|---|----------------------------------|---------------------------------|----------------|
| House No./Apt. Name | | | | |
| Society Road/Area/Sector | | | | |
| Landmark | | | | |
| Village/Town | City/ District | | | |
| Pin Code | State / U.T. | Country | | |
| NEFT BANK A/C DETAILS | <i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Axis Max Life Insurance).</i> | | | |
| Bank Account Number:- | Account Holder's Name:- | | | |
| MICR Code :- | IFSC Code:- | | | |
| Bank Name & Branch: | | | | |
| Type of Bank Account | <input type="checkbox"/> Saving | <input type="checkbox"/> Current | <input type="checkbox"/> Others | Banking Since: |

APPOINTEE 3 DETAILS:

| COMMUNICATION ADDRESS | | |
|--------------------------|-----------------|---------|
| House No./Apt. Name | | |
| Society Road/Area/Sector | | |
| Landmark | | |
| Village/Town | City / District | |
| Pin Code | State / U.T. | Country |
| Mobile # 1 | | |
| E-mail ID | | |

| PERMANENT RESIDENTIAL ADDRESS | | | | |
|-------------------------------|---|----------------------------------|---------------------------------|----------------|
| House No./Apt. Name | | | | |
| Society Road/Area/Sector | | | | |
| Landmark | | | | |
| Village/Town | City/ District | | | |
| Pin Code | State / U.T. | Country | | |
| NEFT BANK A/C DETAILS | <i>All Payouts will be credited to this account through Electronic mode of payment. (This will be applicable at select cities as per facilities / arrangements of Axis Max Life Insurance).</i> | | | |
| Bank Account Number:- | Account Holder's Name:- | | | |
| MICR Code :- | IFSC Code:- | | | |
| Bank Name & Branch: | | | | |
| Type of Bank Account | <input type="checkbox"/> Saving | <input type="checkbox"/> Current | <input type="checkbox"/> Others | Banking Since: |

List of Material Documents:

Proposer/Payor/ Joint Life/ Life to be Insured (as applicable)

Income Documents: (Latest 2/1 Years ITR along with computation of Income **OR** Latest Form 16 **OR** Latest 3 Month Bank Statement (showing salary credit) **And** Latest 3 month Salary Slip **OR** 6 Months Bank Statement (showing salary credits))

Signed benefit illustrations and Customer Information Sheet

Address/ID Proof along with latest photograph: Aadhaar Card **OR** Voter ID Card **OR** Passport **OR** Driving License **OR** NREGA Job Card

DOB Proof:

PAN card/ Form 60

Verified pre-issuance verification conducted by company

ECS mandate form

Banking details along with proof (cancelled cheque / bank statement/ passbook)

FTIN for Non-Resident of India

NRI Questionnaire for Non-Resident of India

International Address Proof for Non-Resident of India

Copy of Passport with latest entry and exit stamp for Non-Resident of India

Medical Documents: Last 6 months medical reports/ Medical Test (will be conducted as per board approved underwriting guidelines)

Physical Verification

Juvenile Life: Vaccination Records, School Going Proof, NOC from parents (if Proposer is Grandparent)

Proposer is company (as applicable)

Business Insurance KYC form along proof

Income Documents: (Latest 2/1 Years ITR along with computation of Income **OR** Latest Form 16 **OR** Latest 3 Month Bank Statement (showing salary credit) **And** Latest 3 months Salary Slip **OR** 6 Months Bank Statement (showing salary credits))

HUF- a. HUF PAN Card,

Keyman- a. Board Resolution, b. Article of Association, c. Memorandum of Association, d. Certificate of Incorporation, e. Confirmation from Insured over the key to the operation of the business

Employer Employee- a. Board Resolution, b. Article of Association, c. Memorandum of Association, d. Certificate of Incorporation,

Partnership- a. Partnership Deep, b. Certificate of Incorporation, c. NOC if cover is not being taken on all partners
Nominee (for objective as MWPA)
MWPA Addendum Form along with proof

Abbreviations:

E/E = Employer-Employee
MWPA = Married Women Property Act
HUF = Hindu Undivided Family
CEIP = Corporate Employee Insurance Program
PIO = Person of Indian Origin
NRI = Non-Resident Indian
GST = Goods and Service Tax
TDS = Tax Deducted at Source

CKYC Annexure

1. CENTRAL KYC REGISTRY | Know Your Customer(KYC) Application Form | Individual

| | | | | |
|-------------------|-----|--|--|--|
| Application Type: | NEW | | | |
| KYC Number: | | | | |

2. PERSONAL DETAILS (Please refer instruction A at the end)

| | Prefix | First Name | Middle Name | Last Name |
|------------------------|----------------------|------------|-------------|-----------|
| Name(Same as ID proof) | Mr Priyabrata Mondal | | | |
| Maidan Name(If any) | | | | |
| Father/ Spouse Name | Utpal Mondal | | | |
| Mother Name | Ms Bijaya Mondal | | | |
| Date Of Birth* | 04/08/2000 | | | |
| Gender | Male | | | |
| Marital Status | Single | | | |
| Nationality | Indian | | | |
| Resident Status | India | | | |
| Occupation Type | Salaried | | | |

3. RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

| | |
|---|--|
| Tax Identification number or Equivalent | |
| Country Code of Jurisdiction of Residence | |

Place/City of Birth* :

Country Code of Birth :

4. PROOF OF IDENTITY/ADDRESS(Please refer instruction C at the end)

| | |
|-------------------------|-----------------|
| ID/Address proof name | Aadhar/UID Card |
| ID/Address proof Number | xxxxxxxx9624 |
| ID/Address Expiry date | |

5. PROOF OF ADDRESS(PoA)*

| | |
|--------------------|---------------------------|
| Address proof name | Aadhar/UID Card |
| Address Line1 | B1-110 MEGAPOLIS SYMPHONY |
| Address Line2 | HINJEWADI PHASE 3 |
| Address Line3 | NEAR MEGAPOLIS SAFFRON |
| City | PUNE |
| State | MAHARASHTRA |
| PIN | 411057 |
| Country | INDIA |

6. Address in the Jurisdiction details where Applicant is Resident Outside India for Tax Purposes

| | |
|--------------------|--|
| Overseas Address | |
| 7. Contact Details | |

| | |
|---------------|-------------------------------|
| Mobile Number | 7318601195 |
| Email -ID | priyabratamondal622@gmail.com |

8. APPLICATION DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein immediately. In case of the above Information is found to be false or untrue or misleading or misrepresenting. I am aware that I am be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Name/Date/Place

| | | |
|-----------------------|----------------------|--|
| Name of the applicant | Mr Priyabrata Mondal | |
| Place | PUNE | |
| Date | 10/01/2026 | |

Proposal Form Annexure- Additional Questions Annexure

| | | |
|---|--------------|--------------------|
| | Proposer | Life to be Insured |
| Industry Type | Others IT | |
| Defence/CRPF | | |
| a. Are you currently posted in any sensitive/border location | | |
| b. Your nature of job/role | | |
| Aviation | | |
| a. Exact Nature of duties | | |
| b. If in Flying role what do you fly? | | |
| Diving | | |
| a. Are you a professional diver? | | |
| Where do you dive? | | |
| Oil and Natural Gas | | |
| a. Are you based at offshore or your job involves travelling to offshore? | | |
| Merchant Marine | | |
| a. Type of vessel where working? | | |
| Mining | | |
| a. Does your role involves going inside any kind of mine? | | |
| Have you ever had any illness related to your occupation? | | |
| Nature of Duties/Business | Office work | |

Are you/your Nominee a Politically Exposed Person (PEP)? Yes No

If above Question "Yes" then answer below:

a. Which of the following persons is PEP (Tick as applicable) Life insured Family member of life insured

Specify:

b. Please specify the extent of Political involvement:

i. Political Experience (Years) :

ii. Affiliation to Political Party :

ii. Role in Political Party : Social Worker MLA MP Others -----

iv. Portfolio Handled :

v. Whether Party in Power : Yes No

c. Whether the concerned PEP has ever been posted in foreign office/portfolio? Yes No

Specify:

d. Please specify all sources of income of concerned PEP :

e. Has the concerned PEP ever been convicted or is under any investigation for any crime punishable by 3 or more years of imprisonment? : Yes
 No

Specify:

Insurance History Annexure

Do you have any Life, Disability, Critical Illness or Health Insurance policy issued/pending/lapsed with or any other insurance company? Yes No

Has any proposal/reinstatement for life or health Insurance ever been refused, modified, postponed or offered with extra premium ? Yes No

Medical and Travel Questions Annexure

In next 12 months you intend to travel or reside abroad other than on holiday of more than 4 weeks ? Yes No

Has any two (2) or more of your family members (Parents & Siblings) ever been diagnosed with Diabetes or Hypertension or Kidney Failure or Cancer or

| | | | |
|--|----|---|----|
| Heart Attack or any Hereditary Disorder before the age of 60 ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Have you ever been investigated/diagnosed or treated for any of the following? No | | | |
| 1. Heart or vascular disorder including chest pain, stroke, heart attack or Angioplasty, CABG or any other heart surgery. | | | |
| Chest Pain | NO | Heart Attack | NO |
| Stroke | NO | Angioplasty, CABG or any other heart surgery. | NO |
| Any other heart conditions | | | |
| 2. Diabetes /High blood sugar levels | | | |
| 3. Breathing or lung disorders including asthma, emphysema, tuberculosis. | | | |
| 4. Any abnormal growth like tumour, lump, cancer or blood disorder, including anemia or thalassaemia or Sexually transmitted disease (STD) including HIV or AIDS | | | |
| Cancer | NO | Tumour | NO |
| Anemia or Thalassemia | NO | HIV Infection | NO |
| AIDS/AIDS Related | NO | Any other sexually transmitted diseases | NO |
| Any blood disorder | NO | Provide Details | |
| 5. Liver or digestive system related disorder including jaundice ,gall bladder, pancreas or Hepatitis B/C | | | |
| Liver or digestive system disorder | NO | Jaundice, Gall blader, Pancreas | NO |
| Hepatitis B | NO | Hepatitis C | NO |
| Provide Details | | | |
| 6. Any neurological or mental health problem like paralysis, multiple sclerosis, Parkinson's, epilepsy, depression or anxiety. | | | |
| Neurological or mental health problem | NO | Any other nervous system related diseases | NO |
| Provide Details : | | | |
| 7. Muscular-skeletal or joint disorders, including any kind of arthritis, gout, osteoporosis. | | | |
| Any ailment of bones/joints/limbs | NO | Spine Related disorder | NO |
| Any disorder of muscle | NO | Provide details | |
| 8. Any kind of Kidney or bladder disorder, including kidney failure, renal stone, nephritis or prostrate disorder. | | | |
| Any Kidney disorder | NO | Provide Details | |
| 9. Hypertension/ High Blood Pressure, High Cholesterol or Thyroid disorder. | | | |
| 10. Any other disorders. | | | |
| Any Gynaecological disorder | NO | Any disorder of Eye/Ear/Nose/Throat | NO |
| Any other hormonal disorder | NO | | |
| 11. Have you ever been hospitalised or been advised to undergo any investigation (other than routine checkup) or treatment or surgery? NO | | | |
| Provided Details: | | | |
| 12. In the last 1 year, have you been absent from Work/Educational Institution due to an illness or injury for a continuous period of more than 10 days? | | | |
| Provided Details: | | | |
| 13. Have you ever been diagnosed with any form of internal or external congenital anomaly or defect i.e. any condition(s) which is present since birth, and which is abnormal with reference to form, structure or position? : NO | | | |
| Provided Details: | | | |
| 14. Have you had any genetic testing before? : NO | | | |
| Provided Details: | | | |
| Tobacco/Alcohol/Drugs Consumption: (In case you consume or have ever consumed) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Give Details : | | | |



CARE-PULSE

Diagnostic Centre

insurance Company Authorised And Prevent Medical Centre.



Patient Name : MR. PRIYABRATA MONDAL

Age / Gender : 25 Years / Male

Referral Doctor: GWL- AXIS MAX LIFE INSURANCE

Collection Date : 12/01/2026 10:58 AM

Pt.Type / ID : Direct/ 
8376

Reporting Date : 12/01/2026 04:10 PM

URINE ROUTINE REPORT

| Test Description | Value(s) | Unit | Reference Range |
|---------------------------------------|-------------|------|--------------------|
| Physical Examination | | | |
| Quantity | 10 ml | | |
| Colour | Pale Yellow | | Pale yellow/Yellow |
| Appearance | Clear | | Clear |
| Specific Gravity | 1.015 | | 1.005-1.030 |
| pH | Acidic | | Acidic |
| Deposit | Absent | | Absent |
| Chemical Examination | | | |
| Protein | Absent | | Absent |
| Sugar | Absent | | Absent |
| Ketones | Absent | | Absent |
| Bile Salt | Absent | | Absent |
| Bile Pigment | Absent | | Absent |
| Urobilinogen | Normal | | Normal |
| Microscopic Examination (/hpf) | | | |
| Pus Cell | 2-4 | | Upto 5 |
| Epithelial Cells | 1-2 | | Upto 5 |
| Red Blood Cells | Absent | | Absent |
| Casts | Absent | | Absent |
| Crystals | Absent | | Absent |
| Bacteria | Absent | | Absent |
| Other findings | Not seen | | Not seen |



Authenticity Check

Checked By

Consultant Pathologist

Dr. Mangesh Virkar

M.B.B.S. MD (PATH)

Reg No. 2002/03/1438



Fursungi, 412308



pulsecarediagnosticpune10@gmail.com



8149950642



CARE-PULSE

Diagnostic Centre

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Patient Name : MR. PRIYABRATA MONDAL

Age / Gender : 25 Years / Male

Referral Doctor: GWL- AXIS MAX LIFE INSURANCE

Collection Date : 12/01/2026 10:58 AM

Pt.Type / ID : Direct/ 
8376

Reporting Date : 12/01/2026 04:10 PM

Complete Blood Count

| Test Description | Value(s) | Unit | Reference Range |
|---------------------------|-------------------------|----------|-----------------|
| Hemoglobin | 13.7 | gms/dl | 13 - 16 |
| Total WBC Count | 7300 | /uL | 4000 - 10000 |
| DIFFERENTIAL COUNT | | | |
| Neutrophil | 66 | % | 40 - 70 |
| Lymphocytes | 27 | % | 20 - 40 |
| Eosinophil | 02 | % | 1 - 6 |
| Monocytes | 05 | % | 2 - 8 |
| Basophils | 00 | % | 0 - 1 |
| RBC Indices | | | |
| Haematocrit (HCT) | 43.4 | % | 40 - 54 |
| RBC Count | 4.8 | mil./cmm | 4.5 - 6.5 |
| MCV | 90.42 | fL | 80 - 100 |
| MCH | 28.54 | pg | 27 - 34 |
| MCHC | 31.57 | gm/dl | 32 - 36 |
| RDW-CV | 13.1 | % | 11 - 16 |
| Platelet Indices | | | |
| Platelet Count | 245000 | /cmm. | 150000 - 450000 |
| MPV | 8.2 | fL | 6.5 - 12 |
| PDW | 11.4 | fL | 9 - 17 |
| PCT | 0.32 | % | 0.10 - 0.50 |
| RBC Morphology | Normocytic Normochromic | | |
| WBC Morphology | Within Normal Limits | | |
| Platelet | Adequate on smear | | |

Done on fully Automatic H3D Premier Haematology Analyser



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Reporting Date : 12/01/2026 04:10 PM

ESR (ERYTHROCYTE SEDIMENTATION RATE)

| Test Description | Value(s) | Unit | Reference Range |
|---|----------|-------|-----------------|
| Erythrocyte Sedimentation Rate Wintrobe method | 09 | mm/hr | < 15 |

Interpretation: It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

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Pt.Type / ID : Direct/ 
8376

Reporting Date : 12/01/2026 04:10 PM

LIPID PROFILE

| Test Description | Value(s) | Unit | Reference Range |
|----------------------|----------|-------|---|
| Total Cholesterol | 172.4 | mg/dl | Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240 |
| Triglycerides | 134.7 | mg/dl | Low < 25 Normal : < 150 Borderline High : 151 - 199 High : 200 |
| HDL Cholesterol | 41.6 | mg/dl | < 35 Low 80 High |
| Non HDL Cholesterol | 130.80 | mg/dl | Desirable : < 130 Borderline high : 130 - 159 High : 160 |
| LDL Cholesterol | 103.86 | mg/dl | Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : 160 Below 40 |
| VLDL Cholesterol | 26.94 | mg/dl | Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0 |
| TOTAL CHOL/HDL Ratio | 4.14 | - | Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1 |
| LDL/HDL Ratio | 2.50 | - | |
| Appearance of Serum | Clear | | |



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Pt.Type / ID : Direct/ 
8376

Reporting Date : 12/01/2026 04:10 PM

LIVER FUNCTION TEST (LFT)

| Test Description | Value(s) | Unit | Reference Range |
|-------------------------------------|----------|-------|-----------------|
| Bilirubin Total | 0.62 | mg/dL | 0.2 - 1.2 |
| Bilirubin Direct | 0.23 | mg/dL | 0.0 - 0.3 |
| Bilirubin Indirect | 0.39 | mg/dL | 0.2 - 0.9 |
| SGOT (AST) | 36.8 | U/L | 0 - 45 |
| SGPT (ALT) | 33.2 | U/L | 5 - 45 |
| GAMMA GLUTAMYL TRANSFERASE (G.G.T.) | 41.7 | U/L | 0 - 55 |
| Alkaline Phosphatase | 142.6 | U/L | 80 - 200 |
| Protein Total | 7.2 | g/dL | 6.0 - 8.3 |
| Albumin | 4.5 | g/dL | 3.2 - 5.0 |
| Globulin | 2.70 | g/dL | 2.5 - 3.3 |
| A/G Ratio | 1.67 | - | 1.0 - 2.1 |

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Age / Gender : 25 Years / Male

Referral Doctor: GWL- AXIS MAX LIFE INSURANCE

Collection Date : 12/01/2026 10:58 AM

Pt.Type / ID : Direct/ 
8376

Reporting Date : 12/01/2026 04:10 PM

CREATININE

| Test Description | Value(s) | Unit | Reference Range |
|--------------------------|----------|-------|-----------------|
| CREATININE Jaffe IDMS | 0.73 | mg/dl | 0.67 - 1.17 |

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CARE-PULSE

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Age / Gender : 25 Years / Male

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Collection Date : 12/01/2026 10:58 AM

Pt.Type / ID : Direct/ 
8376

Reporting Date : 12/01/2026 04:10 PM

GLYCOSYLATED HAEMOGLOBIN (GHB / HbA1c)

| Test Description | Value(s) | Unit | Reference Range |
|------------------|----------|------|--|
| HbA1c H.P.L.C | 5.4 | % | Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control |

Interpretation: Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months. HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the mouth before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

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Collection Date : 12/01/2026 10:58 AM

Pt.Type / ID : Direct/ 
8376

Reporting Date : 12/01/2026 04:10 PM

URINE COTININE

| Test Description | Value(s) | Unit | Reference Range |
|-----------------------------|----------|------|-----------------|
| URINE COTININE CARD TEST | NEGATIVE | | |

End Of Report

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M.B.B.S. MD (PATH)
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BENEFIT ILLUSTRATION

[Date and Time of Illustration – 13 January 2026, 01:56 PM]

| Name of the Prospect/Policyholder: | Mr.Priyabrata | Proposal No: | |
|---|----------------|--|---|
| Age & Gender: | 25 Years, Male | Name of the Product: | |
| Name of the Life Assured: | Mr.Priyabrata | Tag Line: | A Non-Linked Non-Participating Individual Pure Risk Life Insurance Plan |
| Age & Gender: | 25 Years, Male | Unique Identification No: | 104N127V04 |
| Risk Class: | Non-Smoker | GST Rate (Base Policy, First Year): | 0.00% |
| Policy Term: | 40 Years | GST Rate (Base Policy, Subsequent Year): | 0.00% |
| Premium Payment Term: | 12 Years | GST Rate (Rider, First Year): | 0.00% |
| Amount of Installment Premium: | Rs.2537 | GST Rate (Rider, Subsequent Year): | 0.00% |
| Mode of payment of premium: | Monthly | Axis Max Life State: | Haryana |
| Discount Applicable: | | Policyholder Residential State: | Maharashtra |
| Female Discount (throughout PPT): | | Salaried Discount | |
| First Year Discount%: | NA | NA | |
| First Year Discount: | 15.00% | 15.00% | |
| Second Year & Onwards Discount%: | Rs.4889.81 | Rs.4889.81 | |
| Second Year & Onwards Discount: | NA | NA | |

This benefit illustration is intended to show year-wise premiums payable and benefits under the policy.

| Policy Details | | | |
|---|----------------------|--|---------------|
| Plan Variant | Regular Cover | Sum Assured (in Rs.) | 2,00,00,000 |
| | | Sum Assured on Death (at inception of the policy) (in Rs.) | 2,00,00,000 |
| | | Sum Assured Booster | NA |
| Optional Benefit Details | | | |
| Optional Benefit Name | Applicability/ Opted | Sum Assured | Coverage Term |
| Maternity Cover | No | NA | NA |
| Rider Details | | | |
| Rider Name | Applicability/ Opted | Sum Assured | Coverage Term |
| Waiver of Premium (WOP) Plus Rider | No | NA | NA |
| Critical Illness and Disability Rider_ Total & Permanent Disability | Yes | 25,00,000 | 20 Years |
| Accidental Death And Dismemberment Rider | No | NA | NA |
| Payment Term | | | |

| Premium Summary | | | | | | | | |
|--|-----------|-----------------|--|------------------------------|---------------------------------------|---------------------------|--------------------|--|
| Type | Base Plan | Maternity Cover | Accidental Death And Dismemberment Rider | Waiver of Premium Plus Rider | Critical Illness and Disability Rider | Total Installment Premium | Non Guaranteed | |
| Installment Premium without GST (in Rs.) | 2,309 | 0 | 0 | 0 | 0 | 228 | (Amount in Rupees) | |
| Installment Premium with first year GST (in Rs.) | 2,309 | 0 | 0 | 0 | 0 | 228 | 2,537 | |
| Installment Premium with GST 2nd year onwards (in Rs.) | 2,717 | 0 | 0 | 0 | 0 | 228 | 2,945 | |

| Guaranteed | | | | | | | | |
|-------------|---------------------------|---|---------------------------|------------------|---------------|------------------|--------------------|----------------------------|
| Policy Year | Single/Annualized Premium | Survival Benefits/ Loyalty Additions | Other Benefits, if any | Maturity Benefit | Death Benefit | Early Exit Value | Special Exit Value | Guaranteed Surrender Value |
| 1 | 26,240 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 2 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 3 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 4 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 5 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 6 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 7 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 8 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 9 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 10 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 11 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA |
| 12 | 30,870 | 0 | 0 | 0 | 2,00,00,000 | 1,89,284 | 0 | NA |
| 13 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,82,524 | 0 | NA |
| 14 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,75,764 | 0 | NA |
| 15 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,69,004 | 0 | NA |
| 16 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,62,244 | 0 | NA |
| 17 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,55,484 | 0 | NA |
| 18 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,48,724 | 0 | NA |
| 19 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,41,963 | 0 | NA |
| 20 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,35,203 | 0 | NA |
| 21 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,28,443 | 0 | NA |
| 22 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,21,683 | 0 | NA |
| 23 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,14,923 | 0 | NA |

| Policy Year | Single/ Annualized Premium | Guaranteed | | | | | | Non Guaranteed | | |
|-------------|----------------------------|---|---------------------------|------------------|---------------|---------------------|--------------------|-------------------------------|----------------------------|----------------------------------|
| | | Survival Benefits/ Loyalty Additions | Other Benefits, if any | Maturity Benefit | Death Benefit | Early Exit Value | Special Exit Value | Guaranteed Surrender Value | Special Surrender Value | Surrender Value Payable (EOY) |
| 24 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,08,163 | 0 | NA | NA | NA |
| 25 | 0 | 0 | 0 | 0 | 2,00,00,000 | 1,01,402 | 0 | NA | NA | NA |
| 26 | 0 | 0 | 0 | 0 | 2,00,00,000 | 94,642 | 0 | NA | NA | NA |
| 27 | 0 | 0 | 0 | 0 | 2,00,00,000 | 87,882 | 0 | NA | NA | NA |
| 28 | 0 | 0 | 0 | 0 | 2,00,00,000 | 81,122 | 0 | NA | NA | NA |
| 29 | 0 | 0 | 0 | 0 | 2,00,00,000 | 74,362 | 0 | NA | NA | NA |
| 30 | 0 | 0 | 0 | 0 | 2,00,00,000 | 67,602 | 3,86,295 | NA | NA | NA |
| 31 | 0 | 0 | 0 | 0 | 2,00,00,000 | 60,841 | 3,86,295 | NA | NA | NA |
| 32 | 0 | 0 | 0 | 0 | 2,00,00,000 | 54,081 | 3,86,295 | NA | NA | NA |
| 33 | 0 | 0 | 0 | 0 | 2,00,00,000 | 47,321 | 3,86,295 | NA | NA | NA |
| 34 | 0 | 0 | 0 | 0 | 2,00,00,000 | 40,561 | 3,86,295 | NA | NA | NA |
| 35 | 0 | 0 | 0 | 0 | 2,00,00,000 | 33,801 | 3,86,295 | NA | NA | NA |
| 36 | 0 | 0 | 0 | 0 | 2,00,00,000 | 27,041 | 3,86,295 | NA | NA | NA |
| 37 | 0 | 0 | 0 | 0 | 2,00,00,000 | 20,280 | 0 | NA | NA | NA |
| 38 | 0 | 0 | 0 | 0 | 2,00,00,000 | 13,520 | 0 | NA | NA | NA |
| 39 | 0 | 0 | 0 | 0 | 2,00,00,000 | 6,760 | 0 | NA | NA | NA |
| 40 | 0 | 0 | 0 | 0 | 2,00,00,000 | 0 | 0 | NA | NA | NA |

Notes:

- Annualized Premium includes base policy and additional benefits premium, if opted. It excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards the riders, if any, and Goods and Service Tax.

| | |
|---|---|
| I,(name), have explained the premiums, and benefits under the product fully to the prospect / policyholder. | I, Mr.Priyabrata(name), having received the information with respect to the above, have understood the above statement before entering into the contract. |
| Place: Date: 1/13/26 | Signature / Thumb Impression / Electronic Signature of Agent / Intermediary / Official of the insurer |
| This system generated benefit illustration shall be treated as signed by me. | |

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY
Customer Information Sheet Reference No. 189736713

This document provides key information about your policy. You are also advised to go through your policy document.

| Sl. no. | Title | Description in Simple Words <i>(Please refer to applicable Policy Clause Number in next column)</i> | Policy Clause Number |
|------------|--|--|----------------------------|
| 1 | Name of the Insurance Product and Unique Identification Number (UIN) | Axis Max Life Smart Term Plan Plus UIN- 104N127V04 | Policy Preamble |
| 2 | Policy Number | 189736713 | Policy Schedule |
| 3 | Type of Insurance Policy | A Non-linked Non-Participating Individual Pure Risk Life Insurance Plan | Policy Preamble |
| 4 | Basic Policy details | <ul style="list-style-type: none"> • Instalment Premium: 2309.00 • Mode of Premium Payment: Monthly • *Base Sum Assured: 20000000 • Sum Assured on Death at inception: 20000000 • Monthly Income chosen at inception: NA • Income Cover: NA • Maturity Benefit: NA • Policy Term: 40 • Premium Payment Term: 12 • Survival Benefit: NA | Policy Schedule |
| 5 | Policy Coverage/benefits payable | <ul style="list-style-type: none"> • Benefits payable on Death: If Life Insured dies during the Policy Term, provided in the Policy is in force and is not a Lapsed Policy or in Reduced Paid Up Mode, We will pay the Guaranteed Death Benefit to the Claimant as per the Plan Variant selected by You. For more details, please refer to the Policy document. | Clause 1.1.1 of Part C |
| | | <ul style="list-style-type: none"> • Maturity Benefits: The Maturity Benefit is only available if you have selected the 'Return of Premium (ROP)', 'Early ROP Plus Cover', or 'Whole Life Cover' Plan Variants. No Maturity Benefit is provided | Clause 2 of Part C |

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| | <p>for other Plan Variants. For more details, please refer to the Policy document.</p> | |
| | <ul style="list-style-type: none"> • Survival Benefits: The Survival Benefit is only available if you have selected the 'Early ROP Plus', or 'Whole Life Cover' Plan Variants. No Survival Benefit is provided for other Plan Variants. For more details, please refer to the Policy document. | Clause 5 of Part C |
| | <ul style="list-style-type: none"> • Surrender Benefits: You may request in writing to Surrender the Policy at any time but You will get the Surrender Value only if the Policy has acquired the Surrender Value or Early Exit Value or Special Exit Value. | Clause 1 of Part D |
| | <ul style="list-style-type: none"> • Options to Policyholders for availing benefits, if any, covered under the Policy: <ul style="list-style-type: none"> ➢ TERMINAL ILLNESS BENEFIT: If the Policy is in force and is not under Reduced Paid Up Mode, then, 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 accelerated Terminal Illness Benefit to the Claimant. For more details, please refer to Policy document. | Clause 1.2 of Part C |
| | <ul style="list-style-type: none"> ➢ COVER CONTINUANCE BENEFIT OPTION: If the Policy has completed at least three (3) Policy Years from the Date of Commencement of Risk and all the due Premiums have been received in full and the Policy is in force, then, upon subject to a written request, You shall be allowed to have a cover continuance benefit under the Policy for a period extending upto 12 months from the due date of first unpaid Premium. For more details, please refer to Policy document. | Clause 1.3 of Part C |
| | <ul style="list-style-type: none"> ➢ INSTA PAYMENT ON CLAIM INTIMATION: In case of death of the Life Insured post completion of minimum Waiting Period of One (1) Policy Year from the Date of Commencement of Risk or Revival of the Policy and provided the Policy is in force, the Company shall endeavor to pay an accelerated death benefit as per the Base Sum Assured range from applicable | Clause 1.4 of Part C |

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| | <p>Guaranteed Death Benefit within One (1) working day from the claim registration date as gesture to provide interim support. For more details, please refer to Policy document</p> | |
| | <p>➤ LIFELINE PLUS: This allows a female Life Insured to increase her Base Sum Assured following the death of her spouse, provided the Policy is force. For more details, please refer to Policy document.</p> | Clause 1.5 of Part C |
| | <p>➤ HEALTH MANAGEMENT SERVICES: To support the health and wellbeing of the Life Insured, You have the option to access health management services from our registered service providers. For more details, please refer to Policy document.</p> | Clause 1.6 of Part C |
| | <p>➤ PREGNANCY RELATED COMPLICATIONS AND CONGENITAL ANOMALIES OF NEWBORN (MATERNITY COVER): The 'maternity cover' provides financial support in case of pregnancy complications and congenital anomalies in newborns. Please refer to Annexure B of the Policy for the list of pregnancy complications (for mother) and congenital anomalies in newborns (for child) covered under this option and the percentage of the Maternity Cover Sum Assured amount payable on happening of such complication or anomalies. For more details, please refer to Policy document</p> | Clause 1.7 of Part C |
| | <ul style="list-style-type: none"> • Other benefits/options payable, specific to the policy, if any: <p>➤ SUM ASSURED BOOSTER: If you have opted for the 'Regular Cover' and 'Return of Premium' Plan Variants. You have an option to choose between the first-year discount or an increase in the Sum Assured on Death in lieu of the discount ("Sum Assured Booster"). For more details, please refer to Policy document</p> | Clause 1.8 of Part C |
| | <p>➤ REDUCED PAID-UP BENEFIT/ NON FORFEITURE OPTIONS: If Return of Premium, or 'Early ROP Plus' or 'Whole Life Cover' Plan Variants was chosen by You and Policy has acquired a Surrender Value, then, in the event of non-payment of the due Premiums by You to</p> | Clause 3 of Part C |

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| | | Us, this Policy will not become a Lapsed Policy and by default will continue under Reduced Paid-Up Mode unless revived. For more details, please refer to Policy document | |
| 6 | Options available (<i>in case of Linked Insurance Products</i>) | This is not applicable | |
| 7 | Option available (<i>in case of Annuity product</i>) | This is not applicable | |
| 8 | Riders opted, if any | <ul style="list-style-type: none"> • Axis Max Life Critical Illness and Disability Rider (UIN:104B033V02): This rider provides benefit upon diagnosis of any of the critical illnesses covered. | Policy Schedule |
| 9 | Exclusions (events where insurance coverage is not payable), if any. | <ul style="list-style-type: none"> • SUICIDE EXCLUSION: If the Life Insured commits suicide, within 12 (Twelve) months from the Date of Commencement of Risk or from the date of Revival of this Policy, as applicable, all risks and benefits under this Policy shall cease and 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. • For exclusions applicable on Maternity Cover: Please refer to Annexure – B of Policy Document. | Clause 5.1 of Part F |
| 10 | Waiting /lien Period, if any | <ol style="list-style-type: none"> a. 90 days, in case, the Policy is sourced through Point of Sale; and b. A period of 10 months, in case of benefit cover Option of 'maternity cover' starting from the Date of Commencement of Risk or Date of Issuance of Policy or date of Revival, whichever is later. c. A period of 1 year, in case of insta payment on claim intimation starting from the Date of Commencement of Risk or Date of Issuance of Policy or date of Revival, whichever is later. | Clause 64 of Part B |
| 11 | Grace period | Number of Days: 15 | Clause 6 of Part C |

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| 12 | Free Look Period | Number of days: 30 days beginning from the date of receipt of the Policy. | Clause 6 of Part D |
| 13 | Lapse, paid-up and revival of the Policy | <ul style="list-style-type: none"> • Lapse Period: A Policy which has not acquired Surrender Value /Early Exit Value | Clause 7 of Part D |
| | | <ul style="list-style-type: none"> • Policy Renewal: The Premium is due and payable by the due date as specified in the Policy Schedule. The Policy will be renewed only upon receipt of due Premium | Policy Schedule |
| | | <ul style="list-style-type: none"> • Revival Period: It means the period of five consecutive complete years from the date of first unpaid Premium | Clause 3 of Part D |
| 14 | Policy Loan, if applicable | <ul style="list-style-type: none"> • Brief description : Subject to the terms and condition of the Policy, if You have opted for Return of Premium, Early ROP Plus Cover and Whole Life Cover' as Plan Variants and once this Policy has acquired the Surrender Value, then, You will be eligible for grant of loans from Us. | Clause 2 of Part D |
| 15 | Claims/Claims Procedure | <ul style="list-style-type: none"> • Turn Around Time (TAT) For details, refer to "Service TATs in Insurance - Axis Max Life Insurance". • Helpline number - 1860-120-5577 (Call charges apply) or 0124- 4219090. • Contact Details of the Insurer: Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - https://www.axismaxlife.com • Link for downloading applicable forms and list of documents required including bank account details: https://www.axismaxlife.com/downloads | Clause 2 of Part F |
| 16 | Policy Servicing | <ul style="list-style-type: none"> • Turn Around Time (TAT) For details, refer to "Service TATs in Insurance - Axis Max Life Insurance". • Helpline number - 1860-120-5577 (Call charges apply) or 0124- 4219090. • Contact Details of the Insurer: Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector | |

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| | | <p>18, Gurugram-122015, Haryana, India. Website - https://www.axismaxlife.com</p> <ul style="list-style-type: none"> Link for downloading applicable forms and list of documents required including bank account details: https://www.axismaxlife.com/downloads | |
| 17 | Grievances /Complaints | <ul style="list-style-type: none"> Contact Details of Grievance Redressal Officer of the insurer: Grievance Redressal Officer, Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Helpline number: 1860-120-5577 (Call charges apply) or 0124- 4219090. Link for registering the grievance with the insurer's portal: https://www.axismaxlife.com/customer-servicing/grievance-redressal Contact details of Ombudsman: Find your nearest Ombudsman office at: http://www.cioins.co.in/ombudsman | Clause 1 of Part G |

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place: PUNE

Date: 10/01/2026

(Signature of the Policyholder)

Note:

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.axismaxlife.com/term-insurance-plans/smart-term-plan-plus>.
- ii. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.
- iii. *Base Sum Assured is subject to underwriting, for actual Sum Assured details & updated UIN number (in case of modification), please refer to the Policy document.
- iv. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.



CUSTOMER INFORMATION SHEET(CIS) /KNOW YOUR RIDER

Customer Information Sheet reference no. 189736713

This document provides key information about your Rider. You are also advised to go through your Rider document.

| Sl. no. | Title | Description (Please refer to applicable Rider Clause Number in next column) | Rider Document Clause Number |
|---------|--|---|------------------------------------|
| 1 | Name of Insurance Product / Rider | Axis Max Life Critical Illness and Disability Rider (A Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider) UIN: 104B033V02 | Rider Preamble |
| 2 | Rider Number | 189736713 | Cover page of the Rider |
| 3 | Type of Insurance Product / Policy/ Rider | Benefit Rider (where an insurance policy pays a fixed amount under the Policy on the occurrence of the covered event) | Cover page of the Rider |
| 4 | Sum Insured (Basis) (Along with amount) | *Individual Sum Assured - 2500000.0 | Rider schedule |
| 5 | Policy Coverage (What the policy covers?) (Rider Clause Number/s) | The Benefit under the Rider will be paid on happening of any of the below mentioned Insured events, subject to exclusions: • Critical Illness (Applicable only for Gold Variant, Gold Plus Variant, Platinum Variant and Platinum Plus Variant): offers Coverage against listed Critical Illnesses and in case the Life Insured is Diagnosed with a Major Critical Illness after completion of the Waiting Period during the Rider Term, the Rider Sum Assured will be payable in accordance with the Rider T&C. For more details, please refer to Rider Document and for the list of Critical Illnesses refer https://www.axismaxlife.com/static-page/assets/homepage/CIDR_Annexure%202.pdf | Clause 1 of Part C, Rider Benefits |

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| | | <ul style="list-style-type: none"> • Total & Permanent Disability Benefit(Applicable only if You have chosen either Gold Plus Variant, Platinum Plus Variant or Total and Permanent Disability Variant): Rider Sum Assured (or remaining Rider Sum Assured, as applicable) shall be payable on a valid Total and Permanent Disability claim during the Rider Term, subject to Rider benefit being in force. For more details, please refer to Rider Document • Axis Max Fit Program: a subscription will be available to the Life Insured only for the first 5 years of Rider Term from the Date of Commencement of Risk under Rider for calculation number of steps completed by the Life Insured to arrive at the Healthy Weeks. For more details, please refer to the Rider document. | |
| 6 | Exclusions (what the Policy does not cover) | <ul style="list-style-type: none"> • Exclusions for Critical Illness benefit: No benefit of Critical Illness shall be payable: <ul style="list-style-type: none"> ‣ If the Life Insured dies within the Survival Period. ‣ If any Major Critical Illness is Diagnosed within the Waiting Period. ‣ If Critical Illness that was Diagnosed before the Date of Commencement of Risk under Rider. | Clause 1 (A) b of Part C |
| | | <ul style="list-style-type: none"> • For Other exclusions to Critical Illness benefit: Please refer to https://www.axismaxlife.com/static-page/assets/homepage/CIDR_Annexure%203.pdf | Clause 1(A)c of Part C |
| | | <ul style="list-style-type: none"> • Exclusions to Total and Permanent Disability Benefit: Please refer to https://www.axismaxlife.com/static-page/assets/homepage/CIDR_Annexure%204.pdf | Clause 1(B) of Part C |
| 7 | Waiting period <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the Policy coverage. | Waiting Period: It is the period of 90 (Ninety) days from the Date of Issuance of Rider / Revival of this Rider in case of Major Critical Illness/ Total and Permanent Disability claim or 180 (One Hundred Eighty) from the Date of Issuance of Rider / Revival of this Rider in case of a Minor Critical Illness claim. | Part B, Definitions and Clause 1 of Part C |
| 8 | Financial limits of coverage <ul style="list-style-type: none"> i. Sub-limit (It is a pre-defined | Sub- Limit: The Policy will pay only up to the limits specified hereunder for the following diseases/procedures. <ul style="list-style-type: none"> • Critical Illness Benefit: | Clause 1 of Part C |

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| | <p>limit and the insurance company will not pay any amount in excess of this limit)</p> <ul style="list-style-type: none"> ‣ In case of Diagnosis of a Minor Critical Illness, We will pay the lower of 25% of the Rider Sum Assured Or Rs.5 lacs, upon the Life Insured surviving through the Survival Period. For more details, please refer to Rider Document. • Total & Permanent Disability Benefit: Rider Sum Assured shall be payable on a valid Total and Permanent Disability claim during the Rider Term, subject to Rider benefits being in force. | | |
| | <p>ii. Co-payment: (It is a specified amount/percentage of the admissible claim amount to be paid by Policyholder /insured).</p> | Co-payment: NA | |
| | <p>iii. Deductible (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> | Deductible: NA | |
| | <p>iv. Any other limit (as applicable)</p> | Any Other Limit: NA | |
| 9 | Claims/Claims Procedure | <ul style="list-style-type: none"> • Turn Around Time (TAT) for details refer to "Service TATs in Insurance - Axis Max Life Insurance" • Helpline number - 1860-120-5577 (Call charges apply) or 0124- 4219090. • Contact Details of the Insurer: Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - https://www.axismaxlife.com • Link for downloading applicable forms and list of documents required including bank account details: https://www.axismaxlife.com/downloads | Clause 4 of Part F |

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| 10 | Policy Servicing | <p>Helpline No. - 1860 120 5577 or (0124) 4219090 Email:service.helpdesk@axismaxlife.com</p> <p>Chief Customer Officer Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - https://www.axismaxlife.com/</p> | |
| 11 | Grievances/ Complaints | <p>Grievance Redressal Officer, Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India Helpline No. - 1860 120 5577 or (0124) 4219090 Email:manager.services@axismaxlife.com:</p> <ul style="list-style-type: none"> • For list of Contact details of Ombudsman: Find your nearest Ombudsman office at https://www.cioins.co.in/ombudsman | Part G |
| 12 | Things To remember | <ul style="list-style-type: none"> • Free Look cancellation: You may cancel the insurance Rider, if you do not want it, within 30 days from the beginning of the date of receipt of Rider. For more details, please refer to Rider Document. | Clause 6 of Part D, |
| | | <ul style="list-style-type: none"> • Rider Revival: A Lapsed Rider can be revived within the Revival Period subject to terms and conditions of the Rider. | Clause 3 of Part D |
| 13 | Your Obligations | <ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period. | Definition- Part B and Clause 1.A(c)(2) and Clause 1.B (II)2 of Part C |
| | | <ul style="list-style-type: none"> • If the Premium is not received by the expiry of the Grace Period, the rider will automatically lapse and no benefits will be payable under the rider. | Clause 5 Part C (Lapsation of Rider) |
| | | <ul style="list-style-type: none"> • Fraud, mis-statement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. | Clause 6 of Part F |
| | | <ul style="list-style-type: none"> • Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. | Clause 7 of Part F |



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| | <ul style="list-style-type: none">Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time | Clause 8 of Part F |

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place: PUNE

Date: 10/01/2026

(Signature of the Policyholder)

Note:

- i. For the rider related documents including the Customer Information sheet please refer to the <https://www.axismaxlife.com>
- ii. In case of any conflict, the terms and conditions mentioned in the Rider document shall prevail.
- iii. *Sum Assured on Death is subject to underwriting, for actual Sum Assured details & updated UIN number (in case of modification), please refer to the Policy document.
- iv. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

PREMIUM RECEIPT

Receipt No.: 189736713JAN2601

Receipt date: 14-JAN-2026

PERSONAL DETAILS

| | |
|--|---|
| Policy no.: 189736713 | Mobile No: 7318601195 |
| Policyholder's name: Priyabrata Mondal | E-mail ID: priyabratamondal622@gmail.com |
| Address: B1-110 Megapolis Symphony Hinjewadi Phase 3 Near Megapolis Saffron Pune 411057 Maharashtra India | PAN: FJVPMP2016P Customer GSTIN: Not Available Current residential state: Maharashtra |

POLICY DETAILS

| | |
|---|--------------------------------|
| Life insured: Priyabrata Mondal | Premium payment term: 12 Years |
| Plan name: Axis Max Life Smart Term Plan Plus | Date of maturity: 13-Jan-2066 |
| Policy commencement date: 13-JAN-2026 | Modal premium: ₹ 2,537.33 |
| Policy term: 40 Years | Premium received: ₹ 2,537.33 |
| Premium payment frequency: Monthly | Late payment fee: ₹ 0.00 |

CONNECT WITH US

Life Advisor: Policy Bazaar Insurance B Private Limited Tb
Life Advisor contact: 18601205577

GST DETAILS

| Coverage Type | Taxable Value | SGST/UTGST | | CGST | | IGST | |
|---------------|---------------|------------|--------|------|--------|------|--------|
| | | Rate | Amount | Rate | Amount | Rate | Amount |
| Base | ₹ 0.00 | NA | ₹ | NA | ₹ | NA | ₹ |
| Rider | ₹ 0.00 | NA | ₹ | NA | ₹ | NA | ₹ |
| Late Payment | ₹ 0.00 | NA | ₹ | NA | ₹ | NA | ₹ |

Total GST value: ₹

GSTIN: 06AACCM3201E1Z7

GST registered state: Haryana

SAC code: 997132

Mudrank : NA

Total Sum Assured of base plan and term rider (if any)



₹ 2,00,00,000.00

Premium received



₹ 2,537.33

Duration for which the premium is received



13-JAN-2026 to 12-FEB-2026

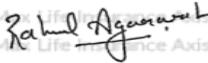
Next premium due date



13-FEB-2026

IMPORTANT INFORMATION:

- Premiums may be eligible for tax benefits under section 80C / 80CCC / 80D / 37(1) of the Income Tax Act 1961. Kindly consult your tax advisor for more information. Tax benefits are liable to change in line with current legislation or government notification.
- For payment modes other than cash, this receipt is conditional upon the credit in our account. Payment of premium amount does not constitute commencement of risk. The risk commencement starts after acceptance of risk by us.
- Amount received would be adjusted against the due premium as per terms and conditions of the policy.
- GST shall comprise CGST, SGST / UTGST or IGST (whichever is applicable) including cesses and levies, if any as per prevailing laws and shall be borne by you. For GST purposes, this premium receipt is Tax invoice/Bill of Supply(BOS). Assessable Value in GST is premium as reduced by amount allo-cated for investment (if applicable).
- I/We hereby declare that though our turnover is more than the turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the said sub-rule.
- Supply meant for Export under Letter of Undertaking without payment of Integrated Tax.


Authorised Signatory

PRM20

E.&O.E

PRODUCT UIN: 104N127V04



Our virtual assistant
Chat with MILI
on our website



WhatsApp
Send 'Hi' to
+91 74283 96005



Login to manage your policy
axismaxlife.com/customer-service



Call us at 1860 120 5577

For more details, visit us: axismaxlife.com/contact-us



Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited) is a Joint Venture between Max Financial Services Limited and Axis Bank Limited.

Important: DO NOT believe in calls, SMSes or e-mails offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No> IFS Code: HSBC0110002". Axis Max Life Insurance does not collect Premium in any other account.

Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited): Plot No. 90 C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122 015.
Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533.
CIN: U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

IRDAI Registration. No. 104

BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

- 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



LAUNCHING THE NEW

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BECAUSE

BHAROSA TUM HO

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Complimentary health and wellness benefits



View policy details



Renew your policy



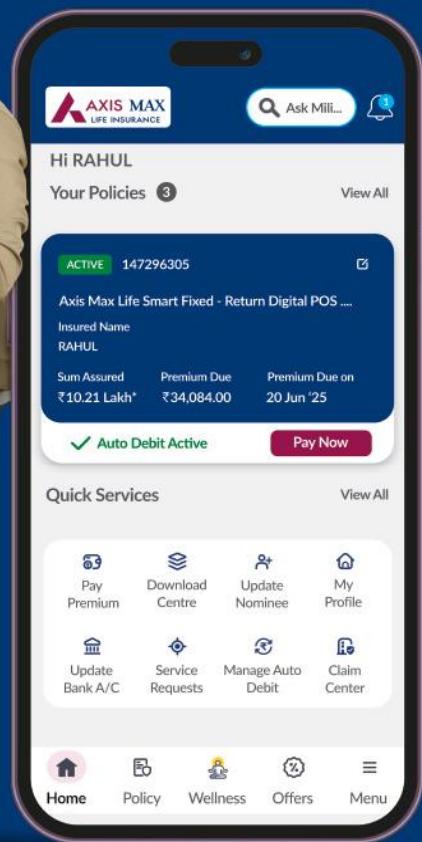
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^Individual Death Claims Paid Ratio as per Audited Financials for FY 2024-2025 | *As per Public Disclosure for H1 FY 2024-2025.

Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited) is a Joint Venture between Max Financial Services Limited and Axis Bank Limited. Important: DO NOT believe in calls, SMSes or e-mails offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No> IFS Code: HSBC0110002". Axis Max Life Insurance does not collect Premium in any other account. Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited): Plot No. 90 C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122 015. Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. CIN: U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

The Brand Ambassadors (if depicted herein), have endorsed only the Axis Max Life Insurance Products and are not in any manner endorsing Axis Bank Limited and do not have any kind of association or relationship with Axis Bank Limited.

ARN: Axis Max Life/FCB/Customer Marketing/Policy Pack Adapt/November 2025

IRDAI Regn. No. 104

BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

- IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investments of premiums.
- Public receiving such phone calls are requested to lodge a police complaint

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