

Tata AIA Life Insurance • IRDA of India Regn no. 110

Customer Information Sheet / Know Your Policy

This document provides key information about your policy and will be included as part of your policy kit. You are also advised to go through your policy document.

Sr No	Title	Description in Simple Words (Please refer to applicable Policy Clause Number in next column)	Policy Clause number
1	Name of Insurance Product/Rider and Unique Identification Number	Tata AIA Sampoorna Raksha Promise (UIN:110N176V10)	Policy Schedule
2	Policy Number	C294246887	Policy Schedule
3	Type of Insurance Policy	Pure risk	Policy Schedule
4	Basic Policy Details	Instalment Premium: 7171.00 Mode of Premium Payment: Monthly Sum Assured on Death: 30000000 Sum Assured on Maturity: As per Clause 3.1of Part C Premium Payment Term: 10 Policy Term: 34	Policy Schedule / Benefit Illustration/ As per Part C

5	Policy Coverage/ Benefits Payable	Benefits payable on maturity: Lump Sum Payout on survival of the life assured/s till the maturity date of the policy	Clause 3(1)(IV) of part C Clause 3(1)(I) of part C Clause 3(1)(II) of part C Clause 3(1)(III) of part C Clause 6.7 (II) of Part F Clause 3 (II) (1) of Part C Clause 3 (II) (2) of Part C Clause 3 (II) (3) of Part C Clause 3 (II) (4) of Part C Clause 3 (II) (5) of Part C Clause 3 (II) (6) of Part C Clause 3 (II) (7) of Part C Clause 3(1)(V) of part C Clause 3 (II) (8) of Part C
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Benefits payable on death -

In case of death of the Life Insured for an in-force policy (all due premiums have been paid), the death benefit payable to the Claimant is as outlined below:

Highest of:

- 1.25 x Single Premium (excluding discount) or DB multiple⁽¹⁾ x Annualised Premium⁽²⁾ (excluding discount);
- 105% of Total Premiums Paid (excluding loading for modal premiums and discount) up to date of death; or
- An absolute amount assured to be paid on death⁽³⁾

(1) DB multiple is 7 in case of Life Promise Option and 10 in case of Life Promise Plus option

(2) in aggregate for Base SA and all tranches of Additional Sum Assured

(3) The absolute amount assured to be paid on death is the Effective Sum Assured applicable as on the date of death.

Upon payment of entire sum of the death benefit, the policy terminates and no further benefits are payable.

Accidental Death

Accidental Death benefit will be payable as a lumpsum payout as per the Option chosen by the you and as detailed below:

Lump sum payout on accidental death of both life assureds simultaneously under joint life promise options.

In case of simultaneous death of both the first life and second life due to accident for an in-force policy (all due premiums have been paid), the amount payable in addition to the death benefit (defined above) shall be equal to: Base SA

Terminal Illness

Terminal Illness payout is payable in lumpsum on the confirmed diagnosis of the Terminal Illness as per the Option chosen by the you and as detailed below:

In case of confirmed diagnosis of terminal illness of the life assured for an in-force policy (all due premiums have been paid):

The amount payable under the "Payor Accelerator Benefit" shall be 50% of Base SA and all the future premiums (base benefit option and cover enhancement options, if opted) shall be waived off and the policy will continue to remain inforce for the remaining applicable benefit(s).

Surrender Benefit:

The surrender benefit available under the product varies by the Option chosen. The policy will terminate upon payment of this benefit.

Options to policyholders for availing benefits, if any, covered under the policy

Flexible Payout Option

You will have the option to opt for lump sum, staggered benefit or a combination of a lump sum amount and staggered benefit, as at the time of purchase (referred as the "Payout Plan" henceforth).

If the payout plan chosen includes a staggered benefit, at the time of purchase of the policy, the Policyholder would stipulate the benefit amount stream payable to the nominee after death of the Life Insured. The staggered benefit payment frequency can be Annual / Half Yearly / Quarterly / Monthly. Any accrued staggered benefit, due before intimation of death, will be paid along with first payout under this option. You can choose between:

- a. Level income payout – fixed income payout throughout the chosen benefit period
- b. Increasing Income payout – income increases year-on-year based on chosen simple interest rate (up to 15%) throughout the chosen benefit period

Cover Enhancement Options

a) Life Stage:

Under Life Stage option, you can increase the coverage amount on happening of any one of the following Life Stage events, and the option to increase the Sum Assured is exercised within 180 days of the happening/incidence of the following event(s):

Event	Additional Sum Assured as % of Base Sum Assured
Marriage (One Marriage Only)	50%
Birth/Adoption of 1 st Child	25%
Birth/Adoption of 2 nd Child	25%
Home Loan disbursal*	100% (subject to underwriting)

Once chosen, the option cannot be changed over the Policy Term, but you will always have a right to stop exercising the option in the future.

Refer the policy document for more details.

Top-Up SA

Under Top-Up SA option, you can opt to increase the life cover by a fixed percentage at each Policy Anniversary by paying an additional premium for every increase, subject to satisfactory underwriting as per Underwriting Policy. You can opt to exercise the Top-SA option at the time of purchase of the Policy, provided the premium payment term is at least 5 years.

Refer the policy document for more details.

Other benefits/ options payable, specific to the policy, if any

Renewability option at Maturity

At the Date of Maturity, You can choose to extend the Policy Term. This option can be exercised a maximum of 5 (five) times subject to Underwriting Policy. Additional premium shall be payable for the extended term.

Cover Continuation Option:

In case of first death of either of the life assureds during the policy term under Joint Life Promise and Joint Life Promise Plus, the surviving life may choose to continue his / her life cover by taking a Single Premium policy. The premium for the Single Premium policy shall be determined based on attained age, chosen sum assured and policy term. The Single Premium policy shall be chosen from Life Promise, Life Promise Plus options. The Single Premium amount shall be deducted from the death benefit payable with respect to first death. This option has to be chosen at inception of the policy, however the surviving life assured has a choice to not exercise this option at later date.

FlexiPay Benefit:

You may opt to defer the due Premium for a period of up to 12 (twelve) months from the due date ("Premium Deferment Period"), while maintaining the full risk cover under the Policy and the attached riders, if any, at no additional cost/Premium. In case of occurrence of any insured event during the said period of 12 (twelve) months, the Sum Assured shall be paid after deducting the unpaid Premiums, if any, as on date of the occurrence of the insured event covered under this Policy and the attached riders (if any).

At the end of Premium Deferment Period, You are required to pay the due Premiums, including the Premium applicable for the Premium Deferment Period, i.e. the base cover premium and additional premium (if any). During the Premium Deferment Period, the Policy shall remain in-force with the benefits applicable under Grace Period of the Policy.

The Policy document lays down, in detail, the conditions specific to Premium Deferment:

Instant Payout on Claim Intimation:

In case of death of the Life Insured, post completion of waiting period of 3 Policy Year, from the policy inception or Revival of the Policy and provided the Policy is in force, an accelerated instant death benefit of INR 3 Lacs from the Sum Assured will be paid within 1 working day from the claim registration date. This feature could only be availed with the minimum Sum Assured of INR 1 Cr.

The remaining SA shall be payable post the completion of the claim investigation. Further, in case of any discrepancy in the claim investigation resulting in the final decision of non-payment of the claim, the company reserves the right to recover the already paid amount.

Family Plan Option:

The Life insured at the inception (on payment of additional premium) shall have an option to transfer Legacy Sum Assured to his/her child provided the policy is inforce and the primary Life insured survives till the end of their policy term. The optional benefit will work as follows:

Primary Life (Benefits defined for Life Promise /Life Promise Plus option as stipulated in Section 7)

- The Primary Life Insured (i.e. Parent) coverage shall be applicable during the Policy Term wherein the available coverage terms for Primary Life are till Age 60 or 65 years as per the base plan.
- Upon death or terminal illness of the Primary life during the policy term, death or payor accelerated benefit, as applicable, shall be payable and the policy will terminate thereafter.
- Upon survival of the primary life till the end of the Policy Term, the primary life shall receive Return of Premiums in case of Life Promise Plus options and no benefit shall be applicable under Life Promise option. The Sum Assured (including any Top-up or Life stage option) of the primary life shall be transferred to the secondary life thereafter.

Secondary Life

- Upon survival of the primary life till the end of the Policy Term; provided the secondary life (i.e. one Child, as opted at the inception) is alive, the coverage will commence for the Secondary Life Insured and shall be covered till the Extended Policy Term.
- The Extended Policy Term shall start post the coverage period of primary life and will continue till the secondary life reaches Age 60.
- Upon death of the Secondary Life Insured, the Sum Assured shall be

payable and the policy will terminate thereafter.

- Upon survival of the secondary life during the extended period, no benefit shall be payable, and the policy will terminate thereafter.

Addition clauses applicable

- This option is available only for Life Promise and Life Promise Plus options.
- Minimum Age gap between primary and secondary life insured should be 18 years.
- In case of death of secondary life insured before the policy term, no further addition / change will be allowed.
- The life insured can opt for the benefit only at policy inception by paying an incremental premium to avail the benefit

Value-added Service Feature:

Health Management Services:

Life Insureds of TATA AIA Sampoorna Raksha Promise, who are eligible for the Health Management Services, will be eligible to avail second opinion/personal medical case management services/medical consultation from the service provider/s affiliated to/registered with Us. The services are expected to assist the Life Insured with an independent diagnosis of the medical condition, thus helping the Life Insured to take the required steps. These services are subject to a number of conditions which have been detailed in the Policy document.

LOYALTY PROGRAM REWARD

If You are a member of the Loyalty Program administered by a service provider empaneled by the Company, You shall be entitled to the Loyalty Program Reward upon the purchase of the Policy and upon meeting the eligibility criteria. The loyalty programs offer redemption benefits through the service provider's eco-systems based on applicable terms and conditions. Such reward shall accrue as percentage of the Annualized Premium or Single Premium (as applicable) and shall be made available by the service provider to You in the form of benefits (points, coins, etc.) in the first policy year by loyalty program service provider. The quantum of reward shall be determined by the Company's extant Policy and shall be disclosed in the Company's website from time to time. The loyalty program rewards benefit shall be subject to conditions which have been detailed in the Policy document.

Lock-in period for Linked Insurance products:NA;

6	Options available (in case of Linked Insurance Products)	NA	
7	Option available(in case of Annuity product)	NA	
8	Riders opted, if any	Refer rider CIS for details	Rider CIS
9	Exclusions (events where insurance coverage is not payable), if any.	<p>SUICIDE EXCLUSION</p> <p>Suicide provisions will be applicable as per the Option selected by Policyholder and detailed as mentioned below:</p> <p>Life Promise, Life Promise Plus</p> <p>In case of death due to suicide within 12 months:</p> <p>From the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the Total Premiums Paid (including additional premium paid for Family Plan Option benefit, if applicable) till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force; or</p> <p>From the date of exercising the Life Stage Option (if applicable), the nominee or beneficiary of the policyholder shall be entitled to 80% of the premiums paid (excluding any extra premium, any rider premium and taxes) for the increased tranche(s). The original death benefit (based on the sum assured chosen at the time of purchase) and any increased death benefit purchased by exercising the Life Stage Option subsequently but prior to 12 months from the date of death (due to suicide) will remain payable in full.</p> <p>TERMINAL ILLNESS BENEFIT</p> <p>No claim will be payable if the Terminal Illness arises directly or indirectly as a result of attempt to suicide in the first year from inception or Revival of policy.</p> <p>In case a Terminal Illness claim is not payable due to the above exclusion, the policy will continue with the applicable death cover.</p>	Clause 4.3.1 of Part D Clause 4.3.2 of Part D

10	Waiting/ lien period, if any	<p>Waiting period only for Pos</p> <p>Life Promise, Life Promise Plus</p> <p>If death of the Life Assured occurs during the first 90 days from the Date of commencement of risk, we shall refund Total Premiums Paid and the policy will terminate with immediate effect.</p> <p>Waiting period of 90 days is not applicable for death due to accident provided all due premiums have been paid.</p>	Clause 4.3.3 of Part D
11	Grace Period	<p>A Grace Period of fifteen (15) days for monthly mode and thirty (30) days for all other modes, from the due date will be allowed for payment of each subsequent premium. The Policy will remain in force during this period. If any premium remains unpaid at the end of its Grace Period, the Policy shall lapse and have no further value except as may be provided under the Non-Forfeiture Provisions.</p> <p>In case of death of the Life Insured during the Grace Period but before the payment of the premium then due, the policy will still be valid and the benefits shall be paid after deductions of the said unpaid premium and also the balance premium(s), if any, falling due from the date of death and before the next policy anniversary.</p>	Clause 6.3 of Part F
12	Freelook Period	<p>If you are not satisfied with the terms & conditions of the policy, you have the right to cancel the policy by providing a written notice to the Company stating objections/reasons and receive the refund of all premiums paid without interest after deducting stamp duty and medical examination cost along with applicable taxes, cesses and levies which have been incurred for issuing the policy. Such notice must be signed by you and received directly by the Company within 30 days from the date of receipt of the policy document whether the Policy is sourced electronically or otherwise.</p>	Clause 4.14 of Part D

13	Lapse, paid-up and revival of the Policy	<p>Non-Forfeiture Benefit on Premium Discontinuance:</p> <p>If any due premium for a non-single pay policy remains unpaid at the end of the grace period, the following is the treatment under various scenarios:</p> <p>REVIVAL</p> <p>If a premium is in default beyond the Grace Period and subject to the Policy not having been surrendered, it may be reinstated/revived, within five years after the due date of first unpaid premium and before the date of maturity, subject to: (i) Policyholder's written application for reinstatement/revival; (ii) production of Insured's current health certificate and other evidence of insurability, satisfactory to the Company; and (iii) payment of all overdue premiums with interest.</p>	Clause 6. 5 and 6.7 of Part F
14	Policy Loan, if applicable	Not Available	Clause 6.6 of Part F

15	Claims/Claims Procedure	<ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement and brief procedure: <ul style="list-style-type: none"> ▪ 30 days from receiving all the documents, ▪ 90 days from the day of the claim intimation, if further investigation required. ▪ Brief procedure: <ol style="list-style-type: none"> i. Intimate claim to us via email/call/or at any one of the branch offices. ii. Submit all relevant documents along with claim. Please refer to www.tataaia.com for more details. iii. Documents shall be verified and processed. iv. We shall contact you in case of any queries or further information required. v. Claim amount shall be disbursed if claim is acceptable. vi. For the detailed procedure, please refer to our website www.tataaia.com • Helpline/Call Centre number: 1-860-266-9966 (local charges apply) • Contact details of the insurer: Email - Customercare@tataaia.com Call our helpline number 1-860-266-9966 (local charges apply) Write directly to us on following address: Tata AIA Life Insurance Company Limited B - Wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) – 400 607, Maharashtra. • Link for downloading claim form and list of documents required including bank account details www.tataaia.com 	
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16	Policy Servicing	<ul style="list-style-type: none"> • Turn Around Time (TAT) : <p>For Policy Servicing TATs, please visit www.tataaia.com</p> • Helpline/Call Centre number : 1-860-266-9966 (Call charges apply) • Contact details of the insurer : <p>Email - Customercare@tataaia.com</p> <p>Call our helpline number 1-860-266-9966 (local charges apply)</p> <p>Write directly to us on following address:</p> <p>Tata AIA Life Insurance Company Limited B - Wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) – 400 607, Maharashtra.</p> • Link for downloading applicable forms and list of documents required including bank account details www.tataaia.com 	Part G
17	Grievances/Complaints	<ul style="list-style-type: none"> • Contact details of Grievance Redressal Officer of the Insurer Customers can email to GRO@tataaia.com or write to – Grievance Redressal Officer (GRO) Tata AIA Life Insurance Company Limited, 9th Floor, B - Wing, I-Think Techno Campus, Behind TCS (Lodha), Thane (West), Mumbai – 400 607. • Link for registering the grievance with the insurer's portal The Insurer's portal may be accessed on www.tataaia.com • Contact details of Ombudsman Where the redressal is not satisfactory despite the escalations, you may represent to the Ombudsman. For further information or latest updated list of Ombudsman Office addresses, kindly visit the IRDA of India website https://www.cioins.co.in/Ombudsman - Ombudsman / List of Insurance Ombudsmen or our website www.tataaia.com. 	Part G

We", "Us", "Our", "Insurer" or "Company" refers to Tata AIA Life Insurance Company Limited.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details. I further confirm the below that:

- a) In case of any change to the Sum Insured/Rider after submission of the proposal, the details in the revised benefit illustration and Customer Information Sheet would be applicable.
- b) I have received a copy of the CIS through the download utility/through my salesperson.
- c) I am aware that on request I can avail of the CIS in local language.

Place: BENGALURU KARNATAKA

Prakyath S Arya

Date: 04-02-2026 14:56:58

(Signature of the Policyholder)

Authentication of this document is completed via OTP on proposal form.

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CUSTOMER INFORMATION SHEET/KNOW YOUR RIDER

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

Sr. no.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause number
01	Name of Insurance Product/Rider and Unique Identification Number	Tata AIA Health Buddy (UIN: 110N183V01) Non - Participating, Non - Linked, Individual Health Product	Policy Schedule
02	Policy Number	C294246887	Policy Schedule
03	Type of Insurance Policy	• Benefit (Where insured losses are covered up to benefit under the policy)	Policy Schedule

04	Sum Insured (Basis) (Along with amount)	<p>Individual Cover (Where each member has a separate sum insured under the policy):</p> <table border="1" data-bbox="532 291 1264 527"> <tr> <td data-bbox="532 291 1105 359">Benefit Option</td><td data-bbox="1105 291 1264 359">P</td></tr> <tr> <td data-bbox="532 359 1105 437">Accidental Total and Permanent Disability</td><td data-bbox="1105 359 1264 437">10000000</td></tr> <tr> <td data-bbox="532 437 1105 527">Select CI</td><td data-bbox="1105 437 1264 527">500000</td></tr> </table>	Benefit Option	P	Accidental Total and Permanent Disability	10000000	Select CI	500000	Policy Schedule/ Benefit Illustration
Benefit Option	P								
Accidental Total and Permanent Disability	10000000								
Select CI	500000								
05	Policy Coverage/ Benefits Payable	<p>Accidental Total and Permanent Disability:</p> <p>In the event of Total and Permanent Disability of the life insured due to an accident within the benefit option term, 100% of the Insured Amount will be paid depending on the payout option chosen, provided the disability occurs within 180 days from that accident.</p> <p>The amount of benefit payable will be doubled if the Injury for which the benefit is payable occurs under specified circumstances</p> <p>The Insured Amount will be payable if the accident occurs within the benefit option term even if the disability occurs beyond the benefit option term (however within 180 days of the accident) and the option shall terminate on earlier of valid claim or expiry of the term.</p> <p>For more details, please refer the policy document</p>	Clause 3.1 of Part C						

	<p>This benefit is payable only once per policy year and is not payable if the insured dies during hospitalization.</p> <p>For more details, please refer the policy document</p> <p>Select CI-</p> <p>The Insured Amount under Benefit Option is paid following the diagnosis of life assured with an illness covered under this Benefit Option. The Insured Amount under Benefit Option shall be payable as lump sum by default.</p> <p>There are below sub-options available under this Benefit Option to choose from as per the requirement of the policyholder:</p> <ul style="list-style-type: none">• Select CI 3/10: 3 minor illness covered + 10 major illnesses covered• Select CI 3/21: 3 minor illness covered + 21 major illnesses covered• Select CI 3/60: 3 minor illness covered + 60 major illnesses covered• Select CI 10/21: 10 minor illness covered + 21 major illnesses covered• Select CI 10/60: 10 minor illness covered + 60 major illnesses covered <p>The policyholder has an option to choose any one of the above major options together with one of the minor options at inception of the policy and shall not be allowed to be changed during the policy term.</p>	
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	<p>The sum insured for respective CI conditions are mentioned below-</p> <table border="1"> <tr> <td style="text-align: center;">Minor Critical Illness</td><td>On diagnosis of listed critical illness subject to terms specified an amount equal to 25% of the sum assured or INR 10,00,000, whichever is lower, is payable</td></tr> <tr> <td style="text-align: center;">Major Critical Illness</td><td>On diagnosis of major condition an amount equal to 100% of sum assured less any minor claim already paid is payable</td></tr> </table> <p>A particular minor Critical illness can be claimed only once during the benefit option term. Maximum of 3 claims are payable for 3 Minor CI and maximum of 4 claims are payable for 10 Minor CI. For multiple minor stage claims, there needs to be a period of at least 180 days between the date of occurrence of a minor stage Critical Illness and date of diagnosis of the subsequent minor stage Critical Illness.</p> <p>In case the benefit payout is less than 100% of the Insured Amount, the benefit option will continue for the balance Insured Amount. The benefit will terminate on payment of a cumulative of 100% of Insured Amount.</p> <p>For more details, please refer the policy document .</p>	Minor Critical Illness	On diagnosis of listed critical illness subject to terms specified an amount equal to 25% of the sum assured or INR 10,00,000, whichever is lower, is payable	Major Critical Illness	On diagnosis of major condition an amount equal to 100% of sum assured less any minor claim already paid is payable	
Minor Critical Illness	On diagnosis of listed critical illness subject to terms specified an amount equal to 25% of the sum assured or INR 10,00,000, whichever is lower, is payable					
Major Critical Illness	On diagnosis of major condition an amount equal to 100% of sum assured less any minor claim already paid is payable					

	<p>Along with main Benefit Options, the policyholder has the option to choose one or more of the following Add-on Benefits-</p>	Clause 3.2 of Part C
	<p>1. Accidental Death Benefit <i>(available with all the main Benefit Options listed above)</i></p> <p>In the event of the death of the life insured due to an accident within the benefit option term, the Insured Amount is paid depending on the payout option chosen. The death should happen within benefit option and within 180 days from the accident.</p> <p>The amount of Death benefit for the benefit option payable will be doubled if the death occurs under specified circumstances</p> <p>The Accidental Death benefit for the benefit option is payable only once during the term of the benefit option and the option shall terminate on earlier of death or expiry of the term.</p>	

	<p>Maturity Benefit</p> <p>At the time of purchase, if the policyholder chooses to opt for a Return of Balance Premium option under the following benefits:</p> <ul style="list-style-type: none"> • Accidental Total and Permanent Disability (ATPD) • Add-On Benefit: Accidental Death Benefit (ADB) • Select CI <p>an amount equal to the Total Premiums Paid (excluding loading for modal premiums) towards the benefit option, less any claim amount already paid out under the respective benefit option. It shall be payable at the end of the benefit option term, provided the benefit option is not terminated.</p> <p>This option can be chosen only at the time of purchase and cannot be changed thereafter.</p>	Clause 3.3 of Part C
	<p>Add-on Policy Booster (Composite Booster):</p> <p>The customer may be eligible for Add-on Policy Booster (Composite Booster), provided the customer has purchased another TATA AIA Insurance product in combination with this product. Please note the following:</p> <ul style="list-style-type: none"> • Add-on Policy Booster (Composite Booster) shall be allocated provided all the due premiums under both the 'plans in combination' have been paid till date of booster accrual. • Such Add-on Policy Booster (Composite Booster) shall be provided in the form of additional units in the respective unit linked product as per the Terms & Conditions of respective product bought in combination with this plan. • Such Add-on Policy Booster (Composite Booster) shall be provided in the form of premium discount and/or increase in applicable benefit in the respective non-linked product as per the Terms & Conditions of respective product bought in combination with this plan. <p>For more details, refer to policy document</p>	Clause 3.11 of Part C

06	Exclusions	<p>Details of the Exclusions applicable under the various 'Health Benefit options' are given below</p> <table border="1" data-bbox="521 287 1257 1320"> <thead> <tr> <th data-bbox="521 287 775 361">Event</th><th data-bbox="775 287 1257 361">Exclusion</th></tr> </thead> <tbody> <tr> <td data-bbox="521 361 775 1320">Accidental Death (AD)</td><td data-bbox="775 361 1257 1320"> <p>Accidental Death Benefit shall not be payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> • Death as a result of any disease or infection • Death arising due to any condition other than death solely and directly as a result of an accident • Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. <p>Wherever the proximate cause is accident which has occurred after the product inception date, this exclusion shall not apply.</p> <ul style="list-style-type: none"> • Suicide, attempted suicide, intentional self-inflicted injury, acts of self-destruction, irrespective of mental condition. </td></tr> </tbody> </table>	Event	Exclusion	Accidental Death (AD)	<p>Accidental Death Benefit shall not be payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> • Death as a result of any disease or infection • Death arising due to any condition other than death solely and directly as a result of an accident • Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. <p>Wherever the proximate cause is accident which has occurred after the product inception date, this exclusion shall not apply.</p> <ul style="list-style-type: none"> • Suicide, attempted suicide, intentional self-inflicted injury, acts of self-destruction, irrespective of mental condition. 	Annexure 1
Event	Exclusion						
Accidental Death (AD)	<p>Accidental Death Benefit shall not be payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> • Death as a result of any disease or infection • Death arising due to any condition other than death solely and directly as a result of an accident • Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. <p>Wherever the proximate cause is accident which has occurred after the product inception date, this exclusion shall not apply.</p> <ul style="list-style-type: none"> • Suicide, attempted suicide, intentional self-inflicted injury, acts of self-destruction, irrespective of mental condition. 						

- Death arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen
- Death arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- Death caused by participation of the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Insured Person whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.

		<ul style="list-style-type: none"> • Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities • Death arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion with criminal intent. • Death arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 	
	<p>Accidental Total & Permanent Disability (ATPD)</p>	<p>Accidental Disability Benefit shall be not payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> • Disablement as a result of any disease or infection • Disablement arising due to any condition other than disablement solely and directly as a result of an accident • Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. <p>Wherever the proximate cause is accident which has occurred after the product inception date, this exclusion shall not apply.</p>	

- If the Disability has not persisted for at least 180 days and is not in the opinion of a medical practitioner, deemed to be permanent.
- Attempted suicide, intentional self-inflicted injury, acts of self-destruction, irrespective of mental condition.
- Disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen
- Disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- Disablement caused by participation of the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

- Insured Person whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
- Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities
- Disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion with criminal intent.
- Disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack

		<p>Permanent Exclusions for Critical Illness, Monthly Income Assurance and Waiver of Premium due to CI.</p> <p>We shall not be liable to make any payment under this Policy towards a covered Critical Illness, caused by, based on, arising out of or howsoever attributable to any of the following:</p> <p class="list-item-l1">1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;</p> <p class="list-item-l1">2. Any Pre-existing Disease or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability;</p> <p class="list-item-l2">a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or</p> <p class="list-item-l2">b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement.</p>	
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In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

Coverage under the policy after the expiry of the waiting period for Pre-Existing Disease (Up-to 36 months as per BAUP) is subject to the same being declared at the time of application and accepted by Insurer.

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
6. Any Critical Illness 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. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;

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| | | <ul style="list-style-type: none">9. Any Critical Illness 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 diving10. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger of a recognized airline on regular routes and on a scheduled timetable.11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.13. Any 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. | |
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14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
- Surgery to be conducted is upon the advice of the Doctor
 - The Surgery / Procedure conducted should be supported by clinical protocols
 - The member 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:
 - Obesity related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type 2 Diabetes

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| | | <p>17. Any Critical Illness 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.</p> <p>18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>19. In the event of the death of the Insured Person within the stipulated survival period as mentioned in the policy document.</p> <p>20. Any Critical Illness caused by sterility and infertility. This includes:</p> <ul style="list-style-type: none">a. Any type of contraception, sterilizationb. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSIc. Gestational Surrogacyd. Reversal of sterilization | |
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17. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as mentioned in the policy document.
20. Any Critical Illness 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

07	<p>Waiting Period</p> <p>Time period during which specified diseases/treatments are not covered</p>	<p>The waiting period shall be applicable as mentioned below –</p> <table border="1" data-bbox="537 249 1268 563"> <thead> <tr> <th data-bbox="537 249 791 361">Name of Benefit Option</th><th data-bbox="791 249 1268 361">Waiting Period (in days)</th></tr> </thead> <tbody> <tr> <td data-bbox="537 361 791 440">ATPD, ADB</td><td data-bbox="791 361 1268 440">Not Applicable</td></tr> <tr> <td data-bbox="537 440 791 563">CritiCash & Select CI</td><td data-bbox="791 440 1268 563">90 days for Major CI/ Catastrophic CI 180 days for Minor CI</td></tr> </tbody> </table>	Name of Benefit Option	Waiting Period (in days)	ATPD, ADB	Not Applicable	CritiCash & Select CI	90 days for Major CI/ Catastrophic CI 180 days for Minor CI	Clause 3.9 of Part C
Name of Benefit Option	Waiting Period (in days)								
ATPD, ADB	Not Applicable								
CritiCash & Select CI	90 days for Major CI/ Catastrophic CI 180 days for Minor CI								
08	Financial Limits of coverage	Not Applicable							
09	Claims/Claims Procedure	<p>To register claim, please visit the Company through any service touch points mentioned in Policy servicing section.</p> <p>Claims Process:</p> <ol style="list-style-type: none"> 1. Get admitted in hospital/nursing home as per the norm. 2. After paying the bills Intimate the claim to Company for reimbursement of the amount 3. Register and submit all relevant and mandatory claim documents. 4. Company verifies/scrutinizes the documents and claim submitted basis your policy coverage and details. 5. If claim is approved, Payment is settled into customer's account. 	Clause 6.2 of Part F						

	<p>Please note that,</p> <ol style="list-style-type: none"> 1. If any queries, a query letter will be sent to you. 2. If claim is rejected/denied, a rejection letter mentioning the reason for rejection will be sent to you <p>Claims/Claims procedure:</p> <ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement and brief procedure – 15 days(Regulatory TAT) • Helpline/Call Centre number - 1860-266-9966 (call charges apply) • Contact details of the insurer – <ul style="list-style-type: none"> • E-mail us at customercare@tataaia.com • Address- Tata AIA Life Insurance Company Limited 9th Floor, B - Wing, I-Think Techno Campus, Behind TCS (Lodha), Pokhran Road No.2, Thane (West), Mumbai – 400 607 • Link for downloading claim form – <ul style="list-style-type: none"> • Hospitalization - https://www.tataaia.com/content/dam/tataaialifeinsurancecompanylimited/pdf/download-centre/english/claims/claim-hospitalization.pdf • Disability - https://www.tataaia.com/content/dam/tataaialifeinsurancecompanylimited/pdf/download-centre/english/claims/Disability-Claimant%27s%20Statement_English.pdf • Critical Illness - https://www.tataaia.com/content/dam/tataaialifeinsurancecompanylimited/pdf/download-centre/english/claims/Critical%20Illness-Claimant%27s%20Statement_English.pdf • List of documents required including bank account details- documents differ as per claim type. 	
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10	Policy Servicing	<ul style="list-style-type: none"> i. E-mail us at customercare@tataaia.com ii. Contact your Tata AIA Life Agent / Distributor iii. Call our helpline number 1-860-266-9966 (Call charges apply) iv. Visit the nearest the Tata AIA Life branch or CAMS Service Center v. Log on to Online Customer Portal by visiting www.tataaia.com vi. Write to us on the following address: Tata AIA Life Insurance Company Limited 9th Floor, B - Wing, I-Think Techno Campus, Behind TCS (Lodha), Pokhran Road No.2, Thane (West), Mumbai – 400 607 	Clause 7.1 of Part G
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11	Grievances/Complaints	<p>You can register grievances through below modes:</p> <ul style="list-style-type: none"> i. Email us at life_complaints@tataaia.com ii. Service avenues as mentioned above for Policyholder Servicing [other than email]. <p>Kindly address your complaints to "Grievance Redressal Department" For escalations (in case not satisfied with the decision or not receipt of any response), customers can email to GRO@tataaia.com or write to – Grievance Redressal Officer (GRO)</p> <p>Tata AIA Life Insurance Company Limited, 9th Floor, B - Wing, I-Think Techno Campus, Behind TCS (Lodha), Thane (West), Mumbai – 400 607.</p> <p><u>Insurance Ombudsman:</u> Where the redressal is not satisfactory despite the escalations, you may represent to the Ombudsman. For further information or latest updated list of Ombudsman Office addresses, kindly visit the IRDA of India website https://www.cioins.co.in/Ombudsman - Ombudsman / List of Insurance Ombudsman OR our website www.tataaia.com.</p>	Clause 7.2 of Part G
12	Things to remember	<p><u>Freelook Period</u> Within a free look period of 30 days from the date of receipt of the Policy whether the policy is sourced electronically or otherwise. You can return the policy for cancellation stating the reasons for the same, if you disagree to any of the terms or conditions of the Policy. Within Freelook You are entitled to a refund of the premium paid without interest after deduction of proportionate risk premium, stamp duty and medical examination cost along with applicable taxes and cesses, or levies, if any.</p> <p>In respect of a linked insurance product, You shall receive the non-allocated Premium plus charges levied by cancellation of Units plus Fund Value at the date of cancellation less the deductions mentioned above.</p> <p><u>Fraud, Mis-statement or Suppression:</u> Any fraud, mis-statement or suppression of a material fact under the Policy shall be dealt in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.</p>	<p>Clause 4.1 of Part D</p> <p>Clause 6.4 of Part F</p>

13	Your Obligation	<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. • All information sought in the Proposal form is Material for issuance of the policy and settlement of claim. • Disclosure of Material Information and any changes therein during the Policy period should be communicated to us by <ul style="list-style-type: none"> ◦ Sending an email to customercare@tataaia.com from your email id registered with us ◦ Submission of the Request for Change form* (filled and signed) at any Tata AIA Life Insurance Branch or Service Centre • *Request for Change form is available on our website – www.tataaia.com 	
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We", "Us", "Our", "Insurer" or "Company" refers to Tata AIA Life Insurance Company Limited.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details, I further confirm below that:

- a. In case of any change to the Sum Insured/Rider after submission of the proposal, the details in the revised benefit illustration and Customer Information Sheet would be applicable.
- b. I have received a copy of the CIS through the download utility/through my salesperson.
- c. I am aware that on request I can avail of the CIS in local language.

Place: KARNATAKA, BENGALURU

Date: 04/02/2026

(Signature of the Policyholder): Authenticated through OTP

Authentication of this document is completed via OTP on proposal form.