BAJAJ LIFE

LIFE GOALS. DONE.

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GROUP SAMPOORNA RAKSHA KAVACH

A Non-linked Non-Participating Group Micro Life Insurance Plan

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About Bajaj Life Insurance (formerly known as Bajaj Allianz Life Insurance Company Limited)

Bajaj Life Insurance Limited one of India's leading private life insurers, is a subsidiary of Bajaj Finserv Limited. Built on the strong foundation of the Bajaj Group's legacy, it offers innovative life insurance solutions with a focus on enabling Life Goals for millions across the country.

Bajaj Life Group Sampoorna Raksha Kavach

The Bajaj Life Group Sampoorna Raksha Kavach is a simple and affordable insurance plan that offers reliable protection against uncertainties of life. It is a non-linked, non-participating, life, micro, pure risk, single premium plan designed to protect both employee-employer groups and non-employee-employer groups. It offers flexibility of coverage through inbuilt benefit options and ensures peace of mind and financial security.

Key Advantages

Financial Protection:

Safeguards micro loan repayment liability at a nominal cost.

Optional In-Built Cover:

Along with life cover, you can opt for:
1. ADB^ | 2. AATPD^ | 3. ACI^ | 4. OPD^

Cover Term:

Ranging from 1 month to 180 months.

Joint Life Option:

Offers additional security.

Flexible Group Options:

Available for wide range of customer profile.

Cover Flexibility:

Option to choose Level or Reducing cover.

^ADB: Accidental Death Benefit, AATPD: Accelerated Accidental Total Permanent Disability Benefit, ACI: Accelerated Critical Illness Benefit, OPD: Out-Patient Department

How does this plan work?

An institution will be a Master Policyholder (MPH), and their members are life assured.

MPH/member can choose the benefit options, cover term at the inception.
Along with Life cover, MPH/ member can also opt for optional inbuilt benefits.

Coverage can be on individual or under joint life. Joint Life has two options available to choose from **Option 1:** Single Sum assured for both the lives; **Option 2:** Individual Sum Assureds on each life.

The Certificate of Insurance will be issued to members which specify the coverage and other details.

Details of Joint Life Cover

Joint Life has 2 options which you can choose from –

- **Option 1 –**
  - I. Under Option 1, there will be one sum assured for both lives. The benefit will be paid on first occurrence of the covered event.
  - II. If in-built optional benefits are chosen, these would be applicable on both lives
  - III. On first ATPD and/or CI to any one life, the benefit/s i.e., ATPD and/or CI benefit/s will terminate for both the lives.
  - IV. On first death including accidental death, all covers will terminate for both the lives.
  - V. OPD benefit /wallet amount is common for both the lives and can be used by either of the two lives
- **Option 2 –**
  - I. Under Option 2, there will be Individual Sum Assureds on each life, where each life will have individual sum assured.
  - II. If in-built optional benefits are chosen, these would be applicable on each lives separately.
  - III. On occurrence of covered event (Death, ADB, ATPD and/or CI) to a life, the cover will continue for the surviving Joint life Member who has not claimed the benefits.
  - IV. For OPD Benefit/wallet, each member will have a separate set of benefits/wallet.

Conditions for ADB, AATPD, and ACI

- The cover for ADB, AATPD & ACI can be any percentage between 10% to 100% (in multiples of 1%) of the Death sum assured.
- The percentage of sum assured needs to be chosen at inception.
- The cover percentage for ADB, AATPD and ACI benefit can be different.
- In case of Joint Life (Both option 1 & 2) the same percentage will be applicable to both Joint Life Members.
- When the AATPD and/or ACI benefit or their total paid is equal to 100% of Sum Assured on Death, then the primary life's/secondary life's/member's cover will terminate, and no future benefit will be payable w.r.t. that life.

Safeguarding What Matters Most: Benefits offered under Group Sampoorna Raksha Kavach

The benefits as specified in the Certificate of Insurance of the Member shall be payable, as below –

Death Benefit

The death benefit will be based on the sum assured of the member as on the date of Death.

OYRT & Level Cover**

The benefit payable on death will be Sum Assured chosen at inception and will remain level throughout the duration of the cover.

Reducing Cover

The benefit payable on death will be the reduced Sum Assured shown in the insurance schedule at the inception of the cover.

**OYRT: one-year renewable term

In Case of Joint Life

On death of member/ primary life or secondary life (in a Joint Life) at any time during the cover term.

Joint Life Option 1	Single Life & Joint Life Option 2
If the covers of the primary life and secondary life are in-force as on date of death.(first death out of the primary life & secondary life) • If only the base Death Benefit cover is taken, the death benefit payable is the Sum Assured on date of death of first life. • If AATPD and/ or ACI cover was also taken, the death benefit payable is: a) If no prior AATPD and/ or ACI Benefit was paid w.r.t. either life: Sum Assured on date of death of first life. b) If prior AATPD and/ or ACI Benefit was paid w.r.t either life: Remaining Sum Assured^ as on the date of death of first life. **Termination Logic** • All risk cover w.r.t. both the lives, i.e., primary life & secondary life, will terminate, immediately and automatically, on the date of death of first life.	If the cover of the primary life/ secondary life /member is in-force as on the date of death. • If only the base Death Benefit cover is taken, the death benefit payable is Sum Assured as on date of death. • If AATPD and/or ACI cover was also taken, the death benefit payable is: a) If no prior AATPD and/ or ACI Benefit was paid Sum Assured as on date of death. b) If prior AATPD and/ or ACI Benefit was paid: Remaining Sum Assured^ as on date of on death. **Termination Logic** • All risk cover w.r.t. the deceased, i.e., primary life/ secondary life /member, will terminate, immediately and automatically, on the date of death. • In Joint Life Option 2, the covers w.r.t. the surviving life will be continued as a Single Life cover.

In addition to the Death Benefit, you can also opt for one or more of the following in-built benefits.

Accidental Death Benefit

On death of member/ primary life or secondary life (in a Joint Life) due to accident at any time during the cover term.

Joint Life Option 1	Single Life & Joint Life Option 2
If the covers of the primary life and secondary life are in-force as on occurrence of the event (first death out of the primary life & secondary life). • On 1st Death of either of the Member(s) due to an Accident, the ADB Sum Assured will be paid in addition to the death benefit. **Termination Logic** • All risk cover w.r.t. both the lives, i.e., primary life & secondary life, will terminate on the date of death.	If the cover of the primary life/ secondary life /member is in-force as on the date of death. • On Death of the Member(s) due to an Accident, the ADB Sum Assured will be paid in addition to the death benefit. **Termination Logic** • All risk cover w.r.t. the deceased, i.e., primary life/ secondary life /member, will terminate, on the date of death. • In Joint Life Option 2, the covers w.r.t. the surviving life will be continued as a Single Life cover.

Accelerated Accidental Total Permanent Disability Benefit:

On the first occurrence of ATPD of member/ primary life or secondary life (in a Joint Life) any time during the cover term.

Joint Life Option 1	Single Life & Joint Life Option 2
If the AATPD cover of the primary life and secondary life is in-force as on the date of first occurrence of ATPD . (out of the primary life & secondary life) • If no prior death benefit has been paid w.r.t. any life, the AATPD Sum Assured will be paid. **Termination Logic** • The AATPD cover w.r.t. both the primary life and the secondary life will terminate immediately and automatically, • The death any ADB and any ACI cover of the primary life and the secondary life will continue. The death benefit and any ACI benefit will be based on the Remaining Sum Assured^ on Death.	If the AATPD cover of the primary life/ secondary life /member is in-force as on date of occurrence of the ATPD. • If no death benefit has been paid prior, the AATPD Sum Assured w.r.t to the claiming life will be paid. **Termination Logic** • The AATPD cover w.r.t. claiming life will terminate immediately and automatically. • In Joint Life Option 2, the AATPD cover would continue for the life which has not claimed the AATPD benefit. • The death, any ADB and any ACI cover of the primary life/ secondary life /member will continue. The death benefit and any ACI benefit will be based on the Remaining Sum Assured on Death.

Accelerated Critical Illness Benefit

On the first diagnosis of covered CI on the life of member/ primary life or secondary life (in a Joint Life) any time during the cover term.

Joint Life Option 1	Single Life & Joint Life Option 2
If the ACI covers of the primary life and secondary life is in-force as on the date of first CI. • If no prior death benefit has been paid w.r.t. any life, the ACI Sum Assured will be paid. **Termination Logic** • The ACI cover w.r.t. both the primary life and the secondary life will terminate immediately and automatically. • The death, any ADB and any AATPD cover of the primary life and the secondary life will continue. The death and any AATPD benefit will be based on the Remaining Sum Assured^ on Death.	If the ACI cover of the primary life/ secondary life / member is in-force as on occurrence of first CI. • If no prior death benefit has been paid, the ACI Sum Assured w.r.t to the claiming life will be paid. **Termination Logic** • The ACI cover w.r.t. claiming life will terminate immediately and automatically. • The death, any ADB and AATPD cover of the primary life/ secondary life /member will continue. The death benefit and any AATPD cover will be based on the Remaining Sum Assured^ on Death. • In Joint Life Option 2 the ACI cover would continue for the life which has not claimed the ACI benefit.

^Remaining Sum Assured on Death: - (Sum Assured on Death minus ATPD SA paid and/or ACI SA already paid, as applicable)

Out-Patient Department (OPD) Benefit:

There are two (2) plans offered under OPD benefits – OPD Plan 1 & OPD Plan 2. The table below describes the benefits available under each plan. The member can opt for either of the two plans.

- **Under Plan 1,** the insured member can utilize the OPD benefits anytime within the cover Term as the benefits are not based on annual limits and the OPD cover will terminate post utilization of OPD benefits.
- **Under Plan 2,** OPD benefits are based on annual limits. For non-integer cover terms, the same annual benefits will be applicable (i.e. benefits will not be pro-rated).

The choice of plan is offered to the Master Policyholder/Member, and it can only be selected at inception.

The OPD benefits availed do not impact the base death benefit or other optional benefits.

Joint Life Option 1	Single Life & Joint Life Option 2
A common wallet/benefits is provided for insured members under the chosen OPD plan option.	Single & Joint Life Option 2: Each insured member has their own wallet/benefits under the chosen OPD plan option.

OPD Benefits Table: -

Benefits	Specialty/ Description	Mode of Utilization	Transaction Limit+	Plan 1	Plan 2
Health Benefits				**Wallet Amount as % of Single Premium#**	**Fixed Wallet Amount##**
Tele Consultations	General Practitioner	Cashless	500	100%	Range: 100 – 5000 p.a#
Prescribed Diagnostics	All Prescribed Lab & Radiology Tests	Cashless	1000	Not available	
Additional Wellness Benefits					
Face Scan	Contactless health monitoring	Cashless	1,500	1 Voucher	
Expert Opinion Consultation	All Specialties	Cashless	1,000	Not Available	
Health Risk Assessment (HRA)	Digital risk assessment	Cashless	-	Included	Included
Total Benefits				**As per OPD Plan chosen**	

#For Plan 1, the wallet amount as a % of Single Premium is applicable only for Teleconsultations and is irrespective of the number of usages. | ##For Plan 2, the fixed wallet amount for Health and Additional wellness Benefits can be chosen by the master. policyholder/member ranging from ₹100 -₹5,000 in multiples of ₹100. The limits are based on this chosen wallet amount irrespective of the number of usages.

OPD Transaction Limit: -

- Each time an OPD is availed, the transaction limit+ is the amount that can be claimed by member.
- If an OPD benefit transaction is more than the transaction limit+, the excess amount will be paid by the member.
- If the OPD benefit transaction is lesser than the transaction limit+, the unutilized value will be added to the Health Coins Wallet as described in the "Transaction Limit Illustration" table below.
- The health coins wallet can be utilized by the member only for the Health Benefit services (i.e. Tele Consultation, Prescribed Diagnostics) and Expert Opinion Consultation, as applicable. The health coins

wallet can be utilized throughout the cover term and will not expiry at the end of the policy anniversary.

- Only one voucher can be used for a service.

Transaction Limit Illustration: -

S. No:	Benefit	Wallet Amount	Actual Transaction Cost	Deduction from Wallet (as per Transaction limit)	Wallet Balance	Heath Coin Wallet/ Self Pay
1	Teleconsultation - GP	5,000	500	500	4,500	NA
2	Teleconsultation - GP	5,000	300	500	4,500	200 added to Health Coins Wallet
3	Teleconsultation - GP	5,000	800	500	4,500	300 to be paid by the member
4	Face Scan**	5,000	1500	1500	3,500	NA
5	HRA	5,000	0	0	5,000	NA

***Face Scan, example is for Plan 2.,Tthe transaction limit amount i.e. 1500 will be deducted from the wallet amount. For plan 1, 1 Voucher can be utilized by the member in the cover term and wallet amount will be unaffected by the usage | For HRA benefit the member can use this in app feature whenever there is a need during the cover term and there are no limits on number of times of usage, subject to applicable terms and conditions.*

Note:

- For AATPD benefit and/or ACI benefit, the benefit amount payable will be based on the percentage chosen at the inception of the cover and the Sum Assured for that Member as on the date of occurrence of the covered event. For in-built ADB, the benefit amount payable will be based on the percentage chosen at the inception of the cover and the Sum Assured w.r.t death for that member chosen at the inception of cover.
- AATPD and ADB will be payable if Accident happens within the cover Term applicable to that Member and Disability/Death happens even after expiry of cover term of Member, but within 180 days of the Accident.
- In the case of a lender-borrower scheme, the Member shall specifically authorize the Insurance Company to make payment of the Benefits to you. Benefit amount over and above the outstanding loan balance amount shall be paid to the nominee. The authorization may be obtained by you from the Member at the time of becoming a Member under this Policy or at a later date. In case no authorization is provided, the Benefits shall be payable to the nominee.
- When the AATPD and/or ACI benefit or their total paid is equal to 100% of Sum Assured on Death, then the primary life's/secondary life's/member's cover will terminate, and no future benefit will be payable w.r.t. that life.
- A primary life/secondary life/member who has already been diagnosed with any ATPD/CI (at the inception of cover) shall not be offered this benefit.

Maturity Benefit

There is no maturity benefit in this plan.

Termination

a) The Life Insurance Cover of the Member shall, immediately and automatically, terminate on the occurrence of any of the following events:

i) On the date of Death of the Member.

ii) On payment of claim with respect to AATPD Benefit:

- If the AATPD Sum Assured is less than the Sum Assured as on the date of death, cover with respect to ATPD benefit ceases.
- If the AATPD Sum Assured is equal to the Prevailing Sum Assured, all insurance covers cease.

iii) On payment of claim with respect to ACI Benefit:

- If the ACI Sum Assured is less than the Sum Assured as on the date of death, cover with respect to CI Benefit ceases.
- If the ACI Sum Assured is equal to the Prevailing Sum Assured, all life insurance covers cease.

b) This Membership under the Policy, immediately and automatically, terminate on the earliest occurrence of any of the following events:

i) On the payment of Death Benefit or AATPB/ACI Benefit where the AATPDB/ACI Benefit is equal to the Death Benefit.

ii) On the Maturity Date of the Policy/completion of the Policy Term of the Member.

iii) On payment of the refund on Free look cancellation.

iv) On payment of Surrender Value.

v) On refund of eligible Premiums/Surrender Value under suicide clause on suicide of the Member.

Policy Surrender

i) The Policyholder can surrender the Policy at any time. After surrender, no new Members can be enrolled under the Policy.

ii) There is no surrender value payable under the Policy then, the existing Members will continued to be covered under the Policy (on payment of all due Premiums) and the Members will be directly serviced by the Company. The Policy will be endorsed to this effect and the Members will be intimated of the same.

Membership Surrender

(i) No termination value is payable.

- For Coverage term up to 2 months.

(ii) The member can, at any time, surrender his/her cover under the policy (other than that in point (i) above). The termination value shall be:

- Level Cover: TV1 Factor * Single Premium w.r.t. to that member
- Reducing Cover: TV2 Factor * Single Premium w.r.t. to that member

(iii) TV1 and TV2 factors are provided in Annexure S, available on website.

(iv) The Termination factors are guaranteed through-out the policy term.

(v) On surrender of Membership, the Termination Value, if any, will be payable as above, and the cover w.r.t that Member will terminate, immediately and automatically.

(vi) If any accelerated benefit has been paid and the cover of the member is continuing for the Remaining Sum Assured^ on death, in case of surrender, the Termination Value [as mentioned above] will be proportionally reduced for the benefit paid, by a factor equal to [Remaining Sum Assured^ on death/ Sum Assured on Death].

Eligibility Criteria

<table>
<tr><th>Parameter</th><th>Details</th></tr>
<tr><td>Age at Entry (Age at last birthday)</td><td>Minimum:
14 years for Employee Employer groups
5 years for Non-Employee Employer groups
18 years for all inbuilt optional benefits and Joint Life cover

Risk cover will commence immediately on the date of commencement of risk

Maximum:
For all cover: 79 years for Employee Employer groups & for Non-Employee Employer groups.
For Cover with inbuilt ACI: 69 years</td></tr>
<tr><td>Age at Maturity (Age at last birthday)</td><td>Minimum:
15 years for Employee Employer groups
6 years for Non-Employee Employer groups
19 years for all optional inbuilt benefits and joint life cover

Maximum:
For all cover except with inbuilt ACI: 80 years for Employee Employer groups & Non- Employee Employer groups.
For all cover including inbuilt ACI:70 years</td></tr>
<tr><td>Policy Term (Individual Members)</td><td>
<table>
<tr><td rowspan="2">Policy Term</td><td colspan="3">Single Premium</td></tr>
<tr><td>OYRT Cover</td><td>Level Cover</td><td>Reducing Cover</td></tr>
<tr><td>Minimum</td><td rowspan="2">1 year (renewable)</td><td>1 month</td><td>2 months</td></tr>
<tr><td>Maximum</td><td>120 Months</td><td>180 Months</td></tr>
</table>
</td></tr>
<tr><td>Premium Payment Term</td><td>Minimum/ Maximum: Single Premium

Single premium is the premium w.r.t. the sum assured on death & option/s chosen by the policyholder/member, exclusive of taxes, rider premium and underwriting extra premium, if any. Please note that GST and cess, if any, will be collected over and above the premium.</td></tr>
<tr><td>Premium</td><td>Minimum / Maximum: It will depend on Sum Assured and other factors such as age, mortality loading, inbuilt optional benefits etc.</td></tr>
<tr><td>Sum Assured per Member</td><td>Minimum: Rs. 5,000
Maximum: Rs. 2,00,000
Maximum Sum Assured shall be as per Board Approved Underwriting Policy (BAUP)
• When Accidental Death Benefit is opted, then sum assured on Death plus Accidental Death Benefit sum assured cannot be greater than 2 Lakhs.
• Both AATPD and ACI in-built covers can be opted by the member, but the total amount payable for accelerated benefits cannot be greater than sum assured on Death as on the date of occurrence of event.
• Out-Patient Department (OPD) benefits for a member is based on the member's premium and OPD Plan option chosen.
• Note that the Sum Assured for any of the optional in-built covers shall not exceed the Sum Assured on Death Benefit.</td></tr>
<tr><td>Size of the Group</td><td>Minimum: 5 Members for all groups
Maximum: No limit</td></tr>
</table>

Policy Loan

Policy loans are not available under this plan.

Regulated Entities

Regulated Entities include the following:

a. Reserve Bank of India ("RBI") regulated Scheduled Commercial Banks (including co-operative Banks),
b. NBFCs having Certificate of Registration from RBI or
c. National Housing Bank ("NHB") regulated Housing Finance Companies
d. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
e. Small Finance Banks regulated by RBI
f. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
g. Microfinance Companies registered under Section 8 of the Companies Act, 2013
h. Any other category as approved by the Authority

Other Entities shall mean to include the entities other than Regulated Entities.

The entities to which the product can be sold shall be compliant with the Regulations and Circulars applicable to Micro Insurance Products, from time to time.

Tax Benefits

Premium paid, other benefits and Death Benefit may be eligible for tax benefits as per extant Income Tax Act, subject to the provision stated therein and as amended from time to time. You are requested to consult your tax consultant and obtain independent advice for eligibility and before claiming any benefit under the policy.

Foreclosure

On foreclosure of loan, the Life Insurance Cover of the Member will also get terminated, and termination Value, if any, will be paid.

Optional Benefits Details

I. Definitions

A. Accident

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

B. Accidental Death:

'Accidental Death' means death caused by sudden, violent, unforeseen and involuntary event caused by external and visible means as revealed by an autopsy provided such death was caused directly by such Accident, and independently of any physical or mental illness within one hundred and eighty (180) days of the date of Accident.

C. Accidental Total Permanent Disability (ATPD):

'Accidental Total Permanent Disability 'means the disability of a member as a result of a bodily injury caused by an Accident and is being subject to one of the following impairments within 180 days of the date of Accident:

I. Total and irrecoverable loss of entire sight in both eyes or
II. Amputation of both hands at or above the wrists or
III. Amputation of both feet at or above the ankles or
IV. Amputation of one hand at or above the wrist and one foot at or above the ankle

Loss of sight means total, permanent and irreversible loss of all vision in both eyes as a result of Accident (as applicable). The diagnosis must be clinically confirmed by a medical practitioner. Blindness must not be correctable by aides or surgical procedures.

ATPD benefit will be payable if the Accident occurs within Policy Term of Member, but ATPD occurs after expiry of Policy Term of Member, but within 180 days of the Accident.

D. Critical Illness

The Critical Illnesses covered under this Plan are as given below and the diagnosis of the critical illness shall be done by an independent medical practitioner.

1. CANCER OF SPECIFIED SEVERITY

A malignant tumor characterized 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.

The following are excluded –

(a) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
(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 T2N0M0.
(e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
(f) Chronic lymphocytic leukaemia less than RAI stage 3.
(g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
(h) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.

2. MYOCARDIAL INFARCTION (FIRST HEART ATTACK – OF SPECIFIED SEVERITY)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain).
ii. New characteristic electrocardiogram changes.
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

(a) Other acute Coronary Syndromes.
(b) Any type of angina pectoris.
(c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded: Angioplasty and/or any other intra-arterial procedures.

4. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded: (a) Transient ischemic attacks (TIA); (b) Traumatic injury of the brain; (c) vascular disease affecting only the eye or optic nerve or vestibular functions.

6. MAJOR ORGAN /BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The transplant has to be confirmed by a specialist medical practitioner.

The following are excluded: (a) Other stem-cell transplants; (b) Where only islets of langerhans are transplanted.

7. PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

iii. Neurological damage due to SLE is excluded.

9. AORTIC SURGERY

The undergoing of surgery to correct any narrowing, dissection, obstruction or aneurysm of the thoracic or abdominal aorta, but not its branches.

The surgery must be considered medically necessary by a recognized consultant cardiologist and must be the most appropriate treatment.

All minimally invasive procedures such as keyhole, catheter, laser, angioplasty or other intra-arterial techniques are excluded.

Congenital narrowing of the aorta and traumatic injury of the aorta are specifically excluded.

10. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

An unequivocal diagnosis of Primary (Ideopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

11. ALZHEIMER'S DISEASE
Means the unequivocal diagnosis of Alzheimer's disease made by a recognized consultant neurologist holding an appointment in this capacity at a major hospital and supported by clinical evidence and standardized testing. The diagnosis must confirm permanent failure of brain function resulting in significant cognitive impairment.
Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity to the extent that it results in the requirement for continual supervision.
Alzheimer's disease resulting from the following is excluded: (a) Alcohol or drug abuse; and (b) non-organic diseases such as neurosis

E. Medical Practitioner
A Medical Practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for 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 the scope and jurisdiction of license.
The Medical Practitioner should not be
I. The Member/Policyholder himself or an agent of the Company; or
II. An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
III. A member of the Member's immediate family; or
IV. Related to the Policyholder/Member by blood or marriage.

F. Out-Patient Department Benefit
I. The OPD (fixed) benefits shall mean coverage of expenses incurred without the requirement of hospitalization, comprising health benefits and other wellness related additional benefits as further explained in the sections below.
II. All OPD benefits are cashless in nature.
III. The OPD Benefits shall be provided only through the service providers empaneled with the Company.
IV. The Company does not accept any liability or responsibility in relation to the quality, performance and reliability of the services provided by the service provider.

F.1. Heath Benefits:
F.1.a. Tele Consultation Service
i) The Member/s shall be entitled to telephonic/virtual medical consultations with a Medical Practitioner/ Physician/Doctor listed on the digital platform of the current OPD Benefit service provider.
ii) The consultation can be via video, audio, or chat channel.

F.1.b. Doctor Prescribed Lab & Radiology
i) The Member/s with a valid medical prescription can avail the cashless diagnostic cover for pathology and radiology tests from the network centers of the prevailing OPD Benefit service provider.

F.2. Additional Wellness Benefits:
F.2.a. Face Scan
i) The Insured member/s shall digitally check their vitals via Bajaj Life App/Customer Portal, by scanning their face with the device camera.
ii) This benefit is for wellbeing and self-care only and does not replace professional medical advice or treatment.

F.2.b. Expert Opinion - In-clinic Consultation:

i) The Member/s shall be entitled to an in-person expert medical consultation with the doctor at the prescribed network centers of current OPD benefit service provider.
ii) This consultation can be taken with a Doctor/Medical Practitioner (applicable Specialist as given below) as may be required by the Insured member/s including for any injury sustained or illness contracted during the cover term.
iii) Applicable Specialties for Medical Expert Opinion: Cardiology, Oncology, Neurology, Nephrology, Gastroenterology, Orthopaedics, Endocrinology, Pulmonology, Urology, Rheumatology, Haematology, Infectious Diseases, General Surgery, and other relevant specialist domains as per availability of services provided by the OPD Current service provider.

F.2.c. Health Risk Assessment: -

i) The Member/s can avail this benefit by answering a few questions asked against the HRA questionnaire in the Bajaj Life App/Customer Portal, and accordingly the AI algorithm will automatically calculate the health risks and provide the insured member/s with recommendation to betterment of their health.
ii) This benefit is for wellbeing and self-care only and does not replace professional medical advice or treatment.

Exclusions

A. Accidental Death Benefit

The accidental death benefit will not be payable in the following situations:

I. Death occurs as a result of the Member committing any breach of law with criminal intent.
II. Death as a consequence of the Member being under the influence of alcohol or drugs other than in accordance with the directions of a registered Medical Practitioner.
III. Death as a result of self-inflicted injuries.
IV. Death occurs as a result of the Member taking part in any naval, military or air force operation during peace time.
V. Death occurs as a result of the Member participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition.
VI. Death occurs as a result of suicide.
VII. Death occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
VIII. Death occurs as a result of war, invasion, civil war, rebellion, riots.

B. Accelerated Accidental Total Permanent Disability Benefit

The benefit under this Policy shall not be paid in the following cases:

I. Disability as a result of the member/s committing any breach of law with criminal intent.
II. Disability of member/s as a result of war, invasion, civil war, rebellion or riot;
III. Any Pre-existing medical condition.

Pre-Existing medical condition or disease is defined as condition, ailment or disease

a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within thirty-six (36) months prior to the effective date of the policy issued by the insurer or its reinstatement.

IV. Disability as a consequence of the member/s being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner.
V. Disability as a result of the member/s taking part in any naval, military or air force operation.
VI. Disability as a result of the member/s participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition.
VII. Disability of member/s as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline flying on regular routes and according to a scheduled timetable.
VIII. Disability of member/s as a result of attempted self-injury.
IX. Diagnosis and treatment outside India.

X. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

C. Accelerated Critical Illness Benefit
The benefit under the policy shall not be paid if any Critical lillness of the member/s is directly or indirectly caused by, related to or arises from:

I. (A) For the following Critical Illnesses, the waiting period is 90 days
- Cancer of Specified Severity.
- Myocardial Infarction - First Heart Attack of Specified Severity.
- Open Chest Coronary Artery Bypass Graft.
- Stroke Resulting in Permanent Symptoms.

(B) For other Critical Illnesses the waiting period is 30 days.

II. Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded.
Pre-Existing medical condition or disease is defined as condition, ailment, injury or disease

a) That is/are diagnosed by a physician within thirty-six months prior to the effective date of the policy issued by the insurer or its reinstatement or

b) For which medical advice or treatment was recommended by, or received from, a physician within thirty six (36) months to prior to the effective date of the policy issued by the insurer or its reinstatement.

III. The member/s committing or attempting to commit a criminal act whether alone or with others.

IV. The member/s actual or attempted self-injury.

V. War, invasion, civil war, rebellion or riot.

VI. The member/s being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner.

VII. The member's participation in any naval, military or air force operation or participation in any dangerous or hazardous sport, competition or riding or driving in any form of race or competition.

VIII. The member's participation in aviation, gliding or any form of flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable.

IX. Any External Congenital Anomaly which is not as a consequence of Genetic disorder

X. Diagnosis and treatment outside India.

XI. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

D. Out-Patient Department Benefit
I. There is a 30-day waiting period w.r.t availing OPD benefits.

D.1. Heath Benefits:

D.1.a. Tele Consultation Service
The services provided under this benefit shall be made available through the digital platform of the Company's prevailing OPD Benefit service provider, subject to the terms and conditions, and in the manner prescribed below:

I. If the Member/s does the transaction for any other person impersonating as self, then, OPD Benefit will be terminated, and Member/s will be asked to pay the transaction amount.

II. Any fraud or misrepresentation identified will cease cover and the cover will be void ab-initio.

III. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th March 2020 and as amended from time to time.

IV. Tele consultation outside the digital platform of the OPD Benefit service provider (through video/audio/chat consultation) including in-clinic/physical consultation is not covered under this service.

V. Tele consultation benefit is not transferable to any other person unless the Member is covered under the plan.

VI. If the Tele Consultation is not availed in a year of the cover term, the unutilized services cannot be carried forward to the subsequent cover year (as applicable).

VII. Cash payment in lieu of Tele Consultation service is not available.

VIII. Reimbursement of teleconsultation benefit is excluded.

IX. The Medical Practitioner may suggest/ recommend/ prescribe medications and diagnostics based on the information provided, if required on a case-to-case basis. However, the services under this benefit should not be construed to constitute medical advice and/or substitute the Member/s visit/ consultation to an independent Medical Practitioner/Healthcare professional.
X. The Company shall not be liable for any discrepancy in the information provided under this service.

D.1.b. Doctor Prescribed Lab & Radiology

The services provided under this benefit shall be made available through the digital platform of the Company's prevailing OPD Benefit service provider, subject to the terms and conditions, and in the manner prescribed below:

I. If the Member/s does the transaction for any other person impersonating as self, then, OPD cover will be terminated, and Member/s will be asked to pay the transaction amount.
II. Any fraud or misrepresentation identified will cease cover and the cover will be void ab-initio.
III. Claims without prescription shall not be covered.
IV. If the benefit is not availed in a year of the cover term, the benefit cannot be carried forward to the subsequent cover year (as applicable).
V. The Benefit is not transferrable to any other member unless the member is covered under the plan.
VI. Any preventive health tests shall not be covered under this benefit.
VII. Cash payment in lieu of the service is not available.
VIII. These services shall be provided through the OPD Benefit service provider, subject to availability at the time of appointment.
IX. Genetic studies shall be excluded from the scope of this cover.
X. Reimbursement is out of scope for this benefit.
XI. Only prescribed tests are covered under the lab & radiology benefits (except infertility and pregnancy).
XII. Please refer Bajaj Life App/Customer Portal for current Lab and Radiology tests available. Currently, there are 43 different types of Pathology test and 287 different types of Radiology test provided by the current OPD Benefit service provider.
XIII. The Company shall not be liable for any discrepancy in the information provided under this service.

D.2. Additional Wellness Benefits:

D.2.a. Face Scan

The services provided under this benefit shall be made available through the digital platform of the company's prevailing OPD Benefit service provider, subject to the terms and conditions, and in the manner prescribed below:

I. If the Member/s does the transaction for any other person impersonating as self, then, OPD cover will be terminated and Insured member/s will be asked to pay the transaction amount.
II. Any fraud or misrepresentation identified will cease coverage and policy will be void ab-initio.
III. Reimbursement is out of scope for this benefit.
IV. The Benefit is not transferrable to any other member unless the member is covered under the plan.
V. Cash payment in lieu of the service is not available.
VI. The Company shall not be liable for any discrepancy in the information provided under this service.

D.2.b. Expert Opinion - In-clinic Consultation:

The services provided under this benefit shall be made available through the digital platform of the company's current OPD Benefit service provider, subject to the terms and conditions, and in the manner prescribed below:

I. If the Member/s does the transaction for any other person impersonating as self, then, OPD cover will be terminated and Insured member/s will be asked to pay the transaction amount.
II. Any fraud or misrepresentation identified will cease coverage and policy will be void ab-initio.
III. Investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this section.
IV. If this benefit is not availed in a year of the cover term, the unutilized services cannot be carried forward to the subsequent policy year (as applicable).
V. Physiotherapy, Psychologist, Psychiatrist, Dietician/nutritionist consultations/sessions will not be

covered under this benefit.

VI. Reimbursement is out of scope for this benefit.
VII. Cash payment in lieu of the service is not available.
VIII. Only one (1) active Doctor Consultation is allowed at any given time, and the Member/s can book/utilize next consultation post completion of ongoing consultation.
IX. The Medical Practitioner may suggest/ recommend/ prescribe medications and diagnostics based on the information provided, if required on a case-to-case basis. However, the services under this benefit should not be construed to constitute medical advice and/or substitute the life assured's visit/ consultation to an independent Medical Practitioner/Healthcare professional.
X. The Company shall not be liable for any discrepancy in the information provided under this service.
XI. Applicable Specialties for Medical Expert Opinion: Cardiology, Oncology, Neurology, Nephrology, Gastroenterology, Orthopaedics, Endocrinology, Pulmonology, Urology, Rheumatology, Haematology, Infectious Diseases, General Surgery, and other relevant specialist domains as per availability of services provided by the OPD Current service provider.

D.2.c. Health Risk Assessment: -

The services provided under this benefit shall be made available through the digital platform of the company's prevailing OPD Benefit service provider, subject to the terms and conditions, and in the manner prescribed below:

I. If the Member/s does the transaction for any other person impersonating as self, then, OPD cover will be terminated and Insured member/s will be asked to pay the transaction amount.
II. Any fraud or misrepresentation identified will cease coverage and policy will be void ab-initio.
III. Reimbursement is out of scope for this benefit.
IV. The Benefit is not transferrable to any other member unless the member is covered under the plan.
V. Cash payment in lieu of the service is not available.
VI. The Company shall not be liable for any discrepancy in the information provided under this service.

Suicide Exclusion:

Under Single Life and Joint Life Option 1: In case of death of the primary Life/secondary life (in case of joint life Option 1) or member due to suicide within 12 months from the Date of Commencement of risk, then, the Nominee or beneficiary of the primary life/secondary life (in case of joint life) or member shall be entitled to receive, the higher of 80% of the Total Premiums received till the date of death of the above member or the Termination value, if any, available as on the date of death of the member as death benefit. The ppolicy/membership (of the member in Single Life or both the primary life & secondary life in Joint Life Option 1) will terminate on paying the benefit.

Under Joint Life Option 2: In case of death of primary Life/secondary Life due to suicide within twelve (12) months from the Date of Commencement of Risk, the Nominee or beneficiary shall be entitled to receive 80% of the Total Premiums received (w.r.t. the primary Life/secondary life) till the date of death or the Termination value, if any, available as on the date of death of the deceased life as death benefit. The Policy will continue as Single Life cover on the surviving life (out of the Primary life/Secondary life), with all benefits including the suicide clause under Single Life (as mentioned above) will be applicable.

Under Joint Life Option 2, in case of death of both Joint Life Members due to suicide within twelve (12) months from the Date of Commencement of Risk the Claimant of both lives shall be entitled to receive higher of 80% of the Total Premiums Paid and received w.r.t. that Member till the date of death of the Member or the Termination value, if any, available as on the date of death of the deceased life, as Death Benefit.

Free Look

The policyholder/member shall be provided with a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy, except if the tenure of the policy is less than a year.

In the event a policyholder/member disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

A request received by the company for cancellation of the policy during the free look period shall be processed and a premium shall be refunded within 7 days of receipt of such a request.

Definitions

Certificate of Insurance: This is the certificate issued by the Insurance Company on the basis of the details mentioned in the Member's enrolment form to each Member as an evidence of acceptance of risk/life Insurance Cover on the life of the Member under the Policy.

Member: means a person in the case of Single Life or two persons (i.e., the Primary Life Assured and the Secondary Life Assured) in the case of Joint Life, who meet the eligibility criteria specified in the Scheme Rules, and whose name has been recorded in the Membership Register as a Member effective from the Date of Commencement of Risk of the Member, after due approval from the Insurance Company, and on whose life the Life Insurance Cover under this Policy has been effected.

Master Policyholder: the person or entity specified in the Schedule, who has entered into a contract with the Insurance Company.

Sum Assured: shall mean the amount of Life Insurance Cover on death with respect to each Member in accordance with the Scheme Rules and as reflected in the Certificate of Insurance prepared on the Date of Commencement of Risk.

Grievance Redressal

Link for registering the grievance with the insurer's portal: Insurance company grievance portal –

https://bit.ly/3YdvtCr

In case the Policyholder have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Centre at Branch Office of the Company. Alternatively, you may communicate with the Company:

By post at: Customer Care Desk, Bajaj Life Insurance Limited, Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006

By Phone at: Customer Care Number – 020 6712 1212

By Email: customercare@bajajlife.com

In case the Policyholder are not satisfied with the resolution provided to him by the above office, or have not received any response within fourteen (14) days, or he has any suggestion in respect of this Policy or on the functioning of the office, he may contact the following official for resolution:

Grievance Redressal Officer, Bajaj Life Insurance Limited, Bajaj Insurance House, Airport Road Yerawada, Pune, District – Pune, Maharashtra -411006

Customer Care Number – 020 6712 1212

Email ID: gro@bajajlife.com

If the Policyholder is not satisfied with the response or does not receive a response from the Company within fourteen (14) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:

By Phone: 1800-4254-732

By Email: complaints@irdai.gov.in

By post at: Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell Insurance Regulatory and Development Authority of India

Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032

The Policyholder can also register his complaint in the Bima Bharosa Shikayat Nivaran Kendra.

https://bimabharosa.irdai.gov.in

In case the complaint is not resolved within 30 days, or you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman. Contact details of Ombudsman: Find your nearest Ombudsman office at https://www.cioins.co.in/ombudsman

Statutory Information

Assignment: Section 38 of the Insurance Act, 1938

The assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938, as amended from time to time.

Nomination: Section 39 of the Insurance Act, 1938

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938, as amended from time to time.

Prohibition of Rebate: Section 41 of the Insurance Act, 1938

Prohibition of Rebate would be dealt with in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time.

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

Any person making default in complying with the provisions of this section shall be punishable for a penalty which may extend up to ten lakh rupees.

Fraud & Misstatement- Section 45 of the Insurance Act, 1938

Fraud & misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

Applicability of Good & Service Tax (GST)

Goods and Services Tax is exempt for micro products, which have maximum sum cover of INR 2 lakhs, as per Entry 36(c) of Notification No.12/2017 - Central Tax Rate as amended.

Disclaimer

All Charges applicable shall be levied. The Policy document is the conclusive evidence of contract and provides in detail all the conditions and exclusions related to Bajaj Life Group Sampoorna Raksha Kavach . Please ask for the same along with the quotation

For More Information: Kindly consult our "Insurance Consultant" or call us today on the Customer Care Number mentioned above. This brochure should be read in conjunction with Policy Exclusions. Please ask for the same along with the quotation.

The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Limited to use its "Bajaj" Logo.

Contact Details

Bajaj Life Insurance Limited, Bajaj Insurance House, Airport Road, Yerawada, Pune - 411 006.
IRDAI Reg. No.: 116 | CIN: U66010PN2001PLC015959

For any queries please contact:

Sales: 022-6124 1800 | Service: 020-6712 1212

Mail us : customercare@bajajlife.com | Visit us at: www.bajajlifeinsurance.com to purchase online

Bajaj Life Group Sampoorna Raksha Kavach | UIN: 116N217V01

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS
IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

BLIC-BR-EC-23296/26