LIFE GOALS. DONE.

Bajaj Allianz Life

Group Secure Shield Plus

A Non-Linked Non-Participating Group Life Insurance Plan

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BAJAJ ALLIANZ LIFE GROUP SECURE SHIELD PLUS

Bajaj Allianz Life presents Bajaj Allianz Life Group Secure Shield Plus; it is a feature rich, non-linked, non-participating, pure risk premium, group life insurance plan.

This product is intended to cover borrowers and co- borrowers of various types of financial institutions, co-operatives and employers. This product can also be offered to non-lender borrower groups. It offers customizable protection and ensures financial security in case of death or any other unfortunate event covered under the plan.

Key Advantages

A single plan that offers a wide range of flexible coverage options as per the customer's requirement.

Choice of coverage

- Level cover or Reducing cover

Multiple In-built cover Options

- Accelerated Terminal Illness Benefit
- Accelerated/ Additional Critical Illness Benefit
- Accidental Death Benefit
- Accelerated Accidental Total Permanent Disability Benefit
- Out-Patient Department (OPD) Benefit

Flexibility to cover

- Single Life
- Joint Life
- Up to 3 Co-borrowers

Coverage term

- 1 month to 360 months with Flexible payment options of Single Pay or Regular Pay

Moratorium Period

- 0 to 8 years

(available with reducing cover)

Benefit Multiplier

- Choice of Cover up to 120% of outstanding loan amount at inception.

Plan Options

I. Coverage Option

Following Coverage Options are available under the Plan:

1. **Level Cover:** Under this option, the sum assured will remain constant throughout the Coverage Term. Level cover is available for various types of loan depending upon the needs of the customer/ member.
2. **Reducing Cover:** Under the reducing cover option, the sum assured will reduce over the outstanding duration as per the applicable loan repayment frequency (i.e. monthly, quarterly, half-yearly or yearly), loan interest rate and Coverage Term. Reducing cover is available only where the Sum Assured is linked to a loan. The plan will cover loan interest rates from 4% up to 50% p.a..

II. Moratorium Period

A member can choose a moratorium period of 0 years to 8 years under reducing cover option where the sum assured is linked to a loan. During this period, the cover is equal to the initial sum assured and will remain level throughout this period. After the Moratorium Period, the cover will reduce over the outstanding Policy Term of Individual Member based on the loan interest rate. The loan interest during the Moratorium Period is not covered and has to be borne by the Member.

III. Optional In-built Covers

Following Optional In-built Covers are available under the product. Policyholder/member can opt for any one or a combination of more than one Optional In-built Covers at inception, subject to the minimum / maximum criteria for respective benefits.

1. **Accelerated Critical Illness(CI) Benefit** with choice between
   - Accelerated Critical Illness Benefit covering 11 Critical Illnesses
   - Accelerated Critical Illness Benefit covering 17 Critical Illnesses
   - Accelerated Critical Illness Benefit covering 32 Critical Illnesses

2. **Additional Critical Illness Benefit(CI)** with choice between
   - Additional Critical Illness Benefit covering 11 Critical Illnesses
   - Additional Critical Illness Benefit covering 17 Critical Illnesses
   - Additional Critical Illness Benefit covering 32 Critical Illnesses

3. **Accelerated Terminal Illness (ATI) Benefit**

4. **Accelerated Accidental Total Permanent Disability (ATPD) Benefit**

5. **Accidental Death Benefit (ADB)**

6. **Out- Patient Department (OPD) Benefit**

IV. Joint Life Cover

The below mentioned provisions are applicable in base death benefit cover and all optional inbuilt covers except for Out-Patient Department (OPD) benefits.

The product offers Joint Life Cover, providing insurance coverage for two individuals simultaneously. Both the individuals covered under this option should have an insurable interest as per the Board Approved Underwriting Policy of the Company. Each of the joint lives will be insured for 100% of the sum assured of Death and same sum assured/percentages in each of the Optional In-built Covers chosen (if any).

a) If Optional In-built Covers are chosen, the benefit will be paid on first occurrence of the covered event (death /other contingent events as chosen) and the coverage (in the policy or in the Optional In-built Covers chosen) will terminate for the both the lives on payment of the benefit, as applicable.

b) If the joint lives have opted for any of the accelerated benefits (as part of Optional In-built Covers) with the accelerated benefit sum assured being lower than the sum assured on Death, then on first occurrence of the covered contingent event, the coverage for the contingent event will terminate. The death benefit coverage will continue for Remaining sum assured on Death on both the lives and will be paid on first death basis, with future premiums payable (if any) being waived off.

c) In case of simultaneous death or occurrence of other contingent event(s) (as applicable) to the joint lives, the benefit will only be payable once (for one life).

d) Please note that in case of repudiation of any claim (death or related to other contingent events (if any) as opted for) of any of the joint lives, the cover relating to the repudiated claim will continue for the surviving / unaffected life will be continued. The cover(s) relating to non-repudiated claims will continue for both the

joint lives. All these are subject to payment of due premiums.

The below mentioned provision related to discount is applicable to all covers opted including Out-Patient Department (OPD) benefits.

e) A joint life discount of 5% is applicable on the premium payable for each life.

V. Co-borrowers(with individual covers)

The plan provides an option to cover up to three (3) co-borrowers in the loan contract and the relationship between the individuals should be that of spouse, child, parent, siblings or business partners. Each co-borrower will be considered as separate lives in this case and will be covered to the extent of respective share of loan amount.

On payment of claim or part thereof for a co-borrower, the cover of the other co-borrower/s will remain unaffected and will continue as before. In case of repudiation of claim on one life, the cover on the other life/ lives will be continued, subject to receipt of all due premium with respect to the remaining life/lives.

VI. Benefit Multiplier

This option allows the Members to decide on the level of cover to be taken against the outstanding loan amount. Benefit Multiplier can be any percentage between 100% to 120% inclusive (multiples of 1%) of outstanding loan amount, and has to be chosen at inception.

Where this option is chosen, the sum assured on Death and all the accelerated benefit (not for additional Critical Illness and Accidental Death Benefits) opted by the member will be scaled up by the benefit multiplier chosen subject to the sum total of lumpsum death benefit not exceeding 120% of the loan outstanding at inception.

Benefit Amount = Outstanding loan amount X Benefit Multiplier

VII. Health Management Services

Provided the policy is in-force and all premiums are paid up-to-date, the Members will have the option to take Health Management Services such as medical second opinion, medical case management, medical consultation, etc. from the service providers registered with the company. These wellness services can help the life assured to get correct diagnosis of a medical condition and to procure appropriate illness care.

These services are available subject to:

(i) The availability of the particular service with the service providers at the time of option.
(ii) First diagnosis and medical opinion have already been obtained from a competent medical practitioner
(iii) All the supporting medical records (as required by the service provider) are available to avail of the service.

Please note that:

(i) These services are optional services offered at no additional cost to the Member. The Member should exercise his/her own discretion:
   a. To avail the services and/or
   b. To follow the course of treatment suggested by the service provider.
(ii) These services shall be directly provided by the service providers with no participation of the company.
(iii) The services are being provided by third-party service provider/s, and the company shall not be liable for any liability.
(iv) The company can choose to commence/discontinue the service/s or change the service provider/s at any time.
(v) The Company will communicate to the Member and inform the IRDA Authority if & when the Health Management Services feature is discontinued/changed in the plan.

Working of the scheme under Bajaj Allianz Life Group Secure Shield Plus

- Institutions facilitating/ administering loans, Employer-employee/Non-employer employee groups or non-lender borrower groups can be the Master Policyholders
- The customers are enrolled under the plan as Insured Members under a Master Policy

- Available for single life, joint life or up to 3 co-borrower as per customer's requirement
- The premium for each member will be determined based on the sum assured, Coverage Term, premium payment term, Optional In-built Covers chosen and other factors such as age, Mortality loading etc
- The sum assured coverage can be either level or reducing.
- Under Accelerated Benefits(Accelerated CI, ATPD and ATI)
  - Customer has a flexibility to choose a sum assured as any percentage between 0% to 100% of the sum assured on Death at inception
  - The percentage shall be chosen at inception and cannot be changed later.
  - The cover percentage for Accelerated CI, ATPD and ATI can be different
  - When more than one Accelerated benefit is opted for, the total sum assured of all the accelerated benefits chosen shall not exceed the sum assured on Death
  - In case of Joint Life, the same percentage will be applicable on both Joint Life Members.
- Under Additional Benefits (Additional CI and ADB)
  - Customer has a flexibility to choose a sum assured as any percentage between 0% to 100% of the sum assured on Death at inception
  - The percentage shall be chosen at inception and cannot be changed later.
  - The cover percentage for Additional CI and ADB can be different
  - When sum assured is linked to Loan, the sum assured under additional benefit cannot go beyond 100% of loan outstanding amount at inception.
- In case of lender-borrower schemes, individual members have flexibility to choose a coverage Term less than or equal to the outstanding loan tenure
- The coverage term for the optional inbuilt benefits can be less than or equal to the term for the death cover, subject to the minimum/maximum criteria. .
- Members can also enhance their cover by choosing the Benefit Multiplier option
- The sum assured, as per the schedule of insurance at the start of the month, will be paid on occurrence of Death or any of the covered contingent events
- Members can be covered for Top Up loans also with a separate repayment schedule.
- If the OPD Cover is chosen, the fixed benefits will be availed as per the plan option opted for.

Benefit

Along with Death Benefit, the following in-built covers can be opted. The base cover and in-built benefits have to be opted at inception, and cannot be changed at any-time during the Policy Term

Benefit/ Optional In-built Covers	Event	Benefits Payable
Death Benefit	On death of the life assured during the Coverage Term, provided the Member's cover under the policy has not been terminated.	The death benefit payable is, as applicable, the sum assured on Death or the Remaining sum assured on Death as per Schedule of Insurance. In case of Regular Premium Payment, the Death Benefit is subject to 105% of Total Premiums Paid w.r.t Death Benefit till the date of death. On the payment of the death benefit, all the risk cover of the Member will be terminated and no further benefits will be payable in the Policy.

Additional Critical Illness Benefit	On first diagnosis of covered Critical Illness on the life of the Member during the Critical Illness Coverage Term, provided the Member's cover for Additional CI is in-force.	The benefit payable is Additional Critical Illness sum assured for which the Member was insured. In case of Regular Premium Payment, the Additional Critical Illness Benefit is subject to 105% of Total Critical Illness Premiums Paid till the date of Critical Illness On payment of this benefit, the Critical Illness cover will terminate immediately and the cover for death benefit will continue with future premiums payable (if any) being waived off.
Accelerated Critical Illness Benefit	On first diagnosis of covered Critical Illness on the life of the Member during the Critical Illness Coverage Term, provided the Member's cover for Accelerated CI is in-force.	• **If Accelerated Critical Illness sum assured is less than sum assured on Death:** Accelerated Critical Illness sum assured as per the Schedule of Insurance will be paid. On the payment of this benefit, the Critical Illness cover will terminate immediately. The death benefit coverage will continue only for the Remaining sum assured on Death with future premiums payable (if any) being waived off. • **If Accelerated Critical Illness sum assured is equal to the sum assured on Death:** Accelerated Critical Illness sum assured as per the Schedule of Insurance will be paid. On the payment of this benefit, all the risk cover of the member will be terminated, and no further benefits will be paid.
Accelerated Terminal Illness (TI) Benefit	On diagnosis of Terminal Illness on the life of the Member during the Accelerated TI Coverage Term, provided the Member's cover of Accelerated TI is in-force.	• **If Terminal Illness Sum assured is less than sum assured on Death:** Accelerated Terminal Illness sum assured as per the Schedule of Insurance will be paid. On the payment of this benefit, the Terminal Illness cover will terminate immediately. The death benefit coverage will continue only for the Remaining sum assured on Death with future premiums payable (if any) being waived off. • **If Terminal Illness sum assured is equal to the sum assured on Death** Accelerated Terminal Illness sum assured as per the Schedule of Insurance will be payable. On the payment of this benefit, all the risk cover of the member will be terminated, and no further benefits will be payable in the Policy.
Accelerated Accidental Total Permanent Disability (ATPD) Benefit	On accidental total permanent disability of the Member during the ATPD Coverage Term, provided the member's cover for ATPD is in force	• **If Accelerated ATPD sum assured is less than Sum assured on Death** Accelerated ATPD sum assured as per the Schedule of Insurance will be paid. On the payment of this benefit, the ATPD cover will terminate immediately. The death benefit coverage will continue only for the Remaining sum assured on Death with future premiums payable (if any) being waived off. • **If Accelerated ATPD sum assured is equal to the Sum assured on Death** Accelerated ATPD sum assured as per the Schedule of Insurance will be paid. On the payment of this benefit, all the risk cover of the member will be terminated, and no further benefits will be payable in the Policy.

Accidental Death Benefit (ADB)	On accidental death of the life assured during the ADB Coverage Term, provided the Member's cover for ADB is in-force.	Accidental Death Benefit sum assured for which the Member is insured will be paid in addition to the sum assured on Death. In case of Regular Premium Payment, the Accidental Death Benefit is subject to 105% of Total ADB Premiums Paid till the date of death. On the payment of this benefit, all the risk cover of the member will be terminated, and no further benefits will be payable in the Policy.
Out-Patient Department (OPD) Benefit	On availing eligible out-patient benefits during the OPD coverage term, all the provided benefits are on cashless basis except for Doctor In-clinic Consultation under health benefits, where reimbursements are allowed on case to case basis only after fulfilling the terms and conditions stated in the policy document.	Eligible out-patient benefits can be availed by the member as per the OPD plan option chosen at the inception. OPD Plan option can be chosen either by Master Policyholder or member. Payment/ utilization/ claim under OPD benefits do not impact the Base and other optional benefits

Note that
1. Only one out of the additional or accelerated CI benefit can be opted for. Both the benefits cannot be opted for together.
2. Only one out of Critical Illness Benefit or Accelerated ATPD Benefit can be opted for. Both the benefits cannot be opted together.

Payments of Claim Amount

The sum assured will be paid:

- To the insured Member or his/her Nominee directly; OR
- To the master Policyholder, if it is a bank or a financial institution, subject to:

1. There being an authorized assignment made by the insured Member in favor of the Master Policyholder;
2. Such authorized assignment shall only be to the extent of outstanding dues on loan as per the Schedule of Insurance;
3. the balance of the claim (i.e., the difference between the sum assured and the outstanding loan amount) shall be paid directly to the insured Member

Death Benefit in Instalments

At the time of claim settlement, the nominee will have the option to take the sum assured on Death or Remaining sum assured on Death(after payment of outstanding loan amount), whichever applicable, in equal installments spread over the installment period chosen by the nominee, subject to a maximum instalment period of 10 years.

The installment will be paid in advance and the first instalment will be due on the date of intimation of death.

Annual Installment Amount = [(Sum assured – Outstanding loan amount)/ Installment period chosen] * Installment factor

Installment Period (in Yrs)	1	2	3	4	5	6	7	8	9	10
Installment Factor	1.00	1.03	1.07	1.1	1.14	1.18	1.21	1.25	1.29	1.33

The above instalment factors have been calculated at the discounting rate of 7% per annum. The company shall review the installment factors from time to time, subject to IRDAI approval.

The instalment amount for frequencies other than annual mode is given by the annual instalment multiplied with the frequency factor given in the table below. The factors are:

Installment frequency	Monthly	Quarterly	Half yearly
Frequency factor	0.086	0.256	0.508

Maturity Benefit

There is no maturity benefit in this plan.

Policy Surrender

Master policyholder can surrender the policy anytime. After the surrender, no new members can be enrolled under the policy. The existing members will continue to be covered under the policy (on payment of due premiums as & when they fall due) and the members will be directly serviced by us.

Membership Surrender

Availability of surrender will depend on the plan options opted by the member:

In case of Regular Premium:

(i) No termination value is available under the Regular Premium - Level Cover option (where PPT = PT).

(ii) Under the Regular Premium - Reducing Cover option [PPT is 2/3rd the PT], the termination value payable shall be as below:

- Surrender during the premium paying term (PPT) of the member – No termination value shall be payable
- Surrender after the premium paying term (PPT) of the member - The termination value payable will be as below:
  (1)The proposed Termination Value (TV) is Termination Value Factor (TV1)* Total Premium paid till date
  (2)The termination factors are guaranteed throughout the policy term.
- If any Accelerated Benefit has been paid and the policy is continuing for the remaining sum assured on Death, in case of surrender, the Termination Value will be proportionally reduced for the benefit paid, by a factor equal to [Remaining sum assured on Death/ Sum assured on Death].
- If any Additional CI sum assured has been paid and the policy is continuing for the 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 [Sum assured on Death/ (Sum assured on Death+ Additional Critical Illness Sum assured)].
- The company shall have the right to revise the SSV Factors from time to time, subject to prior approval from IRDAI.

In case of Single Premium, the Termination value payable shall be as below:

- For Coverage Term of less than or equal to 1 year, no Termination value is payable.
- For Coverage Term of more than 1 year, the member can at any time surrender his/her cover under the policy.
  1. The termination value payable will be as fallow:
     a. Level Cover: Termination Value Factor (TV2) Factor * Single Premium
     b. Reducing Cover: Termination Value Factor (TV3)* Single Premium
  2. The Termination factors are guaranteed through out the policy term.
- If any Accelerated Benefit has been paid and the policy is continuing for the remaining sum assured on Death, in case of surrender, the Termination Value will be proportionally reduced for the benefit paid, by a factor equal to [Remaining sum assured on Death/ Sum assured on Death].

- If any Additional CI sum assured has been paid and the policy is continuing for the 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 [Sum assured on Death/ (Sum assured on Death+Additional Critical Illness Sum assured)].

PLAN TERMS & CONDITIONS

ELIGIBILITY CONDITIONS

<table>
<tr><td>Parameter</td><td colspan="5">Details</td></tr>
<tr><td rowspan="7">Age at Entry</td><td colspan="2">Benefits/Optional Benefit</td><td colspan="2">Minimum</td><td>Maximum</td></tr>
<tr><td colspan="2">Death Benefit</td><td colspan="2">14 years for Education Loan
18 years for others</td><td>75 years</td></tr>
<tr><td colspan="2">Critical Illness/Accelerated Critical Illness</td><td colspan="2">18 years</td><td>65 years</td></tr>
<tr><td colspan="2">Accelerated Terminal Illness</td><td colspan="2">18 years</td><td>65 years</td></tr>
<tr><td colspan="2">Accelerated Accidental Total Permanent Disability Benefit</td><td colspan="2">18 years</td><td>65 years</td></tr>
<tr><td colspan="2">Accidental Death Benefit</td><td colspan="2">18 years</td><td>60 years</td></tr>
<tr><td></td><td colspan="2">Out-Patient Department (OPD)</td><td colspan="2">18 years</td><td>75 years</td></tr>
<tr><td></td><td colspan="5"></td></tr>
<tr><td rowspan="6">Age at Maturity</td><td colspan="2">Benefits/Optional Benefit</td><td colspan="2">Minimum</td><td>Maximum</td></tr>
<tr><td colspan="2">Death Benefit</td><td colspan="2">18 years</td><td>80 years</td></tr>
<tr><td colspan="2">Critical Illness Benefit</td><td colspan="2">19 years</td><td>75 years</td></tr>
<tr><td colspan="2">Accelerated Terminal Illness Benefit</td><td colspan="2">18 years</td><td>80 years</td></tr>
<tr><td colspan="2">Accelerated Accidental Total Permanent Disability Benefit</td><td colspan="2">18 years</td><td>75 years</td></tr>
<tr><td colspan="2">Accidental Death Benefit</td><td colspan="2">18 years</td><td>65 years</td></tr>
<tr><td></td><td colspan="2">Out-Patient Department (OPD)</td><td colspan="2">18 years</td><td>80 years</td></tr>
<tr><td></td><td colspan="5"></td></tr>
<tr><td rowspan="5">Coverage Term#</td><td rowspan="2">Benefit/s</td><td rowspan="2">Coverage Term</td><td colspan="2">Regular Premium</td><td rowspan="2">Single Premium</td></tr>
<tr><td>Level Cover</td><td>Reducing Cover</td></tr>
<tr><td>All benefits except Critical Illness/ Accelerated Critical Illness</td><td>Minimum</td><td>60 months (5 years)</td><td>96 months (8 years)</td><td>1 Month**</td></tr>
<tr><td>All benefits except Critical Illness/ Accelerated Critical Illness</td><td>Maximum</td><td colspan="3">360 months (30 years)</td></tr>
<tr><td rowspan="2">Critical Illness/Accelerated Critical Illness</td><td>Minimum</td><td colspan="2">60 months (5 years)</td><td>12 months (1 year)</td></tr>
<tr><td>Maximum</td><td colspan="3">360 months (30 years)</td></tr>
<tr><td></td><td colspan="5">The coverage term for the optional inbuilt covers can be less than or equal to the term for the death cover, subject to the minimum / maximum criteria mentioned above</td></tr>
</table>

Bajaj Life

Group Secure Shield Plus

A Non-linked Non-Participating Group Life Insurance Plan

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<table>
<tr><td>Premium Payment Term (Individual Members)</td><td>
The product offers Single Premium Payment option as well as Regular Premium Payment option, wherein the minimum Premium Payment Term is [5] years.
OPD Benefit, which is an optional cover, is available only under Single Premium.
<table>
<tr><th rowspan="2">Premium Paying Term (PPT)</th><th colspan="2">Regular Premium</th></tr>
<tr><th>Level Cover</th><th>Reducing Cover</th></tr>
<tr><td>Minimum</td><td>60 months (5 years)</td><td>60 months (5 years)</td></tr>
<tr><td>Maximum</td><td>360 months (30 years)</td><td>240 months (20 years)</td></tr>
</table>
In case of Regular Premium Level Cover, the premium paying term (PPT) is equal to the Coverage Term

In case of Regular Premium Reducing cover, premium payment term will be 2/3rd of the policy term. Premium paying terms & corresponding policy terms for annual mode are as given below
<table>
<tr><td>PT</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr>
<tr><td>PPT</td><td>5</td><td>6</td><td>6</td><td>7</td><td>8</td><td>8</td><td>9</td><td>10</td><td>10</td><td>11</td><td>12</td><td>12</td><td>13</td><td>14</td><td>14</td><td>15</td><td>16</td><td>16</td><td>17</td><td>18</td><td>18</td><td>19</td><td>20</td></tr>
</table>
For Example: Annual Mode with Policy Term 13. The 2/3rd of 13 is 8.67 in years, which is then rounded down to 8 years as Premium Paying Term.
</td></tr>
<tr><td>Moratorium Period</td><td>Minimum: 0 years
Maximum: 8 years</td></tr>
<tr><td>Premium</td><td>It will depend on Sum assured, Coverage Term, premium payment term, Optional In-built Covers chosen and other factors such as age, Mortality loading etc.</td></tr>
<tr><td>Sum Assured per member</td><td>
<table>
<tr><th>Benefits/Optional Benefit</th><th>Minimum</th><th>Maximum</th></tr>
<tr><td>Death Benefit</td><td rowspan="5">Rs. 10,000</td><td rowspan="5">[No Limit], subject to Board approved underwriting policy (BAUP)</td></tr>
<tr><td>Critical Illness/Accelerated Critical Illness</td></tr>
<tr><td>Accelerated Terminal Illness</td></tr>
<tr><td>Accelerated Accidental Total Permanent Disability Benefit</td></tr>
<tr><td>Accidental Death Benefit</td></tr>
</table>
The OPD benefits offer fixed benefits as per OPD plan option chosen, and has no Sum Assured. Out-Patient Department (OPD) benefits for the member are based on the member's premium and OPD Plan option.
</td></tr>
<tr><td>Size of the Group</td><td>Minimum: 50 members
Maximum: No limit</td></tr>
<tr><td>Premium Payment Frequency</td><td>Single, Yearly, Half Yearly, Quarterly, Monthly</td></tr>
<tr><td>Premium Frequency Factors*</td><td>
<table>
<tr><td>Premium Frequency</td><td>Monthly</td><td>Quarterly</td><td>Half Yearly</td><td>Yearly</td></tr>
<tr><td>Factors</td><td>0.0833</td><td>0.2485</td><td>0.4928</td><td>0.9693</td></tr>
</table>
</td></tr>
</table>

#For coverage terms in fractional years, only Single Premium or Regular Premium with monthly mode of premium payment will be allowed subject to the minimum Coverage Term conditions

**The premium will be derived for monthly premium payment mode. The premium rate for each mode is then arrived by the premium rate multiplied with the frequency factor.*

***Note that Coverage Term of less than 1 year is being offered to cater to short term loans.*

Alteration of Premium Payment Frequency

Under the regular premium option, the premium payment frequency may be changed on the request of Master Policyholder/members at any membership anniversary.

Payment of Premium

a) Premiums in respect of all the Member are payable on Date of commencement of risk and on subsequent Premium Due Dates or within the Grace Period allowed (in case of Regular Premium option) without there being any obligation on the Company to notify the Policyholder and/or the Member of the due dates.
b) Where the Regular Premiums due have not been paid on the Premium Due Dates or even during the Grace Period, in respect of a Member, the Life Insurance Cover of the Member under the Policy shall be subject to the Non forfeiture condition.

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.

Non-payment of premium

a). In any premium is not received in respect of a member/s within grace period, the insurance cover including optional in-built covers shall cease.
b). In the event of the Regular Premium collected by the Policyholder during the grace period, not being remitted to the insurer, the cover shall continue notwithstanding the expiry of grace period.
c). But if his membership in the group continues then the cover can be revived as per section 12e) below. At the expiry of the revival period, if the cover were not reinstated, the membership in the group would be terminated and no benefit would be paid on such termination.
d). Where Sum Assured is linked to a loan, on foreclosure of loan or transfer of loan to another financial institution by the member and exit from membership from the group, the member has the option to continue cover or can surrender his membership under this policy.
e). On surrender of membership, the Termination Value applicable shall be payable and the membership shall terminate automatically.
f). The Policyholder and the respective Member shall be responsible to intimate the Company about the foreclosure of loan or transfer of loan to other financial institutions by the Member.

Revival

A policy, which has lapsed/paid-up for non-payment of premium after the grace period, may be revived, subject to the following conditions:

a) A written application for revival is received from the policyholder by the company within five (5) years of the due date of the first unpaid premium.
b) The arrears of premiums together with interest, at such rate as the company may decide from time to time along with applicable taxes are paid. The current applicable revival interest is 10% p.a. compounded half-yearly.
c) The policyholder furnishes evidence of continuity of insurability.
d) The revival of the policy may be on terms different from those applicable to the policy before it lapsed based on prevailing board approved underwriting guidelines.
e) The Company may revive or refuse to revive the policy based on the prevailing board approved underwriting norms of the Company. If the policy is refused revival based on the board approved underwriting guidelines, the Company will refund the amount deposited for the purposes of revival of the policy.
f) The revival will only be effective when the Company has specifically communicated the same to the policyholder.

g) After revival, the cover shall be reinstated for the insured event which occurs after the revival date. In case of reducing cover, the cover shall be available as per the loan schedule at revival date.

The revival interest rate will be benchmarked to the G-Sec based on the information from Financial Benchmark India Private Ltd (FBIL). It will be equal to [10-year G-Sec yield PLUS 2%] rounded-up to the next full interest rate. The revival interest rate will be reviewed on an annual basis. Any change in bases used for determination of applicable interest rate will be subject to prior approval of IRDAI.

Termination

The membership will terminate:

- on earlier occurrence of Death or in case of joint life cover, on first death of either of the member or Accelerated optional inbuilt benefit on either of the member where accelerated optional inbuilt benefit sum assured is equal to the death benefit, if opted
- on expiry of the revival period of 5 years, if the membership is not reinstated
- on surrender of the membership if Regular Premium Level Cover is opted and on date of payment of surrender value in case of all other options
- on the maturity date/ completion of the term of the cover for member

Free Look

(1) The policyholder will be provided 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 tenure of the policy is less than a year.
(2) In the event a policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he will have the option to return the policy to the insurer for cancellation, stating the reasons for the same.
(3) Irrespective of the reasons mentioned, the policyholder will 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.
(4) A request received by the company for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request

Grace Period

Not applicable under Single Premium Option.
Under Regular Premium Option 30 days for all modes except in monthly mode where it is 15 days, from the due date of Regular Premium payment, without any penalty or late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption as per the Policy terms and conditions.
If contingent event occurs during the grace period, the benefit payable shall be after deduction of the due unpaid premiums.

General Exclusions

Suicide Exclusion:
In case of death of the Member due to suicide within 12 months from the date of commencement of risk or the date of latest revival of the policy/membership, whichever is later, then, the Nominee or beneficiary of the member shall be entitled to receive, the higher of 80% of the Premiums paid till the date of death of the member or the Surrender Value available as on the date of death of the member as death benefit, provided the policy/membership is in force. In case of Joint Life cover, this clause is applicable on either of the Members committing suicide. Post payment of the applicable amount, both the Members' cover will terminate
There are no other exclusion in case of death benefit apart from the suicide clause mentioned above.

Definitions, Conditions and Exclusion

- **11, 17 & 32 Critical Illnesses (Additional & Accelerated)**

1) 11 Critical Illness (CI)

1. **Cancer of Specified severity**
   A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. 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 lymphocyctic 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. **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 this will be evidenced by all of the following criteria:
   1. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
   2. new characteristic electrocardiogram changes
   3. 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 breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
   The following are excluded:
   i. 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 (hemodialysis 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 atleast 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:

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

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

The following are excluded:

1. Other stem-cell transplants
2. 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:

a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
c. Neurological damage due to SLE are excluded.

9. Aortic Surgery

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and 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 (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterisation. 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:

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

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person.

The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner. The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days. The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available

The following conditions are however not covered:

a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease

2) 17 Critical Illness (CI)

Please refer the above section for the following conditions:

1. **Cancer of Specified severity**
2. **First Heart Attack – of specified severity**
3. **Open Chest CABG**
4. **Kidney Failure requiring regular dialysis**
5. **Stroke resulting in permanent symptoms**
6. **Major Organ/ bone marrow transplant**
7. **Permanent paralysis of limbs**
8. **Multiple Sclerosis with persisting symptoms**
9. **Open Heart Replacement Or Repair Of Heart Valves**

   The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded

10. **Coma Of Specified Severity**

    A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: no response to external stimuli continuously for at least 96 hours; life support measures are necessary to sustain life; and permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. **Motor Neuron Disease With Permanent Symptoms**

    Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. **Brain Surgery**

    The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out. This diagnosis and undergoing of surgery must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging

techniques (pre-surgery and post-surgery medical reports must be submitted).

13. Blindness
Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by: corrected visual acuity being 3/60 or less in both eyes or; the field of vision being less than 10 degrees in both eyes. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Deafness
Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

15. End Stage Lung Failure
End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
Dyspnea at rest.

16. End Stage Liver Failure
Permanent and irreversible failure of liver function that has resulted in all three of the following:
Permanent jaundice; and
Ascites; and
Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss Of Limbs
The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

3) 32 Critical Illness (CI)
Please refer the above section for the following conditions:

1. **Cancer of Specified severity**
2. **First Heart Attack – of specified severity**
3. **Open Chest CABG**
4. **Kidney Failure requiring regular dialysis**
5. **Stroke resulting in permanent symptoms**
6. **Major Organ/ bone marrow transplant**
7. **Permanent paralysis of limbs**
8. **Multiple Sclerosis with persisting symptoms**
9. **Aortic Surgery**
10. **Primary Pulmonary Hypertension**
11. **Open Heart Replacement/Repair Heart Valves**
12. **Coma of specified Severity**
13. **Motor Neuron Disease With Permanent Symptoms**
14. **Benign Brain Tumour**
15. **Blindness**
16. **Deafness**
17. **End Stage Lung Failure**
18. **End Stage Liver Failure**
19. **Loss of limbs**

20. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d. Mobility: the ability to move indoors from room to room on level surfaces;
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

Spinal cord injury;

21. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area

22. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

a. Bone marrow stimulating agents
b. Immunosuppressants
c. Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

1. Blood product transfusion;
2. Marrow stimulating agents;
3. Immunosuppressive agents; or
4. Bone marrow transplantation.

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

1. Blood product transfusion;
2. Marrow stimulating agents;
3. Immunosuppressive agents; or
4. Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

a. Absolute Neutrophil count of 500 per cubic millimetre or less;

b. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
c. Platelet count of 20,000 per cubic millimetre or less.

23. Necrotising Fasciitis

A definite diagnosis of necrotising fasciitis evidenced by all of the following:

a. Progressive, rapidly spreading bacterial infection located in the deep fascia, with secondary necrosis of the subcutaneous tissues of the limbs or trunk
b. Fever and rapid increase in C-reactive protein (CRP) levels
c. Surgical resection of all necrotic tissue
d. Fournier's gangrene is covered under this definition. The diagnosis must be confirmed by a Consultant Surgeon and evidenced by microbiological or histological findings.
e. For the above definition, the following are not covered:
f. Gas gangrene
g. Gangrene caused by diabetes, neuropathy or vascular diseases

24. Fulminant Viral Hepatitis

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

a. Typical serological course of acute viral hepatitis
b. Development of hepatic encephalopathy
c. Decrease in liver size
d. Increase in bilirubin levels
e. Coagulopathy with an international normalized ratio (INR) greater than 1.5
f. Development of liver failure within 7 days of onset of symptoms
g. No known history of liver disease
h. The diagnosis must be confirmed by a Consultant Gastroenterologist or Hepatologist.
i. For the above definition, the following are not covered:
j. All other non-viral causes of acute liver failure (including but not limited to paracetamol or aflatoxin intoxication)
k. Fulminant viral hepatitis associated with intravenous drug use

25. Idiopathic Parkinson's Disease [before age 65] - resulting in permanent loss of physical abilities

Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

a. Cannot be controlled with medication;
b. Shows signs of progressive impairment; and

Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:
Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
Feeding oneself – the ability to feed oneself when food has been prepared and made available.
Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
Getting between rooms – the ability to get from room to room on a level floor.
Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
For the above definition, the following are not covered:

a. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
b. Essential tremor
c. Parkinsonism related to other neurodegenerative disorders

26. Bacterial Meningitis

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.
For the above definition, the following are not covered:
Aseptic, viral, parasitic or non-infectious meningitis

27. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

a. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
b. Renal biopsy showing typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
c. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
d. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function
e. The diagnosis must be confirmed by a Consultant Nephrologist.
f. For the above definition, the following are not covered:
g. Polycystic kidney disease
h. Multicystic renal dysplasia and medullary sponge kidney
i. Any other cystic kidney disease

28. Muscular Dystrophy - resulting in permanent loss of physical abilities

A definite diagnosis of one of the following muscular dystrophies:

a. Duchenne Muscular Dystrophy (DMD)
b. Becker Muscular Dystrophy (BMD)
c. Emery-Dreifuss Muscular Dystrophy (EDMD)
d. Limb-Girdle Muscular Dystrophy (LGMD)
e. Facioscapulohumeral Muscular Dystrophy (FSHD)
f. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
g. Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.
Activities of Daily Living are:

a. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
c. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
d. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
e. Getting between rooms – the ability to get from room to room on a level floor.
f. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.
For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

29. Persistent Vegetative State

A persistent vegetative state in which patients with severe brain damage are unresponsive and unaware due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

a. Complete unawareness of the self and the environment
b. Inability to communicate with others
c. No evidence of sustained or reproducible behavioural responses to external stimuli
d. Preserved brain stem functions

Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

30. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

a. Dilated Cardiomyopathy
b. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
c. Restrictive Cardiomyopathy
d. Arrhythmogenic Right Ventricular Cardiomyopathy
e. The disease must result in at least two of the following:
f. Left ventricular ejection fraction (LVEF) of less than 30% measured twice at an interval of at least 3 months.
g. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
h. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

a. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
b. Transient reduction of left ventricular function due to myocarditis
c. Cardiomyopathy due to systemic diseases
d. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

31. Systemic Lupus Erythematosus with Renal Involvement

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I - Minimal mesangial lupus nephritis
Class II - Mesangial proliferative lupus nephritis
Class III - Focal lupus nephritis
Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
Class V - Membranous lupus nephritis

Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology

32. Systemic Sclerosis

A definite diagnosis of systemic sclerosis evidenced by all of the following:

a. Typical laboratory findings (e.g., anti-Scl-70 antibodies)
b. Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
c. Continuous treatment with corticosteroids or other immunosuppressants
d. The systemic involvement should be evidenced by any two of the following findings
e. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted

f. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
g. Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
h. Echocardiographic findings suggestive of grade III and above left ventricular diastolic dysfunction
i. The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.
j. For the above definition, the following are not covered:
k. Localized scleroderma without organ involvement
l. Eosinophilic fasciitis
m. CREST-Syndrome

Permanent Neurological Deficit (PND) with persisting clinical symptoms – wherever there is reference of PND in any of the covered (11, 17, 32) conditions, following definition needs to be adhered to.
PND is defined as dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person's life. It should be evidenced by atleast two of the following

- numbness, hyperaesthesia (increased sensitivity), localised weakness, tremor, paralysis
- dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment
- difficulty in walking, lack of coordination,
- seizures, dementia, delirium,
- coma

Persisting neurological deficit must be confirmed by a Neurologist once after 3 months and then after 6 months from date of initial diagnosis with no hope of recovery.
The following are not covered:

- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin.

- **Additional Critical Illness (CI) Sum Assured** means the additional benefit payable on first diagnosis of Covered Critical Illness of the Member wherein the Additional CI Sum Assured can be any percentage between 0% to 100% of the Sum Assured on Death at the inception of the policy. The percentage shall be chosen at inception and cannot be changed later.
- **Accelerated Critical Illness (CI) Sum Assured** means the accelerated benefit payable on first diagnosis of Covered Critical Illness of the Member wherein the Accelerated CI Sum Assured can be any percentage between 0% to 100% of the Sum Assured on Death . The percentage shall be chosen at inception and cannot be changed later.
- **Accidental Death Benefit (ADB) Sum Assured** means the additional benefit payable in case of accidental death of the Member. The ADB Sum Assured can be any percentage between 0% to 100% of the Sum Assured on Death at the inception of the policy. The percentage shall be chosen at inception and cannot be changed later.
- **Accelerated Accidental Total Permanent Disability (ATPD) Sum Assured** means the accelerated benefit payable on occurrence of ATPD on the life of the Member wherein the Accelerated ATPD Sum Assured can be any percentage between 0% to 100% of the Sum Assured on Death. The percentage shall be chosen at inception and cannot be changed later.
- **Accelerated Terminal Illness (ATI) Sum Assured** means the accelerated benefit payable on diagnosis of Terminal Illness of the Member wherein the ATI Sum Assured can be any percentage between 0% to 100% of the Sum Assured on Death. The percentage shall be chosen at inception and cannot be changed later.
- **Critical Illness Coverage Term** means the period during which Critical Illness Coverage (where opted) is provided under the Plan. The Critical Illness Coverage Term shall be chosen at inception and shall be subject to the minimum / maximum condition. On expiry of the Critical Illness Coverage Term, the critical illness cover shall expire and death benefit coverage / other contingent event coverage (if any) shall continue for the respective coverage term.
- **ADB Coverage Term** means the period during which the accidental death benefit coverage (where opted) is provided under the Plan. The ADB Coverage Term shall be chosen at inception and shall be subject to the minimum / maximum condition. On expiry of the ADB Coverage Term, the ADB cover shall expire and death benefit coverage / other contingent event coverage (if any) shall continue for the respective coverage term.
- **ATPD Coverage Term** means the period during which the Accelerated ATPD coverage (where opted) is provided under the Plan. The ATPD Coverage Term shall be chosen at inception and shall be subject to the minimum / maximum condition. On expiry of the ATPD Coverage Term, the ATPD cover shall expire and

death benefit coverage / other contingent event coverage (if any) shall continue for the respective coverage term.

- **ATI Coverage Term** means the period during which the ATI coverage (where opted) is provided under the Plan. The ATI Coverage Term shall be chosen at inception and shall be subject to the minimum / maximum condition. On expiry of the ATI Coverage Term, the ATI cover shall expire and death benefit coverage / other contingent event coverage (if any) shall continue for the respective coverage term.
- **Coverage Term** denotes the period for which the death benefit coverage is provided to the Member. Coverage Term and Member's policy term have been used interchangeably in the document and imply the same period.
- **OPD Coverage Term** means the period during which the Out-Patient Department (OPD) coverage (where opted) is provided under the Plan. The OPD Coverage Term shall be chosen at inception and shall be subject to the minimum / maximum condition. On expiry of the OPD Coverage Term, the OPD benefits will also expire.
- **Schedule of Insurance** is the loan schedule prepared at the inception of the member's policy term based on the loan amount outstanding, policy term, moratorium period, loan interest rate then and other benefits chosen, if any.
- **Sum Assured on Death** means the death benefit for which the Member is covered, whether level or reducing as per the coverage option chosen and inclusive of any top-up sum assured opted for. When the death benefit is linked to Loan, under reducing cover option, the Sum Assured on Death shall be equal to loan outstanding at the start of each month during the coverage term of the member, as given in the Schedule of Insurance.
- Note that where the Benefit Multiplier option is chosen, this death benefit shall be scaled up by the Benefit Multiplier opted for.
- **Remaining Sum Assured on Death** means the remaining death cover at any time 't' for which the Member is covered after reducing the Sum Assured on Death (at time 't') by the accelerated benefit already paid on the prior occurrence of any of the covered accelerated contingent events (where opted for).

For additional definition ,please refer policy document ,

Exclusions

Waiting Period

No benefit shall be payable under this policy for any covered condition which is diagnosed and/or received medical advice/treatment within the waiting period of 180 days following the effective date of the policy.

Effective date of the policy is defined as date of commencement of risk or reinstatement (whichever is later) of the policy.

Survival Period

No benefit under the Policy shall be payable if the Life Insured dies within a period of 30 (Thirty) days from the first occurrence of covered event under Critical Care.
This is applicable only if Additional Critical Illness benefit is opted. No Survival Period is applicable in case of Accelerated CI Benefit.

Other exclusions

1. Pre-Existing Diseases are not covered. Pre-existing Disease means any condition, ailment, injury or disease:
   a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
   b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement
2. Any nvestigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.
3. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
4. Intentional self-inflicted injury, suicide or attempted suicide.
5. For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence

of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.

6. Engaging in or taking part in hazardous activities$, including but not limited to, boxing, caving, jet skiing, diving or riding or any kind of race, trial or timed motor sport; martial arts; hunting; mountaineering; off pastel skiing, pot holing, power boat racing, yacht racing parachuting; bungee-jumping; sky-diving, underwater activities involving the use of breathing apparatus or not;

$Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;

7. Participation by the insured person in a criminal or unlawful act with criminal intent;
8. For any medical condition or any medical procedure arising from Biological, Chemical or 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;
9. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
10. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
11. Any External Congenital Anomaly which is not as a consequence of Genetic disorder
12. Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this
13. Any treatment of a donor for the replacement of an organ
14. Diagnosis and treatment outside India.

Accelerated Accidental Total Permanent Disability

The ATPD sum assured (could be less than or equal to the base sum assured) will be paid in case of the conditions defined below and the Death sum assured in the base policy, will be reduced by the Accelerated ATPD sum assured paid

Accidental total permanent disability means disability of a member as a result of bodily injury caused by an accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Member's disability which must be total and permanent, and must result in at least one of the following:

(I) Loss of sight in both eyes;
(II) Loss of both arms or both hands;
(III) Loss of one arm and one leg;
(IV) Loss of one arm and one foot;
(V) Loss of one hand and one foot;
(VI) Loss of one hand and one leg;
(VII) Loss of both legs;
(VIII) Loss of both feet;
(IX) Removal of the lower jaw

If the disability is due to amputation/dismemberment, the loss of hand will mean amputation/dismemberment above wrist, the loss of arm will mean amputation/ dismemberment above elbow, the loss of feet will mean amputation/dismemberment above ankle and the loss of leg will mean amputation/dismemberment above knee.

Loss of both eyes means total loss of vision in both eyes, certified by an ophthalmologist.

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means

Exclusions

AATPD shall not be payable if the disability is directly or indirectly caused by, related to or arises from any of the following cases::

i) Disability as a result of the member/s committing any breach of law or criminal or unlawful act with criminal intent;
ii) Disability of member/s arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;

iii) Disability as a consequence of the member/s being directly or indirectly under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner;
iv) Disability as a result of the member/s taking part in any naval, military or air force operation;
Disability as a result of the member/s participating in or Engaging in hazardous activities^, including but not limited to, boxing, caving, jet skiing, diving or riding or any kind of race, trial or timed motor sport; martial arts; hunting; mountaineering; off pastel skiing, pot holing, power boat racing, yacht racing parachuting; bungee-jumping; sky-diving, underwater activities involving the use of breathing apparatus or not;
^Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
v) Disability of member/s arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
vi) Disability of member/s as a result of Intentional attempted self-injury or attempted suicide.
vii) Disability of member/s as a result of failure to seek or follow medical advice given by registered medical practitioner.
viii) Diagnosis and treatment outside India.
ix) Disability of member/s as a result of any External Congenital Anomaly which is not as a consequence of Genetic disorder and unless disclosed at the proposal stage and accepted by the company

Accidental Death Benefit

On Death of the Member(s) due to an Accident, the ADB sum assured (could be less than or equal to the base sum assured) will be paid in addition to the benefits in force under the Policy.
Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Accidental Death shall mean death which

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

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

Exclusions

We will not be liable to pay the Accidental Death Benefit if the Accident is directly or indirectly due to or caused, occasioned, accelerated or aggravated by, any one of the following:
i) any breach of law or criminal or unlawful act with criminal intent;
ii) either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
iii) as a consequence of the member/s being directly or indirectly under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner;
iv) as a result of the member/s taking part in any naval, military or air force operation;
v) as a result of the member/s participating in or Engaging in hazardous activities^^, including but not limited to, boxing, caving, jet skiing, diving or riding or any kind of race, trial or timed motor sport; martial arts; hunting; mountaineering; off pastel skiing, pot holing, power boat racing, yacht racing parachuting; bungee-jumping; sky-diving, underwater activities involving the use of breathing apparatus or not;
^^Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
vi) arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
vii) as a result of Intentional attempted self-injury, suicide or attempted suicide.

Accelerated Terminal Illness

It provides financial security in case of diagnosis of a terminal illness. Risk-cover for the Employee / Member under this benefit will terminate after the Terminal Illness benefit is paid. The Death sum assured in the base policy, will be reduced by the Accelerated Terminal Illness sum assured paid.

Terminal Illness is defined as an advanced or rapidly progressing incurable and uncorrectable medical condition which, in the opinion of two (2) independent Medical Practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months of the date of diagnosis of Terminal Illness. The Company reserve the right for independent assessment of the Terminal Illness.

Out-Patient Department (OPD) Benefit

- The product offers an Out-Patient benefit as optional in-built cover. There are Eight (8) plans offered under OPD benefits which include four types of benefits viz. Health, Fitness, Wellness and other wellness related additional Benefits which are described in the table below. All the benefits provided are offered on cashless basis. These benefits are aimed at helping policyholders manage routine medical expenses efficiently. There is a 30 days waiting period w.r.t availing of OPD benefits during which no benefits can be availed.
- The benefits will continue until the termination of membership or OPD coverage term whichever is earlier.
- However, all the un-utilized OPD benefits will lapse at the yearly memeber anniversary and all eligible benefits will be re-instated at each member's anniversary year.
- For all OPD plans, member can add one (1) adult or one (1) child to be covered under the plan i.e. the benefits can be utilized by member + 1 adult/child. In joint life cases, the benefits can be utilized only by either of the joint-life members. For non-integer OPD coverage terms, the same annual benefits will be applicable (no pro-rate basis). OPD and other optional cover cannot exist on standalone basis.
- The OPD benefits shall be provided only through the service providers empaneled with the Company through whom the insured member can claim the benefits. The company shall not accept any liability in relation to the quality, performance and reliability of the service provided by the service provider.
- Please refer our website (www.bajajallianzlife.com) for the updated details of the prevailing service providers. The Company reserves the right to change the service provider at any time

Benefits	Specialty/ Description	Mode of Utilization	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Health Benefits per annum			Wallet Amount	Wallet Amount as a % of Single Premium ÷ OPD Coverage Term##						
Doctor – OPD In-Clinic Consultations	All Specialties	Cashless/ Reimbursement	₹100 – ₹10,000#	12.5%	25%	25%	25%	50%	25%	50%
Prescribed Diagnostics	All Prescribed Lab & Radiology Tests	Cashless		12.5%	25%	25%	25%	50%	25%	50%

Bajaj Life

Group Secure Shield Plus

A Non-linked Non-Participating Group Life Insurance Plan

BAJAJ Allianz

LIFE GOALS. DONE.

Benefits	Specialty/ Description	Mode of Utilization	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Wellness Benefit per annum			Voucher Benefits###	Wallet Amount as a % of Single Premium ÷ OPD Coverage Term##						
Preventive Health Check-up	Includes up to 82 Tests	Cashless	1 Voucher	Not Available						
	All tests available on App	Cashless	Not Available	12.5%	25%	25%	25%	25%	25%	25%
Mental Well-being	Psychologists & Psychiatrists	Cashless	24 Vouchers (2 per month)	12.5%	25%	25%	25%	25%	25%	25%
Fitness Benefits per annum			Voucher Benefits###	Wallet Amount as a % of Single Premium ÷ OPD Coverage Term##						
Gym & Fitness	Gym, yoga, Zumba, etc. sessions	Cashless	Not Available	Not Available	Not Available	Not Available	25%	25%	Not Available	Not Available
Diet & Nutrition Management	Dieticians & Nutritionists	Cashless	24 Vouchers (2 per month)	Not Available	Not Available	Not Available	25%	25%	50%	50%
Additional Wellness Benefits per annum			Voucher Benefits###/Access to Online Fitness Videos							
Tele consultations	All Specialties	Cashless	24 Vouchers (2 per month)	24 Vouchers (2 per month)	24 Vouchers (2 per month)	24 Vouchers (2 per month)	24 Vouchers (2 per month)	24 Vouchers (2 per month)	24 Vouchers (2 per month)	24 Vouchers (2 per month)
Dental Voucher	Scaling & Polishing	Cashless	Not Available	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher

Additional Wellness Benefits per annum			Voucher Benefits###/Access to Online Fitness Videos							
AI based Health Risk Assessment	Not Applicable	In-App services	Not Available	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher
Preventive Health Counselling (with a Doctor)	Not Applicable	Cashless	Not Available	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher
Access to Online Fitness Videos	Not Applicable	In-App services	Not Available	Available	Available	Not Available	Available	Available	Available	Available
Total Out-Patient Department (OPD) Benefits			As per OPD Plan chosen							

#For Plan 1, the fixed wallet amount for Health Benefits can be chosen by the master policyholder/member ranging from ₹100 - ₹10,000 in multiples of ₹100. The limits are based on this chosen wallet amount irrespective of the number of usages.
##For Plan 2-8, the fixed wallet amount as a % of Single Premium ÷ OPD Coverage Term can be availed (for Health, Fitness and Wellness benefits) based on the limits given in the above table irrespective of the number of usages.
###Every time voucher benefits are claimed; 1 voucher is utilized. These benefits can be claimed based on numbers of vouchers available per annum.
The OPD (fixed) benefits shall mean coverage of expenses incurred without the requirement of hospitalization, comprising Health, Fitness, Wellness and other Wellness related additional benefits as further explained in the sections below. There is a 30 days waiting period w.r.t availing OPD benefits.

Abuse Management Clause+:

- If the Insured 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.

Fair Usage Policy++:

- Max number of consultations per day: 5
- Max number of consultations per month: 15
- Repeat consultation with same doctor: After a period of 7 days from the previous consultation.

1) Health Benefit: -

1.a. Doctor Consultation Service (General Physician) - In-clinic / Doctor Consultation Service (Specialist) - In-clinic: -

Definitions

i. The Insured member/s shall be entitled to an in-person medical consultation with the doctor at the prescribed network centres of current OPD benefit service provider.
ii. This consultation can be taken with a Doctor/Medical Practitioner (General Physician or Specialist) as may be required by the Insured member/s including for any injury sustained or illness contracted during the OPD Coverage term.
iii. If there is no facility of cashless Doctor Consultation in the Insured member/s location, then Insured member/s can claim the charges/consultation fees by way of reimbursement process.

Terms and Conditions: -

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:

- Abuse Management Clause+ clause is applicable.
- Investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this section.
- If this service cover is not availed in the policy year, the unutilized services cannot be carried forward to the subsequent policy year.
- Physiotherapy, Psychologist, Psychiatrist, Dietician/nutritionist consultations/sessions will not be covered under this benefit.
- Only one (1) active Doctor Consultation is allowed at any given time and the Insured member/s can book/ utilize next consultation post completion of ongoing consultation.
- 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.
- The Company shall not be liable for any discrepancy in the information provided under this service.

- **Inclusions & Exclusions of General Physician & Specialist:**

Speciality	Doctor Specialization	Included/Excluded
General Physician	General Physician	Included
	Ayurveda	Included
	Homeopath	Included
	Physiotherapist	Included
	Unani	Included
Specialist	Pediatrician	Included
	Dentist	Included
	Dermatologist	Included
	Orthopedic	Included
	Psychologist	Included
	Ophthalmologist	Included
	Gynecologist & Obstetrician	Included
	ENT	Included
	Psychiatrist	Excluded

	Dietitian/Nutritionist	Included
	Audiologist	Included
	Anesthesiologist	Included
	Radiologist	Included
	Pathologist	Included
	Sexologist	Included
	Cosmetologist	Excluded
	Cosmetic & Plastic Surgeon	Excluded
	Electropathy	Excluded
	ENT Surgeon	Excluded
	Speech Therapist	Excluded
	Embryologist	Excluded
	Hematologist	Included
	Preventive medicine specialist	Included
Super specialist	Pediatric surgeon	Included
	Dental Surgeon	Included
	Cardiologist	Included
	Pulmonologist	Included
	Dialectologist	Included
	Oncologist	Included
	Neurologist	Included
	Gastroenterologist	Included
	Nephrologist	Included
	Urologist	Included
	Orthodontic	Included
	Orthopedics & Joint Replace-ment	Included

Speciality	Doctor Specialization	Included/Excluded
	Rheumatologist	Included
	Endocrinologist	Included
	Laparoscopic Surgeon	Included
	Vascular Surgeon	Included
	Infectious disease specialist	Included

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

Terms and Conditions: -
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:

- Abuse Management Clause+ clause is applicable.
- Claims without prescription shall not be covered.
- If the benefit is not availed in the policy year, the benefit cannot be carried forward to the subsequent policy year.
- The Benefit is not transferrable to any other member unless the member is covered under the plan.
- Any preventive health tests shall not be covered under this benefit.
- Cash payment in lieu of the service is not available.
- These services shall be provided through the OPD Benefit service provider, subject to availability at the time of appointment.
- Genetic studies shall be excluded from the scope of this cover.
- Reimbursement is out of scope for this benefit.
- Only prescribed tests are covered under the lab & radiology benefits (except infertility and pregnancy).
- Please refer Bajaj Allianz Life App/Customer Portal for current Lab and Radiology tests available. Currently, there are 43 different types Pathology test and 287 different types of Radiology test provided by the current OPD service provider.

2) Wellness Benefit: -
2.a) Preventive Health Check-Up Service
The Insured member/s can avail the Preventive health check-up as per the list of preventive health check-ups available in the digital platform of the current OPD service provider.

Terms and Conditions: -
The above service is provided subject to the terms and conditions, and in the manner prescribed below:

- Abuse Management Clause+ clause is applicable.
- Preventive health check-up cannot be availed outside the prescribed list of hospitals or diagnostic centers.
- The complete list of Preventive Health Check-Up tests needs to be completed in a single appointment.
- If the health check-up is not availed in the policy year, the benefit cannot be carried forward to the subsequent policy year.
- Cash payment in lieu of the service is not available.
- Reimbursement of preventive health check-up expenses is excluded from the scope of the Policy.
- Please refer Bajaj Allianz Life App/Customer Portal for current Preventive Health Check-up list packages and availability

2.b) Mental Wellbeing

i) If the Insured member/s can avail emotional wellness consultation services. S/he can consult an emotional health coach/psychologist/psychiatrists listed on the digital platform of current OPD benefit service provider via video, audio, or chat channel.

Terms and Conditions: -

The services provided shall be made available through the digital platform of the OPD service provider, subject to the terms and conditions, and in the manner prescribed below:

- Fair Usage Policy++ and Abuse Management Clause+ clause applicable.
- Consultation with the emotional health coach/psychologist/psychiatrists is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
- Emotional health coach/psychologist/mental wellness benefit is not transferrable to any other person.
- If emotional health coach/psychologist/mental wellness benefit is not availed in a policy year, the benefit cannot be carried forward to the subsequent policy year.
- Cash payment in lieu of the service is not available.
- Reimbursement is excluded from the scope of cover under this benefit.

3) Fitness Benefits: -

3.a) Gym & Fitness Benefit

i) The Insured member/s can avail the fitness and gym session on a cashless basis only from the network centers of the current OPD benefit service provider.

Terms and Conditions: -

The services provided shall be made available, subject to the terms and conditions, and in the manner prescribed below:

- Abuse Management Clause+ clause applicable as detailed in section 1.a) above.
- Services are subject to availability of network.
- If the benefit is not availed in the policy year, the benefit cannot be carried forward to the subsequent policy year.
- Cash payment in lieu of the service is not available.
- The Benefit is not transferrable to any other member unless the member is covered under the plan.
- Reimbursement is out of scope for this benefit.

3.b) Diet & Nutrition Management

i) The Insured member/s can avail cashless consultation with Dietician or Nutritionist listed on the digital platform of the current OPD benefit service provider's application via video, audio, or chat channel.

Terms and Conditions: -

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

- Fair Usage Policy++ and Abuse Management Clause+ clause applicable.
- Consultation with the dietician/nutritionist is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
- The Benefit is not transferrable to any other member unless the member is covered under the plan.
- If the service is not availed in the policy year, it cannot be carried forward to the subsequent policy year.
- Cash payment in lieu of the service is not available.
- Reimbursement is out of scope for this benefit.

4) Additional Benefits: -

4.a) Tele Consultation Service

i) The Insured 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.

Terms and Conditions: -

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:

- Fair Usage Policy++ and Abuse Management Clause+ clause is applicable.
- This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th March 2020 and as amended from time to time.
- 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.
- Tele consultation benefit is not transferrable to any other person unless the member is covered under the Base Policy and has opted this coverage.
- If the Tele Consultation is not availed in the policy year, the unutilized services cannot be carried forward to the subsequent policy year.
- Cash payment in lieu of Tele Consultation service is not available.
- Reimbursement of teleconsultation benefit is excluded.
- 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 Insured member/s visit/ consultation to an independent Medical Practitioner/Healthcare professional.
- The Company shall not be liable for any discrepancy in the information provided under this service.

4.b) Dental Voucher

- The Insured member/s can consult with the dentists listed on the digital platform of the current OPD service provider.
- The procedures prescribed by dentists can availed by the Insured member/s, upto the voucher limits as per the OPD plan option chosen.

Terms and Conditions: -

The above service is provided subject to the terms and conditions, and in the manner prescribed below: -

- Abuse Management Clause+ clause is applicable.
- Procedures covered: Scaling/polishing
- If the service is not availed in a policy year, the benefit cannot be carried forward to the subsequent policy year.
- The claims of the benefits are applicable only in the cashless network.
- This benefit is non-transferrable.
- Cash payment in lieu of the service is not available.
- Reimbursement of expenses is excluded from the scope of plan.

4.c) Preventive Health Counselling (with a doctor)

- To encourage the Insured member/s be aware and lead a healthy life can connect with medical practitioners listed on the digital platform of the current OPD service provider, upto the voucher limits as per the OPD plan option chosen.

Terms and Conditions: -

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:

- Abuse Management Clause+ clause is applicable.
- Preventive health counselling benefit is not transferable.
- If the preventive health counselling benefit is not availed in the policy year, the benefit cannot be carried forward to the subsequent policy year.
- Reimbursement of preventive health counselling benefit is excluded from scope of cover.
- Cash payment in lieu of the service is not available.

4.c) AI based Health Risk Assessment

- The Insured member/s can visit the on the digital platform of the current OPD service provider and answer a few questions, the AI based algorithm will automatically calculate health risks and provide insured member/s with recommendations.
- This is an in-app cashless service.
- The benefit limit is upto the upto the voucher limits as per the OPD plan option chosen.

Terms and Conditions: -
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:

- Abuse Management Clause+ clause is applicable.
- The benefits can be utilized only on digital platform of service provider.
- Reimbursement is excluded under this benefit.
- Cash payment in lieu of the service is not available.
- The benefit is just for wellbeing and self-care of the customer and does not replace or challenge any advice/treatment provided by a medical professional.

4.d) Online Fitness Benefit

- The Insured member/s can avail the online fitness session during every Policy Year on cashless basis available on the digital platform of the current OPD service provider.
- This is an in-app cashless service.
- The benefit limit is upto the upto the voucher limits as per the OPD plan option chosen.

Terms and Conditions: -
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:

- Abuse Management Clause+ clause is applicable.
- Services are subject to availability of session and activity.
- If the benefit is not availed in the policy year, the benefit cannot be carried forward to the subsequent policy year.
- Reimbursement is out of scope for this benefit.
- Cash payment in lieu of the service is not available.

Statutory Information

Assignment: Section 38 of the Insurance Act, 1938

Assignment should be in accordance with provisions of sec 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 Section39 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 provision of this section shall be punishable with a fine that may extend upto ten lakh rupees."

Fraud, Misstatement: Section 45 of the Insurance Act, 1938

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

Applicability of Goods & Service Tax

Goods and Service Tax is charged based on type of Policy communication address of the Policyholder. This may change subject to change in rate/state in address of the Policyholder as on date of adjustment.

About Bajaj Allianz Life Insurance

Bajaj Allianz is a joint venture between Bajaj Finserv Limited and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of Allianz SE, and in-depth market knowledge and goodwill of "Bajaj brand" in India.

Grievance Redressal

Link for registering the grievance with the insurer's portal: Insurance company grievance portal – https://shorturl.at/mtADC
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 during the Company's office hours from Monday to Saturday (excluding public holidays), 9 am to 7 pm. Alternatively, you may communicate with the Company:
By post at: Customer Care Desk,
Bajaj Allianz Life Insurance Company Ltd.,
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006
By Phone at: Toll Free No. 1800 209 7272
By Email: customercare@bajajallianz.co.in

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 Allianz Life Insurance Company Ltd.
Bajaj Allianz House, , Airport Road Yerawada, Pune, District – Pune, Maharashtra -411006
Tel. No: 1800- 209- 7272
Email ID: gro@bajajallianz.co.in

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: TOLL FREE NO: 155255, 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 http://www.cioins.co.in/ombudsman

Bajaj Life

Group Secure Shield Plus

A Non-linked Non-Participating Group Life Insurance Plan

LIFE GOALS. DONE.

Contact Details

Bajaj Allianz Life Insurance Company Limited, Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006
IRDAI Reg No.: 116

Service: 1800 209 7272	**CIN: U66010PN2001PLC015959**

Mail us: customercare@bajajallianz.co.in	**Visit us at: www.bajajallianzlife.com**	**UIN: 116N212V01**

Disclaimer

This sales literature gives the salient features of the plan only. The policy document is the conclusive evidence of contract and provides in details all the conditions and exclusions related to Bajaj Allianz Life Group Secure Shield Plus .

Standard terms and conditions of the policy are available on Company website. The Logo of Bajaj Allianz Life Insurance Co. Ltd. is provided on the basis of license given by Bajaj Finserv Ltd. to use its “Bajaj” Logo and Allianz SE to use its “Allianz” logo.

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

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