

**Bajaj Life Group Secure Shield Plus**

A Non-linked Non-Participating Group Life Insurance Plan

UIN: 116N212V01

**Policy Terms and Conditions**

**Group Policy No. \_\_\_\_\_**

*issued under*

**Bajaj Life Group Secure Shield Plus**

*for the*

Members of the (name of the Policyholder's scheme) Scheme of

\_\_\_\_\_(Policyholder name)\_\_\_\_\_

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### Part A FORWARDING LETTER

Name of the Policyholder \_\_\_\_\_

Address of the Policyholder \_\_\_\_\_

Dear Mr./Mrs./Ms. \_\_\_\_\_

We would like to thank you for investing your faith in us.

\_\_\_\_\_, the Policyholder has by a written Proposal Form dated \_\_\_\_\_ requested the Company to grant the benefits, under Bajaj Life Group Secure Shield Plus Plan and as per the Scheme Rules of the \_\_\_\_\_, <name of the scheme> Scheme of the Policyholder (Hereinafter called the "Scheme", certified copy of which has been furnished to the Company by the Policyholder) to the Members whose name has been recorded in the Membership Register maintained by the Policyholder.

The Policyholder and the Company have accepted and agreed that the said Proposal Form, certified copy of the Scheme along with other statements, reports or other documents leading to the issuance of this Policy shall be the basis of this contract of assurance.

If any of the details of the Member contained in the Enrollment Form signed by the Member are incomplete, false or incorrect, coverage in respect of such Member under the Policy shall be void, subject to section 45 of the Insurance Act, 1938 as amended from time to time.

Please find enclosed herewith your Policy Document, a copy of the Proposal Form, Customer Information Sheet (CIS) and documents mentioned herein below, based on which your Group Insurance Policy has been issued. This Policy is issued subject to section 45 of the Insurance Act, 1938, as amended from time to time. In case you have made any disclosures in respect of your Member to the agent which has not been included in the Proposal Form, you are requested to intimate the same in writing to the Company within fifteen (15) days of the date of receipt of this Policy, failing which it shall be inferred that the disclosures made in the Proposal Form are full, complete and according to your instructions wherein nothing has been concealed.

- (1) You shall 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 You disagree to any of the Policy terms or conditions, or otherwise and has not made any claim, You shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.
- (3) Irrespective of the reasons mentioned, You shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the Proposer and stamp duty charges.
- (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, as stated in (3) above.

For any queries kindly write to us at the below mentioned address and we assure and strive to provide You the best of services.

Authorised Signatory

FOR BAJAJ LIFE INSURANCE LIMITED

(Formerly known as Bajaj Allianz Life Insurance Company Limited)

**Bajaj Life Group Secure Shield Plus**

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**Sales Representative Details:**

<b>Name</b>		<b>Code</b>	
<b>Address</b>			
<b>Phone Number</b>		<b>e-Mail Id</b>	

Please read Policy document, especially following clauses on

<b>Benefits</b>	<b>Mode of payment of Claim</b>
<b>When the Life Insurance Cover ceases for a Member</b>	

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### PREAMBLE

The Company has received Proposal Form, Scheme Rules, declaration and the Regular Premium/Single Premium from the Policyholder as named in the Policy Schedule.

This Policy is issued on the basis of the information given and declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy.

### POLICY SCHEDULE

Non-Linked, Non-Participating Group Life Insurance Plan

Name of the Policyholder \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Pin code \_\_\_\_\_

Policy Number	
Product Name	Bajaj Life Group Secure Shield Plus
Unique Identification No. (UIN)	116N212V01
Name of the Policyholder	
Registered Office Address	
Policy Commencement Date	
Out-Patient Department (OPD) Plans - Opted )	

### Out-Patient Department (OPD) Schedule

#### Details of Out-Patient Department (OPD) Benefits<sup>s</sup>

Bene- fits	Special- ty/ De- scription	Mode of Utili- zation	<<Plan 1/2/3/4/5/6/7/8 >>								
			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 <sup>##</sup>							
Doctor – OPD In-Clinic Consul- tations	All Spe- cialties	Cash- less/ Reim- burse- ment	<<₹ 100 – ₹ 10,000 <sup>#</sup> >>	12.5%	25%	25%	25%	50%	25%	50%	
Pre- scribed Diag- nostics	All Pre- scribed Lab & Radiology Tests	Cash- less		12.5%	25%	25%	25%	50%	25%	50%	
Wellness Benefit per an- num			Voucher Benefits <sup>###</sup>	Wallet Amount as a % of Single Premium ÷ OPD Coverage Term <sup>##</sup>							

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Pre-ventive Health Check-up	Includes up to 82 Tests	Cash-less	1 Voucher	Not Available						
	All tests available on App	Cash-less	Not Available	12.5%	25%	25%	25%	25%	25%	25%
Mental Wellbeing	Psychologists & Psychiatrists	Cash-less	24 Vouchers (2 per month)	12.5%	25%	25%	25%	25%	25%	25%
<b>Fitness Benefits per annum</b>			<b>Voucher Benefits<sup>***</sup></b>	<b>Wallet Amount as a % of Single Premium ÷ OPD Coverage Term<sup>**</sup></b>						
Gym & Fitness	Gym, yoga, Zumba, etc. sessions	Cash-less	Not Available	Not Available	Not Available	Not Available	25%	25%	Not Available	Not Available
Diet & Nutrition Management	Dieticians & Nutritionists	Cash-less	24 Vouchers (2 per month)	Not Available	Not Available	Not Available	25%	25%	50%	50%
<b>Additional Wellness Benefits per annum</b>			<b>Voucher Benefits<sup>***</sup> Access to Online Fitness Videos</b>							
Tele consultations	All Specialties	Cash-less	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	Cash-less	Not Available	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher	1 Voucher
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
Pre-ventive Health Counselling (with a Doctor)	Not Applicable	Cash-less	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
<b>Total Out-Patient Department (OPD) Benefits</b>			<<As per OPD Plan chosen>>							

### Notes:-

- <<#For Plan 1, the fixed wallet amount under 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

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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 amounts mentioned against each benefit are the annual benefit amounts and replenish every year on the Policy anniversary.

**On Examination of the Policy, if the Policyholder notices any mistake in the above Policy Schedule, the Policy Document is to be returned for correction to the Company.**

Dated at **PUNE** this \_\_\_\_ Day of \_\_\_\_\_ 20\_\_

For and behalf of Bajaj Life Insurance Limited (Company)

### Sales Representative Details:

Name		Code	
Address			
Phone Number		e-Mail Id	

**To whom the Benefits are Payable:** The Benefits are payable to the Beneficiary. The Members will have the facility of nominating the person to whom the Policy proceeds will be payable by the Company.

The Policy shall be subject to and governed by the terms of the Policy Document along with the Policy Schedule contained herein and endorsements, if any, made from time to time, and all these shall together form a single agreement.

All taxes, including GST & cess, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Policyholder/Member.

Bajaj Life Insurance Limited does not provide any warranty or assurance that the Policyholder will be, by virtue of purchasing this Policy, eligible for any income tax or other tax rebate or relief.

For and behalf of Bajaj Life Insurance Limited (Company)

Issued on  
Authorised Signatory

<b>Affix Stamp</b> (₹. _____)
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### Part B

#### 1. Definitions & Abbreviations

In this Policy where the context so admits, the singular includes the plural and the masculine shall include the feminine and the following expressions shall unless repugnant to the context have the following meanings;

- a) **'Accelerated Accidental Permanent Total Disability (Accelerated APTD) Sum Assured'** means the amount of benefit payable on occurrence of APTD to the Member and can be any percentage between 0% to 100% of Sum Assured on Death. The percentage shall be chosen at Date of Commencement of Risk and cannot be changed later. i)
- b) **'Accelerated Critical Illness (ACI) Sum Assured'** means the amount of benefit payable on first diagnosis of any of the covered Critical Illness or undergoing of procedure (as applicable) to the Member and can be any percentage between 0% to 100% of Sum Assured on Death. The percentage shall be chosen at Date of Commencement of Risk and cannot be changed later. j)
- c) **'Accelerated Terminal Illness (ATI) Sum Assured'** means the amount of benefit payable on first diagnosis of Terminal Illness (TI) to the Member and can be any percentage between 0% to 100% of Sum Assured on Death. The percentage shall be chosen at Date of Commencement of Risk and cannot be changed later. k)
- d) **'Accelerated Optional In-built Covers'** means the optional benefits available under the product as mentioned in Sections 3 (b) (i), 3 (b)(iii) and 3 (b)(v) below. l)
- e) **'Accident'** means occurrence of Accident of the Life Assured subject to the definition and conditions mentioned in Annexure K. m)
- f) **'Accidental Death Benefit (ADB)'** means the benefit payable on the death of the Life Assured due to Accident and is subject to the definition & conditions mentioned in Annexure K.
- g) **'Accidental Permanent Total Disability (APTD)'** means occurrence of Accidental Total Permanent Disability to the Life Assured subject to the definition and conditions mentioned in Annexure K. n)
- h) **'ADB Sum Assured'** means the additional

amount of benefit payable in case of death of the Member due to Accident and can be any percentage between 0% to 100% of Sum Assured on Death. When Sum Assured is linked to loan, the additional benefit under Optional In-built Covers is subject to a maximum of 100% of loan outstanding amount at inception. The percentage shall be chosen at Date of Commencement of Risk and cannot be changed later.

**'Act'** means the Insurance Act, 1938 (4 of 1938).

**'ADB Coverage Term'** means the period during which the Accidental Death Benefit coverage (if opted) is provided under the Plan. The ADB Coverage Term shall be chosen at Date of Commencement of Risk. At the end 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.

**'Additional CI Sum Assured'** means the additional amount of benefit payable on diagnosis of any of the covered Critical Illness or undergoing of procedure (as applicable) to the Member and can be any percentage between 0% to 100% of Sum Assured on Death. When Sum Assured is linked to loan, the additional benefit under Optional In-built Covers is subject to a maximum of 100% of loan outstanding amount at inception. The percentage shall be chosen at Date of Commencement of Risk and cannot be changed later.

**'Age'** means age as at last birthday of the Life Assured.

**'APTD Coverage Term'** means the period during which the Accelerated APTD coverage, where opted is provided under the Plan. The APTD Coverage Term shall be chosen at Date of Commencement of Risk. At the end of the APTD Coverage Term, the APTD cover shall expire and Death Benefit coverage / other Contingent Event Coverage (if any) shall continue for the respective Coverage Term.

**'Beneficiary'** shall mean the Member or in case of death of the Member, the person who has been appointed as Nominee and whose name has been entered in the Membership Register maintained by the Policyholder as being eligible under the



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- Scheme to receive the benefits payable under the Policy.
- o) **'Benefit Multiplier'** means the scaling factor, opted by the Policyholder at inception of the Policy, for the Sum Assured on Death further detailed in Section 12 (iv) below.
- p) **'Certificate of Insurance'** means certificate issued by the Company on the basis of the details mentioned in the Member's enrolment form to each Member as an evidence of acceptance of risk on the life of the Member under the Policy
- q) **'CI Coverage Term'** means the period during which CI Coverage (where opted) is provided under the Plan. The Critical Illness Coverage Term shall be chosen at Date of Commencement of Risk. At the end 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.
- r) **'Claimant'** means the Life Assured (if alive) or Policyholder or the Nominee or the legal heirs of Nominee(s) to whom the benefits under the Policy will be payable.
- s) **'Contingent Event'** refers to Accidental Death, APTD, CI and/or TI, if opted under the Policy.
- t) **'Company'** shall mean and refer to the Bajaj Life Insurance Limited.
- u) **'Coverage Term'** denotes the period for which the Death Benefit Coverage is provided to the Member. In case of loan, note that the Coverage Term may be less than or equal to the loan tenure. Coverage Term and Member's Policy Term have been used interchangeably in the document and imply the same period.
- v) **'Critical Illness (CI)'** means illnesses to the Life Assured subject to the definition and conditions mentioned in Annexure K. CI is covered in groupings of 11, 17 and 32 illnesses, only one of which can be opted for in the Policy at the Date of Commencement of Risk.
- w) **'Customer Information Sheet (CIS)'** is the document provided to the Policyholder along with the Policy Document that explains the basic features of the Policy in simple words.
- x) **'Death Benefit'** means the benefit payable on the death of the Life Assured. Please refer to Section 3 a) below for more details.
- y) **'Date of Commencement of Risk'** means the Policy Commencement Date in relation to the Member who already exists as a Member under the Scheme on the Policy Commencement Date and in relation to the new Members the date when their names are recorded in the Membership Register as a Member.
- z) **'Endorsement'** means conditions attached/ affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Company.
- aa) **'Free Look Period'** means the period in which the Policyholder can choose to terminate the Policy as per the details mentioned in Section 10 below.
- bb) **'Goods and Service Tax (GST)'** is charged based on type of Policy communication address of Policyholder. This may change subject to change in rate/state in address of the Policyholder as on date of adjustment.
- cc) **'Grace Period'** means a period of fifteen (15) days for a monthly Premium Payment Frequency and thirty (30) days for any Premium Payment Frequency other than monthly Premium Payment Frequency, 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. After the end of Grace Period, all the covers including the Optional In-built Covers under this Policy will lapse if due Regular Premium remains unpaid. Grace Period is not applicable for a Single Premium Payment Policy.
- dd) **'IRDAI'** means Insurance Regulatory and Development Authority of India.
- ee) **'Level Cover'** means the option where Sum Assured will remain constant throughout the Coverage Term.
- ff) **'Life Assured'** means the person named as the Life Assured in the Policy Schedule whose life is assured under this Policy.
- gg) **'Life Insurance Cover'** shall mean the cover provided against the risk of death, or any Contingent Event(s) if opted by Member, to the Member under this Policy



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- and shall be deemed to commence on the Date of commencement of risk of the Member, as recorded in the Membership Register.
- hh) **'Maturity Date'** is the date as recorded in the Membership Register on which the Life Insurance Cover on the life of the Member under the Policy expires and the membership terminates automatically.
- ii) **'Member'** shall mean a person who meets and continues to meet the eligibility criteria specified in the Scheme Rules and whose name has been recorded in the Membership Register as a Member effective from the Date of commencement of risk after due approval from the Company and on whose life the Life Insurance Cover under this Policy has been effected.
- jj) **'Membership Register'** is a record of Members maintained by the Policyholder which contains information about Member including but not limited to any unique identification number of Member, name, age, gender, Beneficiary, Sum Assured, Date of Entry, Regular Premium / Single Premium, Premium Due Date, Premium Payment Term, Coverage Term, Nominee, Maturity Date, and percentage of Benefit Multiplier if any.
- kk) **'Minor'** is a Life Assured or Nominee who is aged less than 18 years.
- ll) **'Moratorium Period'** means a period during which the Sum Assured, irrespective of the cover chosen will be the Level Cover. It is available in case of Reducing Cover only where Sum Assured is linked to the loan. Moratorium Period is available from 0 to 8 years. After Moratorium Period, Sum Assured follows the outstanding loan amount as per Schedule of Insurance. The loan interest during the Moratorium Period is not covered and has to be borne by the Member.
- mm) **'Nomination'** means the process of appointing person(s) to receive Policy proceeds/benefits, subject to section 3, on the occurrence of Contingent Event to the Life Assured. Nomination shall be as per Section 39 of the Insurance Act, 1938, as amended from time to time.
- nn) **'Nominee'** means the person(s), as mentioned in the Policy Schedule, who has/have been nominated in writing to the Company by the Life Assured, who is entitled to receive the Death Benefits under the Policy.
- oo) **'OPD Benefit'** shall mean the Out-Patient Department benefits as detailed in Annexure K.
- pp) **'OPD Coverage Term'** means the period during which the Out-Patient Department (OPD) benefits (wherever opted) is provided under the Plan. On expiry of the OPD Coverage Term, the OPD benefits will also expire.
- qq) **'Optional In-built Covers'** means the optional benefits available under the product as mentioned in Section 3(b) below.
- rr) **'Policy'** means the arrangements established by the Policy Terms and Conditions.
- ss) **'Policyholder'** means the person or entity who has been named as the Policyholder in the Policy Schedule. Policyholder and Master Policyholder are being used interchangeably.
- tt) **'Policy Commencement Date'** shall mean the date as from which this Policy takes effect.
- uu) **'Policy Terms and Conditions'** means this Policy wording, the Policy Schedule (which is attached herewith and forms part of this Policy and if revised then the latest one), any Annexure and the Proposal Form submitted by or on behalf of the Policyholder for the purpose of obtaining this Policy and any other information or documentation provided to the Company for that purpose and based upon which this Policy has been issued.
- vv) **'Policy Year'** is the year commencing on the Policy Commencement Date or an anniversary thereof.
- ww) **'Premium Due Date'** shall mean the date as mentioned in the Membership Register and on which the due Regular Premium has to be paid for each respective Member under Regular Premium option.
- xx) **'Premium Payment Term'** shall mean the term as recorded in the Membership Register during which the Regular Premiums due for the Members under the Policy are to be paid, in order to secure the Benefits as given in Section 3 below, for the full Coverage Term of the Member.

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- yy) **'Proposer'** means an employer, affinity groups and co-borrowers of various types of financial institution, co-operatives etc who has applied to buy the Policy. The Proposer becomes a Policyholder on the issuance of the Policy.
- zz) **'Reducing Cover'** shall mean the progressively reducing Sum Assured over the Coverage Term, in alignment with the outstanding balance of the insured loan or credit facility, as set out in the Certificate of Insurance.
- aaa) **'Regular Premium'** shall mean the amount that is payable by the Policyholder at Date of commencement of risk and on each subsequent Premium Due Dates to continue the Life Insurance Cover and secure the Benefits as per Section 3 below for each Member in case of Regular Premium option under this Policy.
- bbb) **'Remaining Sum Assured on Death'** means the remaining Sum Assured on Death for which the Member is covered post payment of benefit for any Accelerated Optional In-built Covers (where opted for),
- ccc) **'Revival Period'** means the period of five consecutive years from the date of first unpaid Regular Premium, during which the Member is entitled to revive the Policy which was discontinued due to non-payment of Regular Premium.
- ddd) **'Schedule of Insurance'** shall mean the schedule prepared at the Date of Commencement of Risk of the Member based on the cover extended (level or reducing cover based on the loan amount outstanding), Coverage Term, Moratorium Period, loan interest rate then and other benefits chosen, if any. The Schedule of Insurance forms a part of the Certificate of Insurance.
- eee) **'Scheme Rules'** shall mean the rules adopted by the Policyholder and approved by the Company to run the scheme under Bajaj Life Group Secure Shield Plus to provide the Life Insurance Cover to the Member, as a pre-requisite to the issuance of this Policy. A certified copy of the Scheme Rules has to be furnished to the Company by the Policyholder.
- fff) **'Single Premium'** shall mean the amount that is payable by the Policyholder at Date of Commencement of Risk of each Member to secure Benefits as per Section 3 below in case Single Premium payment option has been chosen by the Member under this Policy.
- ggg) **'Sum Assured'** shall mean the amount of Life Insurance Cover as per the Schedule of Insurance effective as on the date of assured event. The Sum Assured may be a level amount or a reducing amount or as per the schedule of benefits starting from the Date of Commencement of Risk.
- hhh) **'Sum Assured on Death'** shall be equal to the Death Benefit for which the Member is covered, whether Level Cover or Reducing Cover 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. Where the Benefit Multiplier option is chosen (refer Section 3 a) for details), the Sum Assured on Death shall be scaled up by the Benefit Multiplier.
- iii) **'Termination Value'** means the benefit, if any, payable on the surrender of the Policy by the Member as per the terms and conditions of the Policy. The details are as given in Section 3 e) below.
- jjj) **'Terminal Illness (TI)'** means Illnesses to the Life Assured subject to the definition and conditions mentioned in Annexure K.
- kkk) **'TI 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 Date of Commencement of Risk. At the end 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.
- lll) **'Top up Sum Assured'** means the additional Sum Assured which is referred-to, to determine the Death Benefit payable after the Date of Commencement of Risk w.r.t Top-up Sum Assured.
- mmm) **'Total Premiums Paid'** means the Single Premium or the total of all Regular Premiums paid under the product, excluding any extra premium, rider Premium and taxes, if collected explicitly.

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nnn) 'UIN' means the Unique Identification Number allotted to this Plan by the IRDAI

The terms 'Herein' 'Herein After' 'Hereafter' 'Hereof' 'Hereto' and 'Hereunder' used wherever in this Policy refer to the Policy in its entirety.

### Part C

## 2. Policy Description

- a). The Policy is issued under a group, non-linked, non-participating, pure risk premium, life insurance plan with option for a Member to pay Single Premium or Regular Premium.
- b). The Policyholder shall hold the Policy and all benefits payable Hereunder in accordance with the Scheme Rules shall be for the benefit of the Beneficiary and the Policyholder shall have no beneficial interest Hereunder. The Policy does not in any way confer any right whatsoever on the Policyholder to otherwise share in the profits or surplus of the business of the Company.
- c). The Schedule of Insurance and the Optional In-built Covers have to be chosen at Date of Commencement of Risk and cannot be changed thereafter.
- d). In case of full repayment of the loan before the expiry of the Coverage Term, the cover will continue for the benefit set at the outset unless the Member opts to surrender the cover.

## 3 Benefits

Provided all due Regular Premiums have been paid before the expiry of the Grace Period and membership of Member is not lapsed per Section 9 below, the Company shall be liable to pay the following benefits to the Beneficiary subject to Section 7, Section 13 and Section 14 below.

### a) Death Benefit

On death of a Member, during the Coverage Term, provided the Member's cover under the Policy is not terminated, the Sum Assured on Death or Remaining Sum Assured on Death as per Schedule of Insurance at the start of the month of death (scaled up for any Benefit Multiplier) shall be payable.

In case of Regular Premium Payment, the Death Benefit is subject to 105% of Total Premiums Paid w.r.t Death Benefit until the date of death.

On the payment of the Death Benefit, the Life Insurance Cover and Optional In-built Covers of the Member shall be terminated. If the death of the Member is during the Grace Period, Death Benefit as per Schedule of Insurance will be payable, after deduction of the due Regular Premiums from the Death Benefit.

### b) Optional In-built Covers

#### (i) Accelerated Accidental Permanent Total Disability (Accelerated APTD)

Provided the Member's cover under the Policy has not been terminated, if the Accelerated APTD Sum Assured is equal to the Sum Assured on death, then, on the occurrence of ATPD of the Member within APTD Coverage Term, the Accelerated APTD Sum Assured as per the Schedule of Insurance at the start of the month of ATPD shall be payable and all the risk cover of the Member shall be terminated, and no further benefits shall be payable under the Policy.

Provided, Accelerated APTD Sum Assured is less than Sum Assured on Death, on the payment of the Accelerated APTD Sum Assured as per the Schedule of Insurance, Accelerated APTD cover of the Member shall terminate, future premiums, if any shall be waived off. The Death Benefit will continue only for the Remaining Sum Assured on Death, if any.

#### (ii) Accidental Death Benefit (ADB)

On death of the Member due to Accident during the ADB Coverage Term, provided the Member's cover under the Policy has not been terminated, the ADB Sum Assured as per the Schedule of Insurance at the start of the month of death shall be payable. This will be in addition to the Death Benefit payable under the Policy.

In case of Regular Premium Payment,

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the Accidental Death Benefit is subject to 105% of total premiums paid w.r.t ADB until the date of death.

On the payment of the ADB Sum Assured, all type of benefits coverage and risk cover of the Member shall be terminated.

**(iii) Accelerated Critical Illness (ACI)**

Provided the Member's cover under the Policy has not been terminated, if the ACI Sum Assured is equal to the Sum Assured on death, then, on the diagnosis of any of the covered Critical Illness or undergoing of procedure (as applicable) of the Member within CI Coverage Term, the ACI Sum Assured as per the Schedule of Insurance at the start of the month of CI shall be payable and all the risk cover of the Member shall be terminated, and no further benefits shall be payable under the Policy.

Provided, ACI Sum Assured is less than Sum Assured on Death, on the payment of the ACI Sum Assured, ACI cover of the Member shall terminate, future premiums, if any shall be waived off. The Death Benefit will continue only for the Remaining Sum Assured on Death, if any.

**(iv) Additional Critical Illness**

On first diagnosis of any one of the covered Critical Illness or undergoing of procedure (as applicable) on the life of the Member within CI Coverage Term, provided the Member's cover for Additional CI is in-force, the Additional CI Sum Assured as per the Schedule of Insurance at the start of month of diagnosis of CI shall be payable.

In case of Regular Premium Payment, the Additional Critical Illness Benefit is subject to 105% of Total Premiums Paid w.r.t Critical Illness until the date of occurrence of CI.

On the payment of the Additional CI Sum Assured, the CI risk cover of the Member shall be terminated. The Death Benefit will continue for the

Sum Assured on Death with future Regular Premiums, if any, shall be waived off.

**(v) Accelerated Terminal Illness (ATI)**

Provided the Member's cover under the Policy has not been terminated, if the ATI Sum Assured is equal to the Sum Assured on death, then, on the occurrence of TI of the Member within TI Coverage Term, the ATI Sum Assured as per the Schedule of Insurance at the start of the month of TI shall be payable and all the risk cover of the Member shall be terminated, and no further benefits shall be payable under the Policy.

Provided, ATI Sum Assured is less than Sum Assured on Death, on the payment of the ATI Sum Assured as per the Schedule of Insurance, ATI cover of the Member shall terminate, future premiums, if any shall be waived off. The Death Benefit will continue only for the Remaining Sum Assured on Death, if any.

**(vi) Out-Patient Department Benefits (OPD)**

OPD Benefit is split into various packaged benefits under the umbrella categories of Health, Fitness, Wellness and other Wellness related additional benefits. The individual benefits available differ based on the OPD Plan selected. Terms and conditions of the OPD Benefit are provided in Annexure K. The OPD Benefits shall be provided only through the service providers empanelled with the Company. The Company shall not accept any liability or responsibility in relation to the quality, performance and reliability of the services provided by the service provider.

**c) Joint Life Cover (on first incidence):**

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

a) In case of joint Life Cover, each of the



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joint Life Assureds will be insured for 100% of the Sum Assured of Death and other Contingent Events, as per the Optional In-built Covers chosen (if any).

- b) If Optional In-Built Covers are chosen, the same shall be payable on first occurrence of the covered event (death / other Contingent Events as chosen) and the Life Insurance Cover for the event shall terminate for the both the lives on payment of the benefit, as applicable.
- c) Note that in case the joint Life Assureds 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 shall terminate. The death benefit coverage shall continue for Remaining Sum Assured on Death on both the lives and shall be payable on first death basis, if applicable with future Premiums payable (if any) being waived off.
- d) In case of simultaneous death or simultaneous occurrence of any contingent event (as applicable) to the joint lives, the benefit will only be payable once.
- e) Further, 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 borrower(s), the cover relating to the repudiated claim will continue for the surviving / unaffected joint borrower(s) till the occurrence of contingent event on their live(s) or end of Coverage Term, whichever is earlier. The cover(s) relating to non-repudiated claims will continue for both the joint lives, subject to payment of due Premiums.
- f) For clarity, note that in case of repudiation of claim on one life, the cover on the other life will be continued as a single life, and future premiums due (if any) with respect to

that life will be collected without any joint life discount being applicable.

- g) Note that for the purpose of taking out insurance coverage under this Plan, the joint borrowers shall have an insurable interest as per the Board Approved Underwriting Policy of the Company.

In case Joint Lives opted for OPD benefits, the OPD benefits can be availed by joint life Members until the OPD Coverage Term or on termination of membership under the Policy.

### d) **Maturity Benefit**

No maturity benefit shall be payable on the survival of the Member to the Maturity Date.

### e) **Termination Value**

#### **Membership Surrender:**

A Member, through the Policyholder, may surrender the Life Insurance Cover under the Policy by giving at least a three (3) month' prior written notice to the Company. The following provision shall be applicable for surrender.

- (i) No Termination Value is available
  - a) under the Regular Premium - Level Cover option and
  - b) under the Single Premium - Level & Reducing Covers option, where Policy Term is less than or equal to one (1) year.
- (ii) Under the Regular Premium - Reducing Cover option the termination value payable shall be as below
  - o During the premium paying term (PPT) of the Member - No termination value shall be payable
  - o After the premium paying term (PPT) of the Member, the termination value payable shall be as below
  - o The Termination Value payable is as follows.
    - (1) The proposed Termination Value = Termination Value Factor (TV1) \* Total Premiums Paid till date;
    - (2) The termination factors are

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- guaranteed throughout the Policy term.
- (3) The termination factor is provided on the Company's website.
- o 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 [as mentioned above] will be proportionally reduced for the benefit paid, by a factor equal to [Remaining Sum Assured on Death/ Sum Assured on Death].
  - o 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)].
- (iii) Under Single Premium [other than those in Sub-Section (i)b) above], the Member can at any time surrender his Membership under the Policy.
- (1) The Termination Value payable is as follows:-
- (a) Level Cover: Termination Value Factor (TV2) \* Single Premium;
  - (b) Reducing Cover: Termination Value Factor (TV3) \* Single Premium;
- (2) The termination factors are guaranteed throughout the Policy term.
- (3) The termination factors are provided on the Company's website.
- o 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 [as mentioned above] will be proportionally reduced for

the benefit paid, by a factor equal to [Remaining Sum Assured on Death/ Sum Assured on Death].

- o 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)].

### Policy Surrender:

- i) The Policyholder can surrender the Policy anytime. After the surrender, no new Members can be enrolled under the Policy.
- ii) The existing Members will be continued to be covered under the Policy provided due Regular Premiums are paid as & when they fall due and the Members will be directly serviced by the Company.
- iii) The Policy will be endorsed to this effect and the Members will be intimated of the same.

## 4. Payments of Claim Amount

The Sum Assured shall be paid:

1. In the name of the insured Member or his/her Nominee directly; OR
2. In the name of the master Policyholder, if it is a bank or a financial institution, subject to:
  1. There being an authorised assignment made by the insured Member in favour 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

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### **5. Mode of payment of Claim, Currency and Discharge**

All moneys payable to or by the Company Hereunder shall be paid in Indian Rupees and the Life Insurance Cover effected Hereunder shall also be expressed in Indian Rupees. The discharge or receipt duly signed by the Member or the Claimant (Nominee/legal heirs) shall be a valid and sufficient discharge to the Company in respect of any payment due Hereunder and paid by the Company. All the Benefits paid by the Company shall be in the name of the Member, the Policyholder is only facilitating the process. The Policyholder hereby agrees to indemnify and hold the Company free and harmless from and against any claims, disputes or losses which may arise in connection with any payment made by the Company through the Policyholder under this Policy.

### **Part D**

### **6. Eligibility**

The Life Insurance Cover on the life of Member shall commence on the Date of commencement of risk of such Member subject to him being eligible and continuing to be eligible for the Life Insurance Cover as per the Scheme Rules and subject to the individual underwriting as deemed necessary by the Company. The Date of Commencement of Risk for the Member shall start after completion of the required underwriting process and acceptance of the risk by the Company. Every Member shall become entitled to the benefits under this Policy as from the Date of commencement of risk and for so long as he continues to be eligible for the Life Insurance Cover as per the Scheme Rules and the terms of the Policy. Any variations in the Policy Terms and Conditions effected hereunder and in respect of membership, shall be given effect only by endorsements and by a signature of a duly authorized officer of the Company.

### **7. Non-forfeiture**

a). In the event of non-payment of Regular Premium due in respect of Member under the Policy before the expiry of the Grace Period, the Life Insurance Cover for the Member including Optional Built-in Cover under the Policy ceases.

- 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. However, if his membership in the group continues then the cover may be revived subject to Section 8 below.
- c). At the expiry of the Revival Period (as mentioned in Section 8 below), if the Life Insurance Cover were not reinstated, the membership in the group would be terminated and no residual benefit shall be payable to the Member on such termination.
- d). Where Sum Assured is linked to the 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 the Life Insurance Cover or surrender the Membership.
- e). On surrender of membership the Termination Value, if any, will be payable as per Section 3 (e) above and the membership will 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.

### **8. Revival**

A Policy or membership, which has lapsed due to non-payment of Regular Premium before the expiry of the Grace Period, may be revived subject to the following conditions;

- i). The written application for revival of Life Insurance Cover is made within five (5) years from the due date of the first unpaid Regular Premium and before the end of Premium Payment Term in respect of that Member;
- ii). The arrears of Regular Premiums together with interest at such rate as decided by the Company from time to time is paid. The current applicable interest rate<sup>#</sup> on revival is 10% p.a. compounded half-yearly; 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



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- iii). The Policyholder furnishes evidence of continuity of insurability.
- iv). 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.
- v). 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.
- vi). The revival will only be effective when the Company has specifically communicated the same to the Policyholder.
- vii). 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.

Note: *\*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.*

### 9. When the Life Insurance Cover ceases for a Member

The Life Insurance Cover on the life of a Member shall cease on the happening of any of the following events:

- a. On the earlier occurrence of Death [if the option of Death Benefit in Instalments, as per Section 3 a) above, was NOT taken] or Contingent Event(s), if opted by the Member and if Remaining Sum Assured on Death is zero.
- b. On reaching the Maturity Date / completion of the Coverage Term for the Member.
- c. On non-payment of Regular Premium before the expiry of the Grace Period.
- d. On surrender of membership on the date of payment of Termination Value.
- e. On payment of the last instalment, if the option of Death Benefit in Instalments [as per Section 3 a)] was taken.

### 10. Free Look Period

- (1) The Policyholder shall 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 the Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, the Policyholder shall 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 shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the Proposer and stamp duty charges.
- (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, as stated in (3) above.

### 11. Loans

No loans are available under this Policy.

### 12. Flexibilities

#### i. Alteration of Premium Payment Frequency

Under the Regular Premium option specific to Level Cover, the premium payment frequency may be changed on the request of the Member/master Policyholder at any membership anniversary.

#### ii. 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:

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- (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 IRDAI if & when the Health Management Services feature is discontinued/changed in the plan.

### iii. Optimum Cover Schedule - Reducing Sum Assured matching EMI schedule for limited tenure

Where Sum Assured is linked to the loan, the option allows the Members to choose a Coverage Term less than the outstanding loan term. When this Optimum Cover Schedule option is chosen, Schedule of Insurance shall be drawn to match the original loan outstanding as per the original loan term. This will run till the end of the Coverage Term.

### iv. Benefit Multiplier

The option allows the Members to decide on the level of cover to be taken against the outstanding loan amount at inception. Benefit Multiplier can

be any percentage between 100% to 120% inclusive (in 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 benefits (not for additional Critical Illness and Accidental Death Benefits) (as applicable basis the benefits explained in Section 3 above) shall 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.

### v. Death Benefit in Instalments

- a) The Nominee will have the option to take the Sum Assured on Death or Remaining Sum Assured on Death, whichever applicable, in income instalments.
- b) If the Sum Assured is linked to the loan, this option will be available after payment of outstanding loan amount.
- c) The income will be paid in equal installments spread over the installment period chosen by the Nominee, subject to a maximum instalment period of 10 years. The installment shall be payable in advance and the first instalment will be due on the date of intimation of death.
- d) Annual Installment Amount = 
$$\frac{[(\text{Sum Assured} - \text{Outstanding loan amount}) / \text{Installment period chosen}]}{\text{* Installment factor}}$$

Installment Period (in Yrs)	1	2	3	4	5
Installment Factor	1.00	1.03	1.07	1.1	1.14

Installment Period (in Yrs)	6	7	8	9	10
Installment Factor	1.18	1.21	1.25	1.29	1.33

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The Company shall review the installment factors from time to time, subject to IRDAI approval.

- e) 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

### Part E

#### CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc

Not Applicable

### Part F

#### General Conditions

#### 13. Claim Process

Upon Death or on Contingent Event(s), if opted, the benefit under Section 3 above becomes payable on admission by the Company, of claim lodged by the Beneficiary for the said benefit. Payment of benefit under Section 3 above, shall be made by the Company in accordance with section 3. OPD Benefits may be claimed digitally. All payment of benefits shall be made by the Company subject to the terms and conditions of the Policy and the Company's right to receive all information and documentation sought which includes but not limited to following:

##### A) General documents

- (a) Certificate of Insurance/ Original Policy document issued by the Company.
- (b) KYC of Claimant along with Valid account details documents (Cancelled cheque/Bank statement/Bank Passbook)
- (c) KYC of LA
- (d) Proposal form with Customer authorization letter
- (e) Medical records from the physician last seen.

- (f) Certificate of Hospital Treatment
- (g) Certificate of Outstanding loan as issued by the Policyholder, wherever applicable
- (h) Discharge summary / Discharge card from the hospitals/ clinics where LA had taken treatment. Any other document that may be relevant in establishing the validity of the claim.
- (i) Loan Sanction letter, wherever applicable
- (j) Credit Account statement, wherever applicable

##### B) Additional documents in case of:

###### i. Death

- (a) Claim intimation in writing within 180 days of occurrence of the death. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the Claimant.
- (b) The claimant's proof of entitlement to receive payment under the Policy.
- (c) Death Certificate issued by the local municipal/competent authority
- (d) Medical cause of death certificate from the doctor who last attended to the Life Assured or from the hospital in which the death occurred
- (e) Coroner's / Post Mortem Report / FIR (First Information Report) / PIR (Police Inquest Report) / Final Inquest Report in case of unnatural / accidental death.
- (f) Documents to establish right of Claimant in case of no valid nomination being in existence at the time of death.
- (g) Any other document as asked for by the Company depending on the facts and circumstances of each case.

###### ii. Accidental Death Benefit

- (a) Claim intimation in writing within 180 days of occurrence of the death of the Life Assured,

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and the circumstances resulting to the death of the Life Assured.

- (b) The claimant's proof of entitlement to receive payment under the Policy.
- (c) Death Certificate issued by the local municipal/competent authority.
- (d) Medical cause of death certificate from the doctor who last attended to the Life Assured or from the hospital in which the death occurred.
- (e) A copy of Coroner's / Post Mortem Report / FIR (First Information Report) / PIR (Police Inquest Report) / Final Inquest Report in case of claiming the Benefit due to an Accident under the Policy.
- (f) Any other document as asked for by the Company depending on the facts and circumstances of each case.
- (g) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and then decide to pay the claim, if the Company is satisfied of the same.

### iii. **Accidental Permanent Total Disability**

- (a) Claim intimation in writing within 60 days of occurrence of the Accident. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant
- (b) Full scale photographs in case of amputations
- (c) FIR, MLC, Police Inquest Report, Police Final investigation report & newspaper report about the incident
- (d) Certificate of Hospital treatment / Discharge Summary
- (e) A certificate of disability from

an Relevant Specialist Medical Practitioner (e.g. Orthopedic surgeon in case of Amputation / Ophthalmologist for loss of eye)

- (f) All notices, applications or notification of claim must be received and approved at the office of the Company authorized to deal with the claim.
- (g) No benefit shall be payable until the rider Life Assured has provided satisfactory proof to the Company of the occurrence of the APTD. This includes:
- (h) A Certificate of Disability from a registered medical practitioner.
- (i) Any other document that may be relevant in establishing the validity of the claim.
- (j) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and then decide to pay the claim, if the Company is satisfied of the same.
- (k) The claims will be settled within 30 days of the receipt of all the relevant documents for processing the claim and in case of delay, the prevailing penal interest will apply.
- (l) Any other document as asked for by the Company depending on the facts and circumstances of each case.

### iv. **Terminal Illness**

- (a) Membership Certificate issued by the Policyholder.
- (b) Any other document that may be relevant in establishing the validity of the claim
- (c) The payment will only be made on confirmation of the diagnosis by a medical practitioner and registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence.



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- (d) The Company should be informed of the Terminal illness within 30 days of diagnosis of the Terminal Illness. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.
- (e) Special Medical assessment reports as required by the Company from relevant specialized medical practitioner.
- (f) Discharge summary, Indoor case papers, Consultation papers, treatment records related treatment against Illness.
- (g) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and then decide to pay the claim, if the Company is satisfied of the same.

### v. Critical Illness

- (a) For Accelerated Critical Illness benefit, the diagnosis of any of the covered Critical Illness or undergoing of procedure (as applicable) to be confirmed by a medical practitioner and registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence at Policyholder's cost.
- (b) The Company should be intimated about the diagnosis of any of the covered Critical Illness or undergoing of procedure (as applicable) within 60 days from the date of its diagnosis or undergoing of procedure. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.
- (c) Special Medical assessment reports as required by the Company from relevant specialized medical practitioner.
- (d) Discharge summary, Indoor case papers, Consultation papers, treatment records related treatment against Illness.
- (e) In case of any force majeure events (like earth quake, cyclone, flood, etc.),

if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and then decide to pay the claim, if the Company is satisfied of the same.

## 14. Exclusions

### a. 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 Total Premiums Paid till the date of death of the Member or the Surrender Benefit 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, all the Members' cover will terminate and all rights, benefits and interests of all Members under the same Policy will stand extinguished.

### b. Other Exclusion:

There are no other exclusions with respect to Death Benefit.

The other exclusion for Critical Illness Benefit, Accelerated Terminal Illness (TI) Benefit, Accelerated Accidental Permanent Total Disability (APTD) Benefit, Accidental Death Benefit (ADB) and Out-Patient Department (OPD) benefits under the Policy are as given in the Annexure K. Annexure K is available on the Company's website. The benefit shall not be offered, if the Member has any of the exclusion condition already at inception.

## 15. General Conditions

- (a) The Company reserves the right to vary from time to time the Policy Terms and Conditions of this Policy for new Members upon sending to the Policyholder three months prior notice in writing, of its intention to do so and any such variations will thereafter apply as may be so provided in such notice of variation.

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- (b) The Policyholder shall furnish to the Company all such data, information or evidence as the Company may reasonably require upon or with regard to any matter affecting the Life Insurance Cover effected or to be effected herein under and the Company shall not be liable for any action taken in good faith upon any data, information, or evidence so furnished which shall be or shall prove to have been erroneous or inaccurate. Such of the Policyholder's records in original (or certified Photostat copies thereof) as in the opinion of the Company have a bearing on the benefits to be provided or the Regular Premium or Single Premium payable hereunder shall be open for inspection by the Company at all times.
- (c) It is hereby expressly agreed between the Policyholder and the Company that this Policy is effected in accordance with the provisions of the Scheme Rules and in the event of the Rules being amended such amendments, if they have any bearing on or affect in any way, the Policy Terms and Conditions or any of the Life Insurance Cover effected hereunder, shall become effective only if the said amendments are approved by the Company on such terms as the Company may stipulate. Any alteration or amendment that may become necessary in the Policy Terms and Conditions on account of any amendment or alteration, approved by the Company in the provisions of the Scheme Rules shall be given effect to by appropriate endorsements to the Policy signed by an authorized Officer of the Company. In case of any discrepancy between the provisions of the Scheme Rules and the Policy Terms and Conditions, the provisions as contained in the Policy Terms and Conditions shall prevail.
- (d) It is hereby further expressly agreed between the Policyholder and the Company that all disputes of any kind whatsoever which may arise under or in connection with this Policy shall be governed by and determined in accordance with Indian laws and be submitted to the appropriate Indian courts or courts of Pune, India.
- (e) The Company shall have right to stop adding any new Members under the

Policy by sending not less than 90 day's advance notice in writing.

- (f) For Out-Patient Department (OPD) benefits: -
- The OPD plan option can only be selected at inception and cannot be changed during the term of the OPD coverage term.
  - The benefits are offered during the member's OPD coverage term. However, all un-utilized benefits will lapse and all eligible benefits will be reinstated at the end of every 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 by either of the joint-life Members.
  - If the OPD Coverage Term is not in full years, you will still get the full annual OPD benefits. The benefit will not be reduced in proportion.
  - 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.bajajlifeinsurance.com](http://www.bajajlifeinsurance.com)) for the updated details of the prevailing service providers.
  - The Company reserves the right to change the service provider at any time.

### 16. Taxes

In any case where the Company is liable to the Revenue Authorities for Income -Tax or any other taxes or duties or any payments made under this Policy, the Company shall charge such sums from the respective payment or Regular Premium or Single Premium and the Company shall not be liable to the Member/s or to the Policyholder for the sums so deducted. The Company shall be entitled to charge GST & cess and other taxes as applicable from time

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to time, and no separate communication shall be sent by the Company to the Policyholder and/or the Member regarding imposition of any new tax or change in the rate of existing taxes. Regular Premium or Single Premium shall be excluding applicable taxes.

### **17. Waiver**

Failure or neglect by the Company to enforce at any time the provisions of this Policy shall not be construed or be deemed to be either a waiver of the Company's right herein nor in anyway affect the validity of the whole or any part of this Policy nor prejudice the Company's right to take subsequent action.

### **18. Modifications**

The provision of this Policy cannot be changed or varied except by a Policy Endorsement signed by an officer of the Company authorized for the purpose.

### **19. Notices**

Any notice, direction or instruction under this Policy which may be in writing or in any kind of electronic/digital format and if it is to:

- a. The Policyholder or the Member:
  - i) Shall be sent either by hand, post, courier, facsimile, Short Messaging Service (SMS), Voice call, e-mail or through any other digital/electronic media to the Policyholder or Life Assured to the address or communication/correspondence details specified by the Policyholder in the Proposal Form or as per subsequent most recent change of address and/or communication/correspondence details intimation submitted by him to the Company.
  - ii) The Company shall not be responsible for any consequences arising out of non-intimation of change of the Policyholder's/Member's address and/or communication/correspondence details. In case the notice comes back to the Company undelivered to the Policyholder/Member due to any reason, there shall not be any obligation upon the Company to make any attempt again towards dispatch of the notice which was returned undelivered.

- b. The Company, shall be submitted by hand, post, facsimile or e-mail to:  
Bajaj Life Insurance Limited,  
Bajaj Insurance House, Airport Road,  
Yerawada, Pune - 411006  
Customer Care Number: 020-6712 1212  
Email: [customercare@bajajlife.com](mailto:customercare@bajajlife.com)  
The Policyholder must ensure that he/she keeps the Company informed if there is a change of address and contact details. This will enable the Policyholder to receive regular updates, and communication from time to time and facilitate efficient and timely payouts by the Company of the benefits under the Policy.

### **20. Nomination**

Every Member shall nominate a Beneficiary to whom the benefit, in case of death of the Member, shall be payable as per the Scheme Rules. The nomination shall be recorded in the Membership Register maintained by the Policyholder.

Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time. *[A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure – AA for reference]*

### **21. Assignment**

Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time. *[A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure – CC for reference]*

### **22. 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 as



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per Section 7 above.

- c) The frequency of the Regular Premium payment may be changed by giving written notice to the Company subject to the Company agreeing to the change and the minimum Premium requirements by the Company. Regular Premium may be paid at regular intervals on an annual, half-yearly, quarterly or monthly basis.

### 23. Fraud, Misrepresentation and Forfeiture

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. *[A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure – BB for reference]*

## Part G

### 24. Grievance Redressal

In case you have any query or complaint/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 (excluding public holidays) from Monday to Saturday : 9 am to 7 pm. Alternatively, you may communicate with the Company:

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

By Phone at: Customer Care Number: 020-6712 1212 during the Company's office hours (excluding public holidays) from Monday to Saturday : 9 am to 7 pm

By Email: [customercare@bajajlife.com](mailto:customercare@bajajlife.com)

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

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

Customer Care Number: 020-6712 1212 |

Email ID: [gro@bajajlife.com](mailto:gro@bajajlife.com)

If you are not satisfied with the response or do not receive a response from the Company within fourteen (14) days, you may approach the IRDAI Grievance Call Centre (IGCC) on the following contact details:

By Phone: TOLL FREE NO: 155255, 1800-4254-732

By Email: [complaints@irdai.gov.in](mailto: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

You can also register your complaint in the Bima Bharosa Shikayat Nivaran Kendra;

<https://bimabharosa.irdai.gov.in>

### 25. Ombudsman

- a) 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 if your grievance pertains to any of the following:

- i) Delay in settlement of claim
- ii) Any partial or total repudiation of claims
- iii) Non-receipt of your insurance document
- iv) Misrepresentation of policy terms and conditions
- v) Legal construction of insurance policies in so far as the dispute relates to claim
- vi) Policy servicing related grievances against insurers and their agents and intermediaries
- vii) Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer
- viii) Non-issuance of insurance policy after receipt of premium
- ix) Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI

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from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned at Sub-Section (i) to (vi) above

- b) The address and contact details of the Insurance Ombudsman centres are provided as Annexure 2 attached herewith. For the latest list of insurance ombudsman, please refer to the IRDAI website at <https://www.irdai.gov.in/>  
Please refer to the Ombudsman website at <https://www.cioins.co.in/ombudsman>
- c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs with full details of the complaint with supporting documents, name and address of the complainant, and the name of the branch or office of the insurer against whom the complaint is made.
- d) Also please note that as per provision 14(3) of the Insurance Ombudsman Rules, 2017, the complaint to the Ombudsman can be made
  - i. Only if the grievance has been rejected by the grievance redressal mechanism of the Company or no reply is received within a period of one month from the date of receipt of the grievance by the insurer or the Complainant is not satisfied with the response of the insurer.
  - ii. The complaint should be filed within a period of one year from the date of receipt of order of rejection or decision by the Company or expiry of one month from the date of sending the written representation to insurer, where the subject matter of complaint should not be such where proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE PRESERVED SAFELY. PLEASE CHECK THE POLICY DOCUMENT UPON RECEIPT, AND IF ANY MISTAKE OR ERROR IS FOUND, THE SAME BE INFORMED IMMEDIATELY TO BAJAJ LIFE INSURANCE LIMITED.

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### **Annexure K**

#### **Definitions, Conditions and Exclusions**

- **11, 17 & 32 Critical Illnesses (Additional & Accelerated)**
- **Accelerated Accidental Permanent Total Disability**
- **Accidental Death benefit**
- **Accelerated Terminal Illness**
- **Out-Patient Department Benefits**

#### **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 lymphocytic leukaemia less than RAI stage 3;
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification ;
- h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

###### **2. 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

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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 at least 3 months has to be produced.

**The following are excluded:**

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

### **6. Major Organ/ bone marrow transplant**

The actual undergoing of a transplant of:

- 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.

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### **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**



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**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

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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 ( $\text{PaO}_2 < 55\text{mmHg}$ ); 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.



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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 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:

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- 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

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- 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:

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- 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 (ischemic, 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

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- 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.

## 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. 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. 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 investigation 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



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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 Permanent Total Disability

The APTD 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 APTD Sum Assured paid

Accidental permanent total 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.

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### Exclusions

ATPD 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, powerboat 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



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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 benefit**

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 day waiting period w.r.t availing OPD benefits.

The OPD Benefits shall be provided only through the service providers empaneled with the Company.

The Company shall not accept any liability or responsibility in relation to the quality, performance and reliability of the services provided by the service provider.

### **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

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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	Excluded
	Unani	Included
Specialist	Pediatrician	Included
	Dentist	Included
	Dermatologist	Included
	Orthopedic	Included
	Psychologist	Excluded
	Ophthalmologist	Included
	Gynecologist & Obstetrician	Included
	ENT	Included
	Psychiatrist	Excluded
	General Surgeon	Included
	Dietitian/Nutritionist	Excluded
	Audiologist	Excluded
	Anesthesiologist	Included

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Speciality	Doctor Specialization	Included/Excluded
Specialist	Radiologist	Included
	Pathologist	Included
	Sexologist	Included
	Cosmetologist	Excluded
	Cosmetic & Plastic Surgeon	Excluded
	Electropathy	Excluded
	ENT Surgeon	Included
	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 Replacement	Included
	Rheumatologist	Included
	Endocrinologist	Included
	Laparoscopic Surgeon	Included
	Vascular Surgeon	Included
	Infectious disease specialist	Included

**1.b) Doctor Prescribed Lab & Radiology**

- 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.

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- 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 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 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:

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- 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



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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 be 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 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.

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- 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.

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### Address & Contact Details of Ombudsmen Centres

In case you have any grievance, you may approach the Company Grievance Cell. In case you are not satisfied with the decision/resolution of the Company or if your complaint is not resolved/ not satisfied/ not responded for 30 days, you may approach the Office of Insurance Ombudsman, in line with the details provided hereinabove in the Policy Document, at the addresses given below:

Sr. No	Office of the Ombudsman	Contact Details	Areas of Jurisdiction
1	AHMED-ABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGAL-URU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
3	BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
4	BHU-BANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: - 0674-2596461 / 455 / 429/003 Email : bimalokpal.bhubaneswar@cioins.co.in	Odisha
5	CHANDI-GARH	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: - 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
6	CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 , Anna Salai, Teynampet, CHENNAI-600 018. Tel.: - 044-24333668/3678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
7	NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: - 011-46013992/23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
8	GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Panbazar Over bridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: - 0361-2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
9	HYDER-ABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040 -23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
10	JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur – 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan

**Bajaj Life Group Secure Shield Plus**

A Non-linked Non-Participating Group Life Insurance Plan

UIN: 116N212V01

Sr. No	Office of the Ombudsman	Contact Details	Areas of Jurisdiction
11	KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel : 0484-2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala , Lakshadweep, Mahe – a part of UT of Puducherry
12	KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata – 700 072. Tel: 033- 22124339/(41) Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands , Sikkim
13	LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. Tel : 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
14	MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
15	NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace ,4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252/53 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
16	PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
17	PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
18	THANE	Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane – 400604 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/ East, M/ West, N, S and T."

## **Bajaj Life Group Secure Shield Plus**

A Non-linked Non-Participating Group Life Insurance Plan

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### **Annexure AA**

#### **Section 38 of Insurance Act, 1938 – Assignment and Transfer of Insurance Policies**

Assignment or transfer of a Policy should be in accordance with section 38 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

1. This Policy may be transferred / assigned, wholly or in part, with or without consideration.
2. An assignment may be effected in a Policy by an Endorsement upon the Policy itself or by a separate instrument under notice to the Company.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized Agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against the Company until a notice in writing of the transfer or assignment and either the said Endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized Agents have been delivered to the Company.
6. Fee to be paid for assignment or transfer can be specified by the IRDAI through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. If the Company maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The Company may accept or decline to act upon any transfer or assignment or Endorsement, if it has sufficient reasons to believe that it is (a) not bona-fide or (b) not in the interest of the Policyholder / Life Assured or (c) not in public interest or (d) is for the purpose of trading of the Policy.
10. Before refusing to act upon Endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the Endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
12. The priority of claims of persons interested in the Policy would depend on the date on which the notices of assignment or transfer is delivered to the Company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to IRDAI.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
  - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
  - b. where the transfer or assignment is made upon condition that
    - i. the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of assignee or transferee dying before the Life Assured OR
    - ii. the Life Assured surviving the Policy TermSuch conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the Company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
  - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
  - b. may institute any proceedings in relation to the Policy
  - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of the Policy under an assignment or transfer effected before commencement of the Insurance Law (Amendment) Act, 2015 shall not be affected by this section.

***[Disclaimer: This is not a comprehensive list of amendments of Insurance Law (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Insurance Law (Amendment) Act, 2015 for complete and accurate details. ]***



**Section 39 of the Insurance Act, 1938 – Nomination by Policyholder**

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance Policy on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the Nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the Company.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the Company and can be registered by the Company in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an Endorsement or a further Endorsement or a will as the case may be.
6. A notice in writing of change or cancellation of nomination must be delivered to the Company for the Company to be liable to such Nominee. Otherwise, Company will not be liable if a bona-fide payment is made to the person named in the text of the Policy or in the registered records of the Company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the IRDAI through Regulations.
8. On receipt of notice with fee, the Company should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with section 38 of Insurance Act, 1938, shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of Company's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case Nominee(s) survive the person, whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his/her (a) parents or (b) Spouse or (c) children or (d) Spouse and children or (e) any of them The Nominees are beneficially entitled to the amount payable by the Company to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.
14. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee(s) or holder of succession certificate of such Nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance Policies maturing for payment after the commencement of Insurance Law (Amendment) Act, 2015.
16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of section 39 of the Insurance Act, 1938, are not applicable to any life insurance Policy to which section 6 of Married Women's Property Act, 1874, applies or has at any time applied except where before or after Insurance Law (Amendment) Act, 2015, a nomination is made in favour of Spouse or children or Spouse and children whether or not on the face of the Policy it is mentioned that it is made under section 39 of the Insurance Act, 1938. Where nomination is intended to be made to Spouse or children or Spouse and children under section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of section 39 of Insurance Act, 1938, will not apply.

***[Disclaimer: This is not a comprehensive list of amendments of Insurance Law (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Insurance Law (Amendment) Act, 2015 for complete and accurate details.]***

## **Bajaj Life Group Secure Shield Plus**

A Non-linked Non-Participating Group Life Insurance Plan

UIN: 116N212V01

### **Annexure CC**

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

Provisions regarding Policy not being called into question in terms of section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

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

***[Disclaimer: This is not a comprehensive list of amendments of Insurance Law (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Insurance Law (Amendment) Act, 2015 for complete and accurate details.]***

## **CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document. We request you to kindly review the CIS and acknowledge the same through a link shared to you on your registered mobile number/Email ID/WhatsApp.

<b>Sl. no.</b>	<b>Title</b>	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
1.	Name of the Insurance Product and Unique Identification Number (UIN)	Bajaj Life Group Secure Shield Plus (UIN - 116N212V01)	Policy Schedule
2	Policy Number	<xxxxxx>	Policy Schedule
3.	Type of Insurance Policy	Pure Risk	-
4.	Basic Policy detail	<ul style="list-style-type: none"><li>Instalment Premium: &lt;Not Applicable&gt;</li><li>Mode of premium payment: &lt; Not Applicable &gt;</li><li>Sum Assured on Death (₹): &lt; Not Applicable &gt;</li><li>Sum Assured on Maturity (₹): &lt;Not Applicable&gt;</li><li>Premium payment Term (Months): &lt;Not Applicable &gt;</li><li>Policy Term (Months): &lt;Not Applicable&gt;</li></ul>	-
5.	Policy Coverage / benefits payable	<b>Benefits payable on maturity</b> – Not applicable	Part C Section 3
		<b>Benefits payable on Death</b> – Sum Assured on Death or Remaining Sum Assured on Death as per Schedule of Insurance at the start of the month of death (scaled up for any Benefit Multiplier)  In case of Regular Premium Payment, the Death Benefit is subject to 105% of Total Premiums Paid w.r.t. Death Benefit until the date of death.	Part C Section 3
		<b>Survival Benefits excluding that payable on maturity</b> – Not applicable	Not Applicable

		<p><b>Termination Value:</b></p> <p>The termination value payable under Single premium with Coverage Term of more than 1 year will be:</p> <ul style="list-style-type: none"> <li>- Level Cover: Termination Value Factor (TV2) * Single Premium</li> <li>- Reducing Cover: Termination Value Factor (TV3) * Single Premium</li> </ul> <p>The termination value payable for Regular Premium-Reducing cover option after the premium paying term will be: Termination Value Factor(TV1) * Total Premium paid till date</p>	Part C Section 3
		<p>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].</p> <p>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 will be proportionally reduced for the benefit paid, by a factor equal to [Sum Assured on Death/ (Sum Assured on Death)]</p> <p>No surrender value is available under</p> <ul style="list-style-type: none"> <li>- Regular Premium - Level Cover option</li> <li>- Single Premium – Level &amp; Reducing Covers option, where Policy Term is less than or equal to one (1) year.</li> <li>- During the premium paying term (PPT) under Regular Premium - Reducing Cover</li> </ul> <p><u>Policy Surrender:</u></p> <p>The Policyholder can surrender the policy anytime. After the surrender, no new Members can be enrolled under the policy and the existing Members will be continued to be covered under the Policy provided due Premiums are paid</p>	
		<p><b>Options to policyholders for availing benefits, if any, covered under the policy</b> – The nominee can opt to take the Sum Assured on Death or Remaining Sum Assured on Death, whichever applicable in equal installments spread over a maximum period of 10 years.</p> <p>If the Sum Assured is linked to the loan, this option will be available after payment of outstanding loan amount</p>	Part D Section 12

		<p><b>Other benefits/options payable, specific to the policy, if any –</b></p> <ul style="list-style-type: none"> <li>- <b>Additional Critical Illness Benefit:</b> If opted then on diagnosis of covered Critical Illness, Additional Critical Illness Sum Assured as per schedule of insurance will be paid subject to policy Terms and conditions 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</li> <li>- <b>Accelerated Critical Illness Benefit</b> - If opted then on diagnosis of covered Critical Illness, Accelerated Critical Illness Sum Assured as per the Schedule of Insurance will be paid subject to policy Terms and conditions</li> <li>- <b>Accelerated Terminal Illness (TI) Benefit</b> - If opted then on diagnosis of Terminal Illness, Accelerated Terminal Illness Sum Assured as per the Schedule of Insurance will be paid subject to policy Terms and conditions</li> <li>- <b>Accelerated Accidental Total Permanent Disability (ATPD) Benefit</b> - If opted then on occurrence of accidental permanent total disability, Accelerated ATPD sum Assured as per the Schedule of Insurance will be paid, subject to policy Terms and conditions</li> <li>- <b>Accidental Death Benefit (ADB)</b> - If opted then on occurrence of accidental death, Accidental Death Benefit Sum Assured will be paid as per the schedule of insurance 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.</li> <li>- <b>Joint Life Cover (on first incidence):-</b> Each of the joint Life Assureds will be insured for 100% of the Sum Assured of Death and other Optional Covers (if any) and the benefit is paid on first occurrence of the covered event (death / other Contingent Events as chosen) and the respective Cover for the event will terminate for the both the lives on payment of the benefit.</li> <li>– <b>Out-Patient Department (OPD) Benefit:</b> If opted then eligible out-patient benefits as described in the benefit table below can be availed as per the plan option opted at the inception. The OPD benefits availed does not impact the base death benefit and other optional benefits.</li> </ul>	Part C Section 3
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		<p>The benefits will continue till the end of termination of membership or OPD coverage term whichever is earlier.</p> <p>For more Details of Out-Patient Department (OPD) Benefits, please refer Out- Patient Department Schedule of policy document.</p>	
		<b>Lock-in period for Linked Insurance product – Not applicable</b>	Not Applicable
6.	Options available (in case of Linked Insurance Products)	Not applicable	Not Applicable
7.	Option available (in case of Annuity product)	Not applicable	Not Applicable
8.	Riders opted, if any	Not applicable	Not Applicable
9.	Exclusions (events where insurance coverage is not payable), if any.	<p><b>a. Suicide Exclusion</b></p> <p>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 Total Premiums Paid till the date of death of the Member or the Surrender Benefit 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, all the Members' cover will terminate and all rights, benefits and interests of all Members under the same policy will stand extinguished</p> <p><b>b. Other Exclusion:</b></p> <p>There are no other exclusions with respect to Death Benefit. The other exclusion for Critical Illness Benefit, Accelerated Terminal Illness (TI) Benefit, Accelerated Accidental Permanent Total Disability (APTD) Benefit and Accidental Death Benefit (ADB) under the Policy are as given in the Annexure K</p>	<p>Part F - Section 14</p> <p>Annexure K</p>
10.	Waiting /lien Period, if any	<p><b>1. Additional Critical Illness Benefit:</b> 180 days following the as date of commencement of risk or reinstatement (whichever is later), refer annexure K Annexure K is available on the company's website</p> <p><b>2. Accelerated Critical Illness Benefit -</b> 180 days following the as date of commencement of risk or reinstatement (whichever is later), refer annexure K Annexure K is available on the company's website</p>	Annexure K
11.	Grace period	Thirty (30) days for premium payment frequencies other than monthly and fifteen (15) days for monthly frequency.	Part B - Section 1
12.	Free Look Period	Thirty (30) days	Part D - Section 10

13	Lapse, paid-up and revival of the Policy	<p><b>Non-Payment of Premiums (Lapse and Paid-up):</b> On non-payment of Regular Premium before the expiry of the Grace Period, the policy will lapse and no benefit will be paid</p> <p><b>Revival Period</b> Five (5) years from the due date of the first unpaid premium</p>	<p>Part D - Section 7</p> <p>Part D - Section 8</p>
14.	Policy Loan, if applicable	Not applicable	Not applicable
15.	Claims / Claims Procedure	<p><b>Turn Around Time (TAT) for claims settlement and brief procedure:</b> Link for Brief Procedure :</p> <p><a href="https://www.bajajlifeinsurance.com/life-insurance-claim-assistance.html">https://www.bajajlifeinsurance.com/life-insurance-claim-assistance.html</a></p> <p>Link for Turn Around Time (TAT) for claims settlement: <a href="https://www.bajajlifeinsurance.com/content/dam/balic-web/pdf/customer-services/services-tat.pdf">https://www.bajajlifeinsurance.com/content/dam/balic-web/pdf/customer-services/services-tat.pdf</a></p> <p><b>Helpline/Call Centre Numbers:</b> <a href="tel:02067121212">020 6712 1212</a>(Customer Care Number)<a href="mailto:customercare@bajajlife.com">Mail Us :customercare@bajajlife.com</a></p> <p><b>Contact details of the insurer:</b></p> <p>Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited) Bajaj Insurance House, Airport Rd, Yerawada, Pune, Maharashtra 411006</p> <p><b>Link for downloading claim form and list of documents required including bank account details:</b> <a href="https://www.bajajallianzlife.com/life-insurance-claim-assistance.html">https://www.bajajallianzlife.com/life-insurance-claim-assistance.html</a></p> <p>WhatsApp- 8806727272</p>	<p>Part F - Section 13</p>



		<b>Contact details of Ombudsman:</b> Find your nearest Ombudsman office at <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a>	
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**Declaration by the Policyholder**

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

Place: (Signature of the Policyholder)

Date:

Web-link for the product where sample policy document can be downloaded:

<https://www.bajajlifeinsurance.com/group-insurance-plans/group-employee-benefit-plan.html>

Disclaimer: In case of conflict in the content mentioned hereinabove, the terms and conditions mentioned in the policy document shall prevail.