

LIFE'S YORKERS MAY BE UNPREDICTABLE. YOUR FAMILY'S FUTURE DOESN'T HAVE TO BE.

A protection plan that stands by
your family through every
stage of life.

KEY BENEFITS



Life
Cover



In-Built Waiver
of Premium on
Terminal Illness*



Health Management
Services^



Insta Payout on
Claim Intimation
of death#

For more information: ☎ 1800-103-0003/1800-891-0003

Canara HSBC Life Insurance | Promises Ka Partner

*In case of diagnosis of Terminal Illness, all future premiums, under both plans options (as opted), of the impacted life under the Policy will be waived. ^These services are complimentary value-added services, and shall be provided by third party service provider(s), associated with Canara HSBC Life Insurance, as per prevailing terms and conditions mentioned in the Sales Brochure. #Insta Payout on Claim Intimation due to Death is an in-built benefit available at no additional premium. The payout is an accelerated benefit, payable within one working day and provided the policy is in-force, out of the base Sum Assured and shall be higher of ₹1,00,000 or 2% of Base Sum Assured, subject to minimum base Sum Assured under the policy is ₹50,00,000. The benefit is payable post completion of three policy year from the date of inception of the policy or revival and is not payable if death occurs during the first three policy years. The balance Death Benefit shall be payable at the time of claim settlement. The Payout is subject to submission of all mandatory documents, as mentioned in the Sales brochure and Policy document.

BEWARE OF SPURIOUS/FRAUD PHONE CALLS! • IRDAI

is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Trade Logo of Canara HSBC Life Insurance Company Limited hereinafter referred to as "Insurer" is used under license with Canara Bank and HSBC Group Management Services Limited. The insurance products are offered and underwritten by the Insurer (IRDAI Regn. No. 136) having its head office at 139 P, Sector 44, Gurugram – 122003, Haryana (India). Corporate Identity No.: L66010DL2007PLC248825. Website: www.canarahsbc.life | Call: 1800-258-5899 | Email: onlineTerm@canarahsbc.life

Restricted

Canara HSBC Life Insurance Promise2Secure
A Non-Linked, Non-Participating, Individual, Pure Risk Premium Life Insurance Plan
UIN: 136N099V01

PART A

Welcome to Canara HSBC Life Insurance

Date: {{DD/MM/YYYY}}

Dear {{POLICY_OWNER_NAME}}
{{FATHERS_NAME/HUSBAND_NAME}}
{{PO_M_ADD_1}}
{{PO_M_ADD_2}}
{{PO_M_ADD_3}}
{{PO_M_ADD_CITY}} -
{{PO_M_ADD_STATE}} {{PO_M_ADD_PINCODE}}
{{PO_M_ADD_COUNTRY}}
Contact No.: {{POLICY_OWNER_CONTACT}}

We thank You for choosing **Canara HSBC Life Insurance Promise2Secure** to secure your future and your loved ones. We truly appreciate the trust You have placed in us.

Our promise is simple:

- To stand by You at every step of your financial journey.
- To make sure your policy benefits are clear and easy to access.
- To provide support whenever you need us.

Your next steps:

- Please review your policy details carefully.
- Pay your premiums on time to enjoy uninterrupted benefits.
- If You wish to rectify any details provided by You or have a service request in future, call us at **1800-103-0003 / 1800-891-0003**. You can also send an SMS to us at +917039004411, or write to us at **customerservice@canarahsbclife.in** and Our representative will contact You at your convenience.

Your policy details are as follows:

Client ID.	{{POLICY_OWNER_CLIENT_ID}}	Representative Name	{{AGENT_NAME}}
Policy No.	{{POLICY_NUMBER}}	Representative Code	{{AGENT_CODE}}
Proposal No.	{{PROPOSAL_NUMBER}}	Representative Contact No.	{{AGENT_CONTACT}}

If You do not agree with the terms and conditions of the Policy and have not made any claim, You can opt for cancellation of the Policy by submitting a written request to the Company, stating the reasons for non-acceptance, within the Free-Look period of 30 days from the date of receipt of the Policy Document, whether received electronically or otherwise (whichever is earlier). If you have received a physical copy of the Policy Document (upon your request), it must be returned along with your written request. In case You opt for cancellation within the said period, the refund of the premium will be paid subject to deduction of the proportionate risk premium for the period of cover, stamp duty charges and expenses incurred on medicals (if any).

Manage Your Policy Anytime, Anywhere

We've made it easy for You to manage your policy.

1. **Download our mobile app** from the **Apple App Store** or **Google Play Store** for quick access to your policy details, premium payments, and service requests. (<https://www.canarahsbclife.com/app-download.html>)
 2. You can also log in to our website **www.canarahsbclife.com** and register to use our online services.
- We are here for You—always. Thank You for giving us the opportunity to serve You and your family.

Yours Sincerely,

Chief Operating Officer

Canara HSBC Life Insurance Company Limited

POLICY PREAMBLE

This Policy is a legal contract between **You (the Policyholder)** and **Us (Canara HSBC Life Insurance Company Limited)**. It is based on the information and declarations provided by You in the Proposal Form and other documents that confirm the insurability of the Life Assured.

This is a **Non-Linked, Non-Participating, Individual, Pure Risk Premium Life Insurance Plan**. It provides benefits to the Claimant as per the terms and conditions in this document.

For your convenience, this Policy Document is divided into parts/ numbered sections. **Headings are for easy reading only and do not change the meaning of the terms.** Any reference to laws, regulations, or guidelines includes any future changes to them. All references to 'age' shall refer to age of the Life Assured as per the last birthday provided in the Proposal Form.

In this document:

- **"You" or "Your"** means the Policyholder.
- **"We", "Us", "Our", or "Company"** means Canara HSBC Life Insurance Company Limited.
- **"Authority"** refers to the Insurance Regulatory and Development Authority of India (IRDAI).

POLICY SCHEDULE
Canara HSBC Life Insurance Promise2Secure
A Non-Linked, Non-Participating, Individual, Pure Risk Premium Life Insurance Plan

(This section gives you a summary of your policy details. Please read it carefully. This is a schedule attached to this Policy Document and if any updated Policy Schedule is issued by us, the Policy Schedule latest in time shall be the Policy Schedule)

	Policyholder Details	Life Assured Details	Spouse Details
Name	{{POLICY_OWNER_NAME}}	{{LIFE_ASSURED_NAME}}	{{SPOUSE_NAME}}
Date of Birth	{{POLICY_OWNER_BIRTH_DATE}}	{{LIFE_ASSURED_BIRTH_DATE}}	{{SPOUSE_BIRTH_DATE}}
Age	{{POLICY_OWNER_AGE}}	{{LIFE_ASSURED_AGE}}	{{SPOUSE_AGE}}
Gender	{{POLICY_OWNER_GENDER}}	{{LIFE_ASSURED_GENDER}}	{{SPOUSE_GENDER}}
Address	{{POLICY_OWNER_ADDRESS}}	{{LIFE_ASSURED_ADDRESS}}	{{SPOUSE_ADDRESS}}

Policy Schedule Details

Policy Number	{{POLICY_NUMBER}}
Plan Name	{{CANARA_HSBC_LIFE_INSURANCE_PROMISE2SECURE}}
Plan Type	LIFE/INDIVIDUAL/ NON-LINKED/ NON-PAR
Plan Option	{{LIFE_SECURE/ LIFE_SECURE_WITH_RETURN_OF_PREMIUM}}
Policy Term (in Years)	{{POLICY_TERM}}
Premium Payment Term (in Years)	{{PREMIUM_PAYMENT_TERM}}
Instalment Premium in Year 1 (Life Assured/Spouse) (₹)	{{1st_YEAR_LIFE_ASSURED_INSTALMENT_PREMIUM}}/ {{1st_YEAR_SPOUSE_INSTALMENT_PREMIUM}}
Instalment Premium Year 2 Onwards (Life Assured/Spouse) (₹)	{{2nd_YEAR_LIFE_ASSURED_INSTALMENT_PREMIUM}}/ {{2nd_YEAR_SPOUSE_INSTALMENT_PREMIUM}}
Annualized Premium (₹)	{{TOTAL_INSTALMENT_PREMIUM}}
Age Admitted (Life Assured/ Spouse)	{{AGE_ADMITTED (LIFE_ASSURED)}}/ {{AGE_ADMITTED (SPOUSE)}}
Risk Commencement Date	{{SAME_AS_POLICY_COMMENCEMENT_DATE}}
Policy Commencement Date	{{POLICY_COMMENCEMENT_DATE}}
Maturity Date	{{MATURITY_DATE}}
Premium Payment Mode	{{POLICY_PAYMENT_FREQUENCY}}
Next Premium Due Date	{{NEXT_PREMIUM_DUE_DATE}}
Last Premium Due Date	{{LAST_PREMIUM_DUE_DATE}}
Coverage Option	{{LEVEL/ INCREASING}}
Death Benefit Payout Option (Life Assured/ Spouse)	{{LIFE_ASSURED - Lump Sum or 25%/ 50%/ 75%/ 100% in equal/increasing (5% /10% simple interest p.a.) monthly instalments over 60 months and balance, if any, in lump sum}}/{{SPOUSE - Lump Sum or 25%/ 50%/ 75%/ 100% in equal/increasing (5% /10% simple interest p.a.) monthly instalments over 60 months and balance, if any, in lump sum }}
Accidental Death Benefit (Life Assured/ Spouse)	{{LIFE_ASSURED< YES/ NO>}}/{{SPOUSE <YES/NO>}}
Accidental Death Benefit Policy Term (Years)	{{LIFE_ASSURED< ADB TERM>}}/{{SPOUSE <ADB TERM>}}

Accidental Death Benefit Premium Payment Term (Years)	{{LIFE ASSURED< ADB PPT>}}/{{SPOUSE <ADB PPT>}}
Accidental Total and Permanent Disability Benefit (Premium Protection) (Life Assured/Spouse)	{{LIFE ASSURED< YES/ NO>}}/{{SPOUSE <YES/NO> }}
Accidental Total and Permanent Disability Benefit (Premium Protection Plus) (Life Assured/Spouse)	{{LIFE ASSURED< YES/ NO>}}/{{SPOUSE <YES/NO> }}
Child Care Benefit (Life Assured/Spouse)	{{LIFE ASSURED< YES/ NO>}}/{{SPOUSE <YES/NO>}}
Child Care Benefit: Policy Term (Years)	{{LIFE ASSURED< CCB TERM>}}/{{SPOUSE <CCB TERM>}}
Child Care Benefit: Premium Payment Term (Years)	{{LIFE ASSURED< CCB PPT>}}/{{SPOUSE <CCB PPT>}}
Critical Illness Cover (Life Assured/Spouse)	{{LIFE ASSURED< YES/ NO>}}/{{SPOUSE <YES/NO>}}
Critical Illness: Policy Term (Years)	{{LIFE ASSURED< CI TERM>}}/{{SPOUSE <CI TERM>}}
Critical Illness: Premium Payment Term (Years)	{{LIFE ASSURED< CI PPT>}}/{{SPOUSE <CI PPT>}}
Block Your Premium Rate (Life Assured/Spouse)	{{LIFE ASSURED< YES/ NO>}}/{{SPOUSE <YES/NO>}}

Benefit Coverage Details

	Life Assured	Spouse
Sum Assured (₹)	<Sum Assured>	<Sum Assured>
Death Benefit Payout Option	<Lumpsum/ Monthly Income/ Monthly Income+ Lumpsum (if any)>	<Lumpsum/ Monthly Income/ Monthly Income + Lumpsum (if any)>
Fixed proportion	<25%/50%/75%/100%>	<25%/50%/75%/100%>
Balance (if any)	<Equal/Increasing> Monthly instalments	<Equal/Increasing> Monthly instalments
Death Benefit* (₹)	<Lumpsum - <Sum Assured on Death at inception> <25%/ 50%/ 75%/ 100% in equal/increasing (5% p.a./10% p.a.) monthly instalment over 60 months and balance if any in lumpsum< < >% of Sum Assured on Death at inception> as Lumpsum/ Monthly Income of ₹ < Monthly Income at inception > paid over 60 months <Equal/Increasing (5% p.a./10% p.a.) monthly instalment over 60 months - Monthly Income of ₹ < Monthly Income at inception > paid over 60 months>	<Lumpsum - <Sum Assured on Death at inception> <25%/ 50%/ 75%/ 100% in equal/increasing (5% p.a./10% p.a.) monthly instalment over 60 months and balance if any in lumpsum< < >% of Sum Assured on Death at inception> as Lumpsum/ Monthly Income of ₹ < Monthly Income at inception > paid over 60 months <Equal/Increasing (5% p.a./10% p.a.) monthly instalment over 60 months - Monthly Income of ₹ < Monthly Income at inception > paid over 60 months>
Accidental Death Benefit (₹)	<ADB Sum Assured>	<ADB Sum Assured>
Accidental Total and Permanent Disability Benefit (₹) (Premium Protection Plus)	<ATPD Sum Assured>	<ATPD Sum Assured>
Child Care Benefit (₹)	<CCB Sum Assured>	<CCB Sum Assured>
Critical Illness (₹)	<CI Sum Assured>	<CI Sum Assured>
Block Your Premium	<Percentage>	<Percentage>

Maturity Benefit (₹)	<Sum Assured on Maturity>	Not Applicable
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Details of Nominee (Person who is/are entitled to receive benefits on Life Assured's death) *

Name	Gender	Age	Relationship with Life Assured	Percentage
{{NOMINEE_NAME_1}}	{{NOMINEE_GENDER_1}}	{{AGE IN YEARS}}	{{R'SHIP}}	{{PERCENTAGE}}
{{NOMINEE_NAME_2}}	{{NOMINEE_GENDER_2}}	{{AGE IN YEARS}}	{{R'SHIP}}	{{PERCENTAGE}}

*Nominee details under section 39 of Insurance Act, 1938, as amended from time to time.

Appointee Name (Person who receives benefits on Life Assured's death and gives discharge to Us on behalf of Minor Nominee)	{{APPOINTEE_NAME}}
Appointee Gender	{{APPOINTEE_GENDER}}
Appointee Relationship with Nominee	{{APPOINTEE_RELATIONSHIP}}

The dates referred to in the Policy Schedule above are in DD / MM / YYYY format.

On Examination of the Policy, if the Policyholder notices any mistake, the Policy Document is to be returned for correction to the Company (if issued physically upon Your request).

Canara HSBC Life Insurance Company Limited. IRDAI Registration no: 136

Registered Office: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

Head Office: 139 P, Sector-44, Gurugram 122003, Haryana, India

FIRST PREMIUM RECEIPT

Receipt Number:

Date of Issue :

Name of the Company	{{NAME OF THE COMPANY}}
Hub Address	{{HUB ADDRESS}}
HSN Code	{{SERVICE ACCOUNTING CODE}}
Plan Name	{{PLAN_NAME}}
Policy Number	{{POLICY_NUMBER}}
Plan Option	{{PLAN_OPTION}}
Policyholder Name	{{NAME OF THE POLICYHOLDER}}
Policyholder Current Residential Address	{{POLICY HOLDER CURRENT RESIDENTIAL ADDRESS}}
Policyholder State/ Union Territory & Code	{{POLICY HOLDER STATE & CODE}}
Life Assured Name	{{NAME OF LIFE ASSURED}}
Premium Payment Mode	{{PREMIUM PAYMENT FREQUENCY}}
Sum Assured (₹)	{{SUM ASSURED }}

Payment Related Information

Base Premium Payable (₹)	
Optional In-Built Cover Premium Payable (₹)	
Underwriting Extra Premiums, if any (₹)	
Total Amount Payable (₹)	
Total Amount Received (₹)	
Balance Amount (₹)	
Next Premium Due Date {{DD/MM/YYYY}}	

The total amount payable for the Policy = Base Premium + Optional In-Built Cover Premium Payable + any extra premium for underwriting (if applicable).

Tax Benefits under the Policy will be as per the prevailing Income Tax laws and are subject to amendments from time to time. *For advice, please consult your independent tax advisor.*

Important Notes:

- If there is any extra amount shown as Balance Amount, it will not earn interest. It will be adjusted towards your future premiums on the due date, as per applicable laws.
- If you have paid any advance premiums, they will be appropriated towards the upcoming Premium on the respective due dates.

"Address of Delivery is same as that of place of supply".
Permanent Account Number AADCC1881F.

Your policy cover starts only after we receive your premium.

<<Digital Signature>>

Chief Operating Office

ENDORSEMENTS

Total Stamp Value (₹) / {{STAMP_DUTY}}

“The appropriate stamp duty towards this Policy is paid vide <<CRN Number>>”

PART B
Glossary of Important Terms

Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the Risk Commencement Date and before the termination of the Policy.

Accidental Bodily Injury means Bodily Injury of the Life Assured or Spouse caused solely and directly from an Accident and independently of any other intervening causes and which occurs within 180 days of the date of Accident.

Accidental Death means death of the insured caused by Bodily Injury resulting directly and solely from an Accident and independently of any other causes and which occurs within 180 days of the date of the Accident.

Accidental Death Benefit Sum Assured (ADB Sum Assured) means the amount, as mentioned in the Policy Schedule, that is payable on the Accidental Death of the Life Assured.

Accidental Total and Permanent Disability (ATPD) means the occurrence of any of the following conditions as a result of Accidental Bodily Injury:

- Loss of use or loss by severance of two or more limbs at or above wrists or ankles. Limb means the whole hand at or above the wrist or the whole foot at or above the ankle. The diagnosis has to be confirmed by a specialist.

- Loss of sight means total, permanent, irrecoverable and irreversible loss of all vision in both eyes as a result of an Accident. The blindness must be confirmed by an Ophthalmologist;

- The blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or;

- ii. 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 aides or surgical procedures. The above disabilities must have persisted for at least a period of 180 days and must, in the opinion of a registered Medical Practitioner appointed by the Company, be deemed total and permanent.

The above mentioned 180 days period will not be applicable for disabilities due to Loss by severance.

Accidental Total & Permanent Disability Sum Assured (ATPD Sum Assured) means the amount, as mentioned in the Policy Schedule, that is payable on the occurrence of the ATPD of the Life Assured.

Age means Life Assured's / Spouse's (as applicable) completed age at his / her last birthday, as on the Policy Commencement Date.

Annualized Premium means the Premium amount payable in a year for the base Death Benefit for Life Assured / Spouse, excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.

Appointee means the person named in the Policy Schedule, to receive the benefit, and give a valid discharge to Us on behalf of the minor Nominee, in the event of death of the Life Assured / Spouse (as applicable).

Assignee means the person to whom the rights and benefits of the Policy are transferred/assigned by the Policyholder.

Assignment is the method by which the Policyholder can transfer his/her interest in the Policy to an Assignee. An assignment can be made by endorsement on the Policy Document or as a separate deed. Assignment can be either absolute, partial or conditional. Assignment shall be in accordance with Section 38 of Insurance Act, 1938, as amended from time to time.

Bodily Injury means Injury which must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury

Claimant, subject to assignment (if any), means the Policyholder, for the purposes of payment of all benefits except for the Child Care Benefit and Death Benefit.

Critical Illness condition means the first diagnosis of any one of the specified Critical Illnesses or performance of any of the specified medical procedures/surgeries by a specialist Medical Practitioner as detailed in “Annexure - 6 Definitions of covered Critical Illness Conditions.”

Critical Illness Benefit Sum Assured (CI Sum Assured) means the coverage amount as chosen at inception, as mentioned in the Policy Schedule, that is payable on the diagnosis of Critical Illness of the Life Assured.

Death Benefit Payout Option means the payout option opted by the Policyholder/ Working Spouse (as applicable) at inception of the Policy and as specified in the Policy Schedule. The Death Benefit Payout Option once opted for a particular life cannot be subsequently changed during the Policy Term. The applicable Death Benefit Payout Options are given below:

- i. Lumpsum: The Death Benefit will be payable as a lumpsum.
- ii. Monthly Income plus balance if any, in Lumpsum: Monthly instalments (25% / 50% / 75% / 100% as per the proportion chosen) + balance if any, in lumpsum. Under this option, a fixed portion of the Death Benefit will be payable in equal/increasing monthly instalments and balance, if any, in lumpsum, as specified in the Policy Schedule commencing from the Monthly Policy Anniversary immediately succeeding the date of death of the Life Assured/Working Spouse and shall be payable over 60 months. The monthly instalment for 60 months will be based on the following conversion factors:

Death Benefit Monthly Income Payout option chosen	Conversion factors expressed as per Rs 1,000 of Sum Assured on Death
Equal	19.04
Increasing annually @ 5% p.a. simple interest	17.39
Increasing annually @ 10% p.a. simple interest	16.01

Sum Assured paid under different Optional In-built Covers, as opted, will only be paid as lumpsum.

Due Date (applicable in case of Regular Premium / Limited Premium payment) means a fixed date on which the policy Premium is due and payable by the Policyholder.

Effective Date of Conversion shall be the Policy Anniversary coinciding with or following the date on which the Policyholder's request to change the Premium Payment Term (PPT) Option has been accepted by the Company.

Financial Year means a period of 12 months commencing from April 1st every year.

Grace Period means the time granted by Us from the due date of payment of Premium without any penalty/late fee charges, during which time the Policy is considered to be in-force with risk cover without any interruption, as per the terms and condition of Policy. You are provided with a Grace Period of 15 days for monthly mode and 30 days for all other modes, i.e. annual, half yearly and quarterly modes from Premium due date to pay due Premium

In-force policy means a policy under which all premiums due up to the relevant date have been fully paid by You and the premiums are not outstanding beyond the applicable grace period.

Injury means accidental physical bodily harm excluding illness or disease, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

IRDAI means Insurance Regulatory and Development Authority of India earlier called as Insurance Regulatory and Development Authority (IRDA).

Lapsed State means the state of the Policy where You fail to pay due Premium within the Grace Period and as set out under Clause 2.4 under Part C

Life Assured means the person named in the Policy Schedule whose life is insured under this Policy and also includes Spouse (if opted) as mentioned in the Policy Schedule.

Limited Premium means the option where the Premium Payment Term is lower than the Premium Payment Term as mentioned in the Policy Schedule.

Maturity Age is Age of the Life Assured / Spouse on the Maturity Date.

Maturity Date means the end of the Policy Term on the date as specified in the Policy Schedule.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his/her license; but excluding a Medical Practitioner who is:

- Life Assured / Spouse himself / herself or an agent of the Life Assured / Spouse or
- Insurance Agent, business partner(s) or employer/ employee of the Life Assured / Spouse or
- A member of the Life Assured's / Spouse's immediate family.

Minor means a person who has not completed the age of eighteen (18) years.

Monthly Policy Anniversary means the date corresponding to the Policy Commencement Date occurring after the completion of every Policy month.

Nomination is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Nominee(s) means the person(s) as nominated by the Policyholder under the Policy and registered with Us, in accordance with Section 39 of the Insurance Act, 1938. .

Non-Working Spouse means the Spouse of the Life Assured, whose life is covered under this Policy, as named in the Policy Schedule, who is not a Working Spouse.

Paid-Up State means the state of the Policy where You fail to pay due Premiums within the Grace Period after payment of Premiums for at least first Policy Year (applicable only under Life Secure with Return of Premium Option).

Paid-up Sum Assured on Death is defined as Reduced Paid-up Factor *multiplied by the* higher of (11 times the Annualized Premium or Sum Assured *as on the date the Policy becomes Paid-up*).

Paid-up Sum Assured on Maturity is defined as Reduced Paid-up Factor *multiplied by the* Sum Assured on Maturity.

Policyholder means the person named in the Policy Document as the Policyholder and is referred to as the Proposer in the Proposal Form.

Policy Anniversary means the date corresponding to the Policy Commencement Date occurring after the completion of every Policy Year.

Policy Commencement Date is the start date of this Policy and is also the same as mentioned in the schedule of the Policy.

Policy Document means this document and includes terms and conditions, the Policy Schedule (if any updated Policy Schedule is issued, the Policy Schedule latest in time shall be the Policy Schedule), the Proposal Form and all endorsements issued by Us from time to time.

Policy Year means a period of 12 consecutive months commencing from the Policy Commencement Date and each subsequent period of 12 consecutive months thereafter during the Policy Term, which may be different

from the calendar year/ Financial Year.

Premium means the amount payable by You to Us, as specified in the Policy Schedule under “Total Instalment Premium” comprising of the respective Instalment Premium(s) for Life Assured and Spouse (if applicable), in exchange for Our obligation to pay the respective benefits under the Policy. Premium excludes any applicable Goods and Services Tax or any other levy by whatever name called under the applicable Goods and Services Tax laws.

Premium Payment Mode refers to the frequency of payment of Premiums as chosen by the Policyholder from the available modes i.e. yearly, half-yearly, quarterly and monthly.

Proposal Form means an application form along with any other statements or declarations required by Us which is duly completed and submitted to Us by the proposer for issuance of the Policy.

Reduced Paid-up Factor means the Total period for which Premiums have already been paid *divided by* Total period for which Premiums are payable during the Policy Term.

Revival means restoration of a Policy in Lapsed State/Paid-Up State to in-force status subject to terms and conditions of the Policy.

Revival Period means a period of 5 consecutive complete years from the date of first unpaid Premium.

Risk Commencement Date means the date as mentioned in the Policy Schedule from which the insurance Benefits/Rider Benefits, if any, start under the Policy

Schedule is the part of Policy document that gives the specific details of this Policy.

Spouse means the legally married wife or husband of the Life Assured whose life is covered under the Policy (in case of Plan Option “Life Secure”) subject to the Board Approved Underwriting Policy of the Company.

Sum Assured is the amount of insurance cover chosen at the inception of the policy for the Life Assured/Spouse (exclusive for any optional in-built covers) and the same may vary over the Policy Term as per the Coverage Option chosen by You.

Sum Assured on Death means an absolute amount of benefit which is guaranteed to become payable on the death of the Life Assured in accordance with the terms and conditions of this Policy. Sum Assured on Death is calculated as the highest of:

- 11 times the Annualized Premium;
- 105% of Total Premiums Paid up to the date of death, excluding the Premiums paid for the Life Assured's/Spouse's respective Optional In-Built Covers, if any;
- Sum Assured, where the same varies over the Policy Term as per the Coverage Option chosen.

Sum Assured on Maturity means the absolute amount of benefit which is guaranteed to become payable at the Maturity Date in accordance with the terms and conditions of the Policy and is equal to 100% of total premiums payable, excluding underwriting extra premiums, if any, rider premiums, premiums on optional in-built covers and taxes.

Surrender means complete withdrawal of the entire Policy.

Surrender Value means the amount payable to You in the event of surrender of the Policy and as set out under Clause 5.

Survival Period is defined as the period of time 30 (thirty) days after the date of first diagnosis of covered Critical Illness Condition that the Life Assured has to survive to be eligible for receiving the benefit amount covered under Critical Illness cover

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two appropriate independent Medical Practitioners, life expectancy is no greater than six (6) months from the

date of notification of claim.

Total Premiums Paid means total of all the Premiums received under the base product, excluding premiums on optional in-built covers, any extra premiums and taxes, if collected explicitly.

UIN means the Unique Identification Number allotted to this Plan.

Underwriting means the process of evaluating risks for insurance and determining on what terms We will accept the risk as per the Company's Board Approved Underwriting Policy (BAUP).

Waiting Period means a period of 90 (ninety) days starting from the date of risk commencement or the date of revival, whichever is later. No benefit will be payable if there is diagnosis of any Critical Illness or any signs or symptoms related to any Critical Illness occurs within the Waiting Period.

Working Spouse means the Spouse of the Life Assured covered under this Policy as named in the Policy Schedule, who satisfies the specific eligibility/ conditions in relation to his/ her employment, etc, as determined by the Company's Board Approved Underwriting Policy.

The terms "**Policy Commencement Date**", "**Maturity Date**", "**Policy Term**", "**Premium Payment Term**" and "**Risk Commencement Date**" will derive their meaning from the Policy Schedule.

PART C

1. BENEFITS

Subject to terms and conditions provided herein, We agree to pay to the Claimant, the following benefits based upon the Plan Option, Coverage Option, Death Benefit Payout Option and Optional In-built Cover(s) chosen by You and/or the Spouse (if applicable) at Policy inception. These options, once opted for by You at the proposal stage and thereafter specified in the Policy Schedule, cannot be changed during the Policy Term.

There are two Plan Options available under this Policy:

- i. Life Secure
- ii. Life Secure with Return of Premium

A. Death Benefit

Plan Option	Events	When Benefits are payable	Size of such Benefits / Policy Monies
Life Secure	Death	On death of the Life Assured during the Policy Term, where the Life Assured's insurance coverage and the Policy is in-force at time of death.	We shall pay the Sum Assured on Death, in accordance with the Death Benefit Payout Option opted for at inception of the Policy and as specified in the Policy Schedule. Where Spouse Coverage has been opted and the Spouse is still alive at the occurrence of the above event, the insurance coverage for the Spouse will continue, subject to the receipt of Premiums in respect of the Spouse. The Premiums, once reduced after occurrence of death of Life Assured, shall remain level throughout the remaining Premium Payment Term for Spouse. The Policy will terminate on earlier of the following: a. Date of death of the Spouse; b. End of the Policy Term. In case death of Life Assured occurs post the death of Spouse, where Spouse coverage has been opted for, the Policy will terminate immediately.
		On death of the Spouse during the Policy Term, where the Spouse's insurance coverage and the Policy is in-force at the time of death.	<u>Working Spouse:</u> We shall pay the Sum Assured on Death, in respect of the Spouse, in accordance with the Death Benefit Payout Option opted for at Policy inception and as specified in the Policy Schedule. <u>Non-Working Spouse:</u> We shall pay Sum Assured on Death as lump sum only as specified in the Policy Schedule. Where the Life Assured is still alive at the occurrence of the above event, the insurance coverage for the Life Assured will continue, subject to the receipt of Premiums in respect of the Life Assured. The Premiums once reduced, after occurrence of death of Spouse, shall remain level throughout the remaining Premium Payment Term. The Policy will terminate on earlier of the following: a. Date of death of the Life Assured;

			b. End of the Policy Term. In case death of Spouse occurs post the death of the Life Assured, the Policy will terminate immediately.
Life Secure with Return of Premium	Death	On death of the Life Assured during the Policy Term, where the Policy is in-force at the time of death.	We shall pay the Sum Assured on Death, in accordance with the Death Benefit Payout Option opted for at inception of the Policy and as specified in the Policy Schedule, and the insurance coverage in respect of the Life Assured under the Policy will immediately and automatically terminate.
		On death of the Life Assured during the Policy Term, where the Policy is in Paid-Up State at the time of death.	We shall pay the Paid-Up Sum Assured on Death as a lumpsum irrespective of selection of a different Death Benefit Payout Option at inception of Policy. Upon payment of this benefit, the Policy will immediately and automatically terminate and no other benefits will be payable under the Policy.

B. Maturity Benefit

Upon survival of the Life Assured till the end of the Policy Term, the following benefits will be payable. Please note that Maturity Benefit is not payable under Life Secure Plan Option.

Plan Option	Events	When Benefits are payable	Size of such Benefits / Policy Monies
Life Secure	Maturity	Upon Survival of the Life Assured/Spouse (as applicable) till the end of Policy Term, where the Policy is in-force/paid-up state	There is no maturity benefit under this option.
Life Secure with Return of Premium	Maturity	Upon survival of the Life Assured till the end of Policy Term, where the Policy is in-force.	We shall pay the Sum Assured on Maturity. Upon payment of this benefit, the Policy will immediately and automatically terminate and no other benefits will be payable under the Policy.
		Upon survival of the Life Assured till the end of Policy Term, where the Policy is in Paid-Up State.	We shall pay the Paid-Up Sum Assured on Maturity. Upon payment of this benefit, the Policy will immediately and automatically terminate and no other benefits will be payable under the Policy.

C. Waiver of Premium on Diagnosis of Terminal Illness

An in-built Waiver of Premium benefit is available under the Policy on both Plan Options upon diagnosis of Terminal Illness.

For the Life Assured / Working Spouse, upon diagnosis of Terminal Illness during the Policy Term, provided

that the Policy is in force on the date of diagnosis, all future premiums payable under the Base Policy (excluding premiums, if any, for in-built or optional benefits) shall be waived. The Policy shall thereafter continue with all applicable benefits as if all due premiums had been duly paid and the Policy remained in force.

For the purpose of this benefit:

- The Terminal Illness must be diagnosed and confirmed by two (2) independent Medical Practitioners, who are specialists in the relevant field of medicine.
- The life expectancy of the Life Assured / Working Spouse, as assessed by such Medical Practitioners, must be no greater than six (6) months.
- The Life Assured must not be receiving any active curative treatment and should only be receiving palliative treatment for symptomatic relief.
- The Company reserves the right to require an independent medical assessment by a Medical Practitioner appointed by the Company.
-
- Upon diagnosis of Terminal Illness, all the other Optional In-Built Covers will cease (after payment of early exit value or surrender value as applicable) for the life who is diagnosed with TI and corresponding premiums will not be required to be paid.
- No Terminal Illness benefit is payable in case Policy / insurance coverage is in lapsed/paid-up status.
- The Company must be notified of the diagnosis within thirty (30) days of the same being made.
- Maximum Coverage age allowed is 85 years last birthday

1.1. Coverage Options

Coverage Options can be chosen only at the inception of the Policy. Once opted and specified in the Policy Schedule, the Coverage Option cannot be subsequently altered during the Policy Term. The Coverage Options available under this Policy are provided below:

A. Level Cover

Under this option, the Sum Assured shall remain constant throughout the Policy Term.

Additionally, the Life Assured/Working Spouse can opt for the Life Stage Enhancement option where they can increase the respective Sums Assured upto a maximum of three times during the Policy Term on the occurrence of any of the below listed life events, subject to additional Underwriting. The request for increase in Sum Assured along with targeted increase should be made within one year of the occurrence of the following event ("Life Stage events") with the increase in Sum Assured being applicable from the next Policy Anniversary following the acceptance of the request by the Company:

- On marriage
- On birth/legal adoption of a child
- On house purchase

The Sum Assured may be increased subject to the following conditions-

- The increase in the Sum Assured can be requested only after the first Policy Anniversary and before the Policy Anniversary on which the Life Assured / Working Spouse attains the age of 46 years (last birthday).
- This option is only available if Plan Option "Life Secure" has been opted for and wherein the Regular Premium payment option has been chosen and specified in the Policy Schedule.
- The increase in Sum Assured can be requested only when the Policy is in-force.
- The amount of the maximum increase in the Base Sum Assured, during the entire Policy Term, shall not exceed the Base Sum Assured at policy inception or Indian Rupees One Crore only whichever is less on per life basis.
- The increase in Sum Assured at the time of exercising Life Stage Enhancement option shall be subject to medical and financial underwriting.
- This option cannot be exercised if a claim for Accidental Total & Permanent Disability/Terminal Illness or Critical Illness cover has been previously accepted by the Company.
- The option to increase the Sum Assured is not applicable for any of the Optional In-Built Covers in force under the Policy.
- Premium payable with respect to the increase in Sum Assured shall correspond to the Age and outstanding Policy Term at the Policy Anniversary of the increase becoming effective using the same premium rate table

applicable at inception (as used for calculating the Premium) of the Policy. The Premium shall be payable for the outstanding Policy Term.

- The acceptance of the request by the Company will be subject to validation of relevant information / documents as requested by the Company and at the sole discretion of the Company.

B. Increasing Cover

Under this option, the Sum Assured contingent on the Life Assured / Working Spouse (where applicable) uniformly increases by 10% (simple interest) after completion of every Policy Year, provided the Policy is in-force. The maximum increment shall be up to 100% of the original Sum Assured (i.e. the last increase in Sum Assured would be effected on completion of 10th Policy Year) and the Sum Assured thereafter would remain the same for the remaining Policy Term.

The benefit amounts for Optional In-Built Covers chosen by the Policyholder / Working Spouse shall remain constant throughout the Policy Term. The Sum Assured contingent on the Non-Working Spouse, as chosen at Policy inception shall remain constant throughout the Policy Term.

1.2. Optional In-built Covers:

Any one or more of the following Optional In-Built Covers can be chosen at inception of the Policy as detailed below, upon payment of additional Premium:

- Accidental Death Benefit (ADB)
- Accidental Total and Permanent Disability (ATPD):
 - Premium Protection
 - Premium Protection Plus
- Critical Illness (CI)
- Child Care Benefit (CCB) (available only under Plan Option “Life Secure”)
- Block Your Premium (BYP) (available only under Plan Option “Life Secure”)

The Optional In-Built Covers once chosen and specified in the Policy Schedule cannot be altered during the Policy Term. The Child Care Benefit, if not opted for at Policy inception, can be added subsequently within one year of the birth / legal adoption of Life Assured's / Working Spouse's first child, provided the Life Assured / Working Spouse did not have any children at Policy inception. The Sum Assured paid under different Optional In-built Covers, as opted, will only be paid as a lump sum.

A. Accidental Death Benefit (ADB)

Subject to applicable Exclusions specified in Part F and the Policy being in force, if the Life Assured / Working Spouse dies on account of an Accident, where such Accident occurs within the Policy Term and his /her insurance coverage with respect to this benefit is in-force at the time of such event, We shall pay ADB Sum Assured in respect of the life on whom the contingent event has occurred, as specified in the Policy Schedule, as lump sum over and above the Death Benefit payable under the Policy. If the Policy is in Paid-Up State at the time of death, early exit value or surrender value (as applicable) shall be payable as lump sum, over and above the Paid-up Sum Assured on Death.

If the Accident occurs before the end of Policy Term (including the last day of the Policy Term), but the death caused by the Accident occurs after the end of the Policy Term and within 180 days of the Accident, We shall pay the ADB Sum Assured/ early exit value or surrender value, as applicable for in-force/paid-up Policy in respect of the life on whom the contingent event has occurred. Upon such payment, the Policy will immediately and automatically terminate. No Death Benefit will be payable in this scenario.

This Benefit can be availed and will be payable subject to the following:

- ADB Cover option can be chosen only at the Policy Commencement Date by Policyholder / Working Spouse. The ADB Sum Assured can be chosen independently from the Sum Assured at Policy Commencement Date but cannot be more than the Sum Assured at the Policy Commencement Date for respective live(s).
- Irrespective of "Level Cover" or "Increasing Cover" Coverage Options opted under the Policy, the ADB Sum Assured will remain constant throughout the Policy Term.
- No ADB benefit is payable in case Policy/insurance coverage is in Lapsed/paid-up State.
- Upon diagnosis of Terminal Illness, ADB coverage, if any, on that life will automatically cease.

B. Accidental Total and Permanent Disability (ATPD) Benefit

Subject to applicable Exclusions specified in Part F and the Policy being in-force, if the Life Assured / Working Spouse suffers a ATPD due to an Accident, anytime during the Policy Term and at the time of such an event, his / her insurance coverage with respect to this benefit is in-force, the ATPD Benefit available shall be based on the option in force under the Policy as specified in the Policy Schedule:

- **ATPD Premium Protection Option:** Under this option, on occurrence of ATPD, all future Premiums payable for the life on whom the contingent event has occurred shall be waived off and all other coverages on this life shall continue as applicable for an in-force Policy. No ATPD benefit will be available if the Policy is in Paid-Up State. No ATPD Sum Assured is available under this Option.
- **ATPD Premium Protection Plus Option:** Under this option, on occurrence of ATPD, We shall (i) pay the ATPD Sum Assured in respect of the life on whom the contingent event has occurred; and (ii) all future Premiums payable for the respective life, including premiums payable for any other Optional In Built covers, shall be waived off and all other coverages on this life shall continue as applicable for an in-force Policy.

If the Policy is in Paid-Up State at the time of occurrence of an ATPD, the early exit value or surrender value as applicable shall be payable as lump sum. The benefit of waiver of all future Premiums will not be available under such condition.

If the Accident occurs before the end of Policy Term (including the last day of the Policy Term), but the ATPD caused by such Accident occurs after the end of the Policy Term but within 180 days of the Accident, We shall pay the ATPD Sum Assured/ early exit value or surrender value, as applicable in respect of the life on whom the contingent event has occurred.

This Benefit can be availed and will be payable subject to the following:

- ATPD Cover option can be chosen only at the Policy Commencement Date by Policyholder / Working Spouse.
- The ATPD Sum Assured can be chosen independently from the Sum Assured at the Policy Commencement Date but cannot be more than the Sum Assured at the Policy Commencement Date for the respective live(s).
- Only one of the two ATPD Optional In-Built Covers can be chosen.
- The ATPD Sum Assured will remain constant throughout the Policy Term.
- ATPD Sum Assured under Premium Protection Plus Option can only be paid in the form of lump sum payment.
- No ATPD benefit is available in case Policy/insurance coverage is in Lapsed/paid-up State.
- ATPD benefit is available only once during the Policy Term on a covered life.
- In case ATPD Cover option is chosen and the Sum Assured has been increased subsequently on (i) any of the Life Stage Events post Risk Commencement Date under the Policy, or (ii) Optional In-Built Covers such as Block Your Premium and/or Child Care Benefit are exercised, apart from increase in the Premium for Policy cover or increase in Premium for these additional coverages, Premium applicable for this in-built cover (ATPD Cover) will also increase as higher Premium will now be exposed to being waived-off upon occurrence of ATPD.
- Once future Premiums have been waived under this benefit, Block Your Premium benefit cannot be exercised, if opted, and the CCB benefit cannot be opted, on the life on whom the contingent event of ATPD has occurred.
- Upon diagnosis of TI, the ATPD coverage benefit, if any, on that life will automatically cease.

C. Critical Illness (CI)

Subject to applicable exclusion specified in Part F and the Policy being in-force, for Life Assured / Working Spouse, on whose life this benefit option has been opted, upon occurrence of covered Critical Illness Condition, where such occurrence happens within the Policy Term of the CI benefit, post completion of the Waiting Period and his/her insurance coverage with respect to this benefit is in-force and the life on whom the contingent event has occurred is alive at the expiry of the Survival Period, CI Sum Assured (as applicable at the time of such event) shall be payable as lumpsum.

If the specified Critical Illness is diagnosed before the end of Policy Term (including the last day of the Policy Term), but the Survival Period ends after the end of the Policy Term, the Critical Illness Sum Assured shall be payable in respect of the Life on whom the contingent event has occurred provided the Life assured survives the Survival Period following diagnosis of the said Critical Illness.

This Benefit can be availed and will be payable subject to the following:

- CI Cover option can be chosen only at the Policy inception by Policyholder / Working Spouse.

- The CI Sum Assured can be chosen independently from the Sum Assured but cannot be more than 50 lakhs or the Base Sum Assured for the respective live(s), whichever is lower.
- If ATPD benefit option is opted, then CI benefit option cannot be co-opted on the same life.
- CI Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.
- CI Sum Assured can only be paid in the form of lump sum payment.
- CI benefit is payable only once during the Policy Term on a given life.
- No CI benefit is payable in case Policy / insurance coverage is in lapsed/paid-up status. Upon diagnosis of Terminal Illness, CI coverage, if any, on that life will cease

D. Child Care Benefit (CCB)

Child Care Benefit (CCB) is an additional benefit payable on death of the Life Assured / Working Spouse and on happening of such an event the Age of the Life Assured's / Working Spouse's child is between 0 to 21 years (last birthday). The benefit will not be payable once the child is beyond 21 years of age. Child is necessary, for being able to opt for this benefit. CCB Cover, if not added at inception, can also be opted subsequently within one year from the date of the birth/legal adoption of the Life Assured's/Working Spouse's first child, provided Life Assured / Working Spouse did not have any children at the Policy Commencement Date. For the purposes of payment of the Child Care Benefit, the beneficiary shall be the Child of the Life Assured / Spouse nominated at the time of opting for this benefit.

Subject to applicable Exclusions specified in Part F, upon Death of the Life Assured / Working Spouse during the Policy Term, provided his/ her insurance coverage is in-force, We shall pay the CCB Sum Assured as lump sum in addition to the Sum Assured on Death payable, as applicable.

This Benefit can be availed and will be payable subject to the following:

- CCB Cover option can be chosen only at inception by Policyholder / Working Spouse, except on the birth/legal adoption of his/ her first child post Risk Commencement Date and within one year from the date of the birth/legal adoption of the first child, provided Life Assured / Working Spouse did not have any children at the Risk Commencement Date.
- CCB Benefit will only be available with Plan Option "Life Secure".
- The CCB Sum Assured can be chosen independently from the Sum Assured at inception but cannot be more than the Sum Assured opted and in force at inception of the Policy for the respective live(s).
- Where CCB is opted later on in the Policy Term, the cover will commence from the Policy Anniversary immediately following or coinciding with the acceptance of the request for adding the CCB, as per BAUP, subject to realisation of Premium payable in respect of the same.
- The Policy Term and Premium Payment Term for this benefit at the time of this benefit becoming effective shall be as below:

Policy Term (PT)/Premium Payment Term (PPT)	Plan Option – Life Secure
Policy Term for CCB Benefit	Lower of : Outstanding Policy Term of Death Benefit or [21 - Age at Entry of the Child] Minimum Policy Term for this benefit shall be subject to minimum Policy Term conditions applicable for the Plan Option "Life Secure"
Premium Payment Term for CCB Benefit	Capped at lower of outstanding PPT of the Death Benefit and Policy Term of the CCB benefit, subject to PPT Option being same as that for the Death Benefit. The PPT Option of CCB shall be same as PPT option chosen for Policy at policy inception. If the PPT Option chosen for Death Benefit is Limited Premium, the PPT option for CCB benefit will also be Limited Premium

The above-mentioned conditions shall be in respect of the Life Assured/Working Spouse with respect to whose life this benefit is getting added.

- The CCB Sum Assured will remain constant throughout the Policy Term and will be paid in the form of lump sum only.
- At the time of commencement of CCB benefit, the Life Assured / Working Spouse shall be less than or equal to Age 65 years (last birthday). Further, the insurance coverage shall be in-force, future Premiums should not have been waived-off (on account of ATPD benefit being triggered or upon diagnosis of TI) on the life on whom CCB is getting effected.
- No CCB benefit is payable in case Policy / insurance coverage is in Lapsed State.

E. Block Your Premium

Under this benefit, the premium rate applicable for the base Death Benefit of the Life Assured / Working Spouse at the Policy Inception will be blocked / fixed. The Policyholder / Working Spouse will have the option to increase their respective Sum Assured anytime during the first five Policy Years at the blocked premium rate, without any additional Underwriting and irrespective of the attained Age of the Life Assured / Working Spouse at the time of such increase.

The Sum Assured under this benefit can be increased by 25% / 50% / 75% / 100% of the Sum Assured as at Policy inception, for the respective live(s) and this percentage shall be chosen at Policy Inception.

Subject to Exclusions mentioned under Part F, once the coverage under this benefit has commenced, the BYP Sum Assured as applicable for Life Assured / Working Spouse will be payable as a lumpsum upon death of the Life Assured / Working Spouse during the Policy Term, provided his / her insurance coverage is in-force. The BYP Sum Assured payment is in addition to the payment of the Sum Assured on Death, as applicable.

This Benefit can be availed and will be payable subject to the following:

- Block Your Premium option can be chosen only at inception by the Policyholder / Working Spouse.
- This benefit is available under Plan Option “Life Secure” only, provided the Premium Payment Term (PPT) option chosen is Regular Premium and Coverage Option chosen is “Level Cover”.
- Life Assured / Working Spouse should have been accepted as a standard life at Policy inception to be able to opt for this benefit.
- Under this benefit, the extra Premium charged to block / fix the premium rate applicable at Policy inception, is payable for the full PPT, as specified in the Policy Schedule, in cases where BYP benefit become effective. Where this feature is not effective by the beginning of 6th Policy Year, then extra Premium charged in respect of this benefit will stop from the commencement of 6th Policy Year, for the life on whom this feature has been opted but not been exercised.
- The increase in Sum Assured under this benefit shall be effective from the Policy Anniversary coinciding or immediately following the date on which the request to increase the Sum Assured has been accepted by the Company, subject to realization of Premium payable in respect of the same.
- At the time of commencement of BYP benefit, the insurance coverage shall be in-force, future Premiums should not have been waived-off (on account of ATPD being triggered or upon diagnosis of TI) on the life on whom BYP is getting effected.
- The Policy Term (PT) of the Base Death Benefit should be more than or equal to 10 years.
- Both PT and PPT of BYP benefit shall be same as the outstanding PT and PPT of the base death benefit.
- The Premium payable in respect of additional benefit amount (i.e. BYP Sum Assured) shall be calculated basis the blocked premium rate and shall be payable over the PPT applicable for the BYP benefit.
- The premium rate under this benefit cannot be blocked for any of the Optional In-Built Covers. Upon diagnosis of terminal illness, any additional premium paid with respect to BYP benefit if not already exercised will be refunded to the policyholder/Life Assured and the same cannot be exercised further during the policy term

2. Premiums –

2.1 Payment of Premiums: The premium payment modes allowed are yearly, half-yearly, quarterly and monthly. For administrative purposes, in case of monthly premium payment mode policies, the Company may accept/collect three months' Premiums in advance at Policy inception within the same Financial Year for the Premium due in that Financial Year. However, where the Premium due in one Financial Year is being collected

in advance in the previous Financial Year, the Company may collect the same for a maximum period of three months in advance of the due date of the Premium. The Premium so collected in advance shall only be adjusted on the due date of the Premium.

2.2 Change in Premium Payment Mode: The Policyholder may change the Premium payment mode anytime during the PPT, however, the same shall be effective from the subsequent Policy Anniversary date, subject to application of modal factors. The request should be made at least 60 days prior to the Policy Anniversary from which the change will be effective. There is no fee for such alteration. The option to change the Premium payment mode is only available under Plan Option “Life Secure”.

2.3 Change in PPT Option from Regular Premium to Limited Premium: The Policyholder has an option to convert the outstanding Regular Premiums into any Limited Premium option available under the Plan Option without any charge / fee such that post exercising this option, the outstanding PPT will be decreased and is lower than the outstanding PPT before exercising this option. This change shall be effective from the subsequent Policy Anniversary which the Policyholder’s request to change the PPT Option has been accepted by the Company per its Board Approved Underwriting Policy and per the terms and conditions of the Policy. This option is only available under Plan Option “Life Secure” and shall be subject to no extra mortality rate-up being applicable on any benefit as on the Effective Date of Conversion. This option cannot be made effective in the first five Policy Years. Further, this option is not available where CCB or ATPD Benefit Cover has been chosen under the Policy.

2.4 Non-payment of Premium under both the Plan Options:

a. Plan Option: Life Secure:

Where future Premiums are not waived-off for any of the live(s) covered under the Policy, a Policy shall acquire Lapsed State at the expiry of Grace Period, if the Policyholder fails to pay due Premiums within the Grace Period. In case future Premiums have been waived-off for a particular life, all insurance coverage for this life will continue, as applicable for an in-force Policy, however, the insurance coverage of the other life, where applicable, will continue subject to payment of due Premiums in respect of this particular life. In case the due Premiums for the other life is not received within the Grace Period, all insurance coverage for this particular life will be in Lapsed State at the expiry of the Grace Period.

In case of Regular Premium policies, no coverage will be provided once the Policy is in Lapsed State in respect of a life insured for whom Premiums have not been received in full. Further, once the insurance coverage is lapsed for a life insured under the Policy, no benefit shall be payable upon request for termination of insurance coverage, or on the expiry of the Revival Period. If a Policy is in Lapsed State and the insurance coverage is not revived within the Revival Period, the insurance coverage shall terminate upon expiry of the Revival Period.

However, in case of a Limited Premium Policy, once the Policy is in Lapsed State (after having paid all the Premiums due for the first 2 consecutive Policy Years), an Early Exit Value shall be payable on the earliest of the following terminations respectively:

- Request for termination of lapsed Policy/insurance coverage; or
- Death of the Life Assured / Spouse; or
- End of Revival Period for the lapsed Policy/ insurance coverage.

Under this Option, Early Exit Values shall also be payable upon receiving a request for termination of an in-force Policy before all due Premiums have been received as per the chosen Premium Payment Term (PPT) specified in the Policy Schedule (however, after having received the Premiums due for the first 2 consecutive Policy Years). However, termination of insurance coverage in respect of the life for whom future Premiums have been waived, cannot be requested.

The Early Exit Value payable for each life, in respect of each benefit (where the same is in-force) shall be calculated separately as follows –

$$50\% * [\text{Premiums paid} * \text{Unexpired Term/Policy Term}] * [\text{Premiums Paid/Total Premiums Payable}]$$

Where:

- Premiums Paid, Unexpired Term and Policy Term shall be as applicable for a given benefit for a given life.

- Unexpired Term is the Policy Term *less* complete number of Policy Years, as applicable for a given benefit (in respect of a given life) for which Premiums have been received in full.
- Premiums Paid shall be the total of all the Premiums received for a given benefit (in respect of a given life), including the premiums paid for in-built options and excluding the corresponding underwriting extra premiums and taxes.
- Where the PPT option has been changed from Regular Premium to Limited Premium, the Premiums Paid, as applicable for a given benefit (in respect of a given life), will only include Premiums paid from the Effective Date of Conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the Effective Date of Conversion and Unexpired Term will be calculated basis this revised outstanding policy term and complete number of Policy Years for which limited Premiums have been paid, as applicable for a given benefit (in respect of a given life).

Early Exit Values are not available for Regular Premium Policy.

Early Exit Value will be applicable under the Policy except in the following cases:

- Early Exit Value of benefits cannot be requested in respect of the life for whom future Premiums have been waived off.
- In case the Spouse of the Life Assured is covered and they are subsequently divorced and the Policyholder chooses to stop the benefits contingent on the life of the Spouse, subject to submission of adequate documentation of divorce requested by the Company, the Premium payable in respect of Spouse benefit would stop, any cover pertaining to the life of the Spouse will cease to exist and the corresponding Early Exit Value, if any, would be payable to the Policyholder. The benefits available on the life of the Life Assured will continue, provided due Premiums applicable for Life Assured are received by the Company. Once reduced, the Premium shall be level throughout the remaining Premium Payment Term.

Upon payment of Early Exit Value in respect of a life, all benefits for that life under this Policy will cease.

b. Plan Option: Life Secure with Return of Premium:

Policy shall acquire Lapsed State at the expiry of Grace Period if the Policyholder fails to pay due Premiums within the Grace Period in the first 2 consecutive Policy Years. Once the Policy is in Lapsed State, no benefit shall be payable upon death or upon request for termination of the Policy by the Policyholder or on the expiry of the Revival Period. If a Policy in Lapsed State is not revived within the Revival Period, it shall terminate upon expiry of the Revival Period.

Further, in case of Limited Premium in-built options, once the Policy/ insurance coverage is in paid-up status (after having paid all the premiums due for the first 2 consecutive Policy Years), an Early Exit Value shall be payable for in-built options on the earliest of the following terminations:

- Request for termination of the lapsed Policy/ insurance coverage; or
- Death of the Life Assured / Spouse; or
- End of Revival Period for the lapsed Policy/ insurance coverage.

Early Exit Values shall also be payable upon receiving a request for termination of an in-force Policy before all due Premiums have been paid as per the chosen PPT (however, after having paid all the premiums due for the first 2 consecutive Policy Years). However, termination of insurance coverage in respect of the life for whom future premiums have been waived, cannot be requested.

The Early Exit Value payable for each life, in respect of in-built options benefit (where the same is in-force) shall be calculated separately as detailed below:

$$50\% \times [\text{Premiums Paid} \times \text{Unexpired Term/Policy Term}] \times (\text{Premiums Paid/Total Premiums Payable})$$

Where,

- Premiums Paid, Unexpired Term and Policy Term shall be as applicable for a given benefit for a given life.
- Premiums Paid shall be the total of all the premiums received for in-built options and excluding the corresponding underwriting extra premiums and taxes.
- Unexpired Term shall be calculated as Policy Term less complete number of Policy Years for which premiums have been paid, as applicable for a given benefit (in respect of a given life).

- Where the PPT Option has been changed from Regular Premium to Limited Premium, the Premiums Paid, as applicable for a given benefit (in respect of a given life), will only include premiums paid from the effective date of conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the effective date of conversion and Unexpired Term will be calculated basis this revised outstanding policy term and complete number of policy years for which limited premiums have been paid, as applicable for a given benefit (in respect of a given life).

Note that Early Exit Values are not applicable for Regular Premium in-built options.

Early Exit Value of benefits cannot be requested in respect of the life for whom future premiums have been waived off.

Upon payment of Early Exit Value in respect of a life, all benefits attaching to that life under this Policy will cease.

Special Exit Value

a. Life Secure

Under “Life Secure” Plan Option, a Special Exit Value benefit is available wherein the Total Premiums Paid, excluding the Premiums paid for the Optional In-Built Covers (if any), will be returned to the Policyholder, if the Policyholder surrenders his/her Policy in any policy year greater than 25, excluding during the last 5 policy years.

The following Conditions are applicable for Special Exit Value benefit:

- The Policy has to be in-force at the time of availing this benefit.
- This benefit is not available where the Maturity Attained Age is more than 85 years.
- This benefit is not available on the Policy where Spouse cover is applicable.
- This benefit cannot be availed post occurrence of the contingent event applicable under Optional In-Built Covers where in future Premiums have been waived-off or upon diagnosis of TI
- The Policy will terminate after payment of this benefit. If any Optional In-Built Covers have been chosen, their Early Exit Value or Surrender Value (as applicable), will be paid and their risk cover will terminate.

b. Life Secure with Return of Premium

No Special Exit Value is available under this Plan Option.

Payment of Benefits

Subject to the terms and conditions of the Policy, the Death benefit under this Policy shall be payable as follows:

Plan Option	Benefit Trigger / Type	Recipient of Benefit
Life Secure	Death Benefit contingent on death of the Life Assured	(i) the Assignee , to the extent of the assignment, where the Policy has been validly assigned in accordance with applicable laws; or (ii) the Policyholder , where the Policyholder and Life Assured are different and there is no subsisting assignment; or (ii) the Nominee(s) , where the Policyholder and Life Assured are the same and there is no subsisting assignment; or (iii) the legal heir/legal representative/succession certificate holder of the Policyholder , as applicable, where the Policyholder is deceased and there is no valid Nominee.
	Death Benefit contingent on death of the Spouse	(i) the Assignee , to the extent of the assignment, where the Policy has been validly assigned in accordance with applicable laws; or (ii) the Policyholder , where there is no subsisting assignment; or

		(iii) the Nominee(s) , where the Policyholder has expired before the Spouse; or (iv) the legal heir/legal representative/succession certificate holder of the Policyholder , as applicable, where there is no valid Nominee.
Life Secure with Return of Premium	Death Benefit contingent on death of the Life Assured	i) the Assignee , to the extent of the assignment, where the Policy has been validly assigned in accordance with applicable laws; or (ii) the Policyholder , where the Policyholder and Life Assured are different and there is no subsisting assignment; or (iii) the Nominee(s) , where the Policyholder and Life Assured are the same and there is no subsisting assignment; or (iv) the legal heir/legal representative/succession certificate holder of the Policyholder , as applicable, where the Policyholder is deceased and there is no valid Nominee.

3. **Grace Period:** You are required to pay Premium on or before the Premium payment due date. However, you are provided with a Grace Period, from Premium due date to pay due Premium. During the Grace Period, you will be entitled to all benefits under the Policy. In the event of death / disability / diagnosis of Terminal Illness during the Grace Period, the Company will deduct any due unpaid Premium(s), before paying the benefits to the Claimant subject to the terms and conditions mentioned herein. During the Grace Period, the Policy is considered to be in-force.

The Grace Period will also be applicable on the Premium(s) payable for any Optional In Built Cover(s) that have been opted for by You.

PART D

4. Paid-Up

A. Plan Options: Life Secure

This Plan Option does not offer any Paid-Up value as this is a pure protection Plan Option.

B. Plan Option: Life Secure with Return of Premium

After payment of at least first Policy Year' Premium in full, if any subsequently due Premium is not paid on the due date or within the Grace Period, the Policy shall acquire a Paid-Up State. Once the Policy is in Paid-Up State and provided the Policy is not surrendered, the Policyholder will receive the Paid-Up Sum Assured as applicable in the contingent event covered, survival or maturity corresponding to the Paid-Up State, as defined in Part C being the Benefits section of this Policy document.

5. Surrender:

A. Plan Option: Life Secure

In case of Limited Premium policies, the surrender benefit will be available after payment of all Premiums due under the Policy as per the chosen PPT. No Surrender Value is payable in case of Regular Premium policies.

The surrender value payable for each life, in respect of each benefit (where the same is in-force), shall be calculated separately as detailed below:

PPT Option	Surrender Value Payable
Limited Premium	50% x Premiums paid x [Unexpired Term / Policy Term]
Regular Premium	Not Applicable

Where:

- Premiums Paid, Unexpired Term and Policy Term shall be construed as applicable for a given benefit for a given life.
- Unexpired Term is the complete number of outstanding Policy Years as applicable for a given benefit, (in respect of a given life).

- Premiums Paid shall be the total of all the Premiums received for a given benefit including premiums paid for the Optional In-built Covers (if any) (in respect of a given life), excluding the corresponding underwriting extra premiums and taxes.
- Where the PPT Option has been changed from Regular Premium to Limited Premium, the Premiums paid, as applicable for a given benefit (in respect of a given life), will only include Premiums paid from the Effective Date of Conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the Effective Date of Conversion and Unexpired Term will be calculated basis this revised outstanding policy term, as applicable for a given benefit (in respect of a given life).

Surrender will be applicable for full Policy except in the following cases:

- Where future Premiums have been waived-off under the policy for a specific life, i.e. Life Assured or Working Spouse
- In case the Spouse of the Life Assured is covered and they are subsequently divorced, the Policyholder can choose to stop the benefits contingent on the life of the Spouse (by providing adequate documentation of divorce as requested by the Company) in which case the Premium payable in respect of Spouse benefit would stop, any cover pertaining to the life of the Spouse will cease to exist and the corresponding Surrender Value, if any, would be payable to the Policyholder. However, benefits available on the life of the Life Assured will continue, provided due Premiums applicable for Life Assured are paid. Once reduced, the Premium shall be level throughout the remaining Premium Payment Term.

Upon payment of Surrender Value in respect of a life, all benefits attaching to that life under this Policy will cease and the Policy shall stand terminated.

B. Plan Option: Life Secure with Return of Premium

The Surrender Value payable shall be higher of Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV).

The Policy acquires Guaranteed Surrender Value (as defined below) after receipt of at least first 2 consecutive Policy Years' Premiums in full.

Guaranteed Surrender Value (GSV) = B * Total Premiums Paid.

Where Factor B is as provided in **Annexure 7** and is guaranteed for the entire Policy Term.

Special Surrender Value (SSV) - The Special Surrender Value (SSV) shall become payable after completion of first Policy Year provided one full Policy Year's Premium has been received by Us. Special Surrender Value SSV is determined by the Company from time-to-time basis changing economic scenario. The Company may revise SSV, based on the prevailing market conditions. Any change in the methodology/formula for calculating the SSV shall be subject to IRDAI approval.

In case of Optional In-Built covers, for Limited Premium policies, Early Exit Value will be available after payment of all premiums due under the Policy as per the chosen Premium Payment Term. No surrender value is payable in case of Regular Premium policies.

PPT Option	Surrender Value Payable
Limited Premium	50% x Premiums paid x [Unexpired Term / Policy Term]
Regular Premium	Not Applicable

Where,

- Premiums Paid, Unexpired Term and Policy Term shall be as applicable for a given benefit for a given life.
- Premiums Paid shall be the total of all the premiums received for the Optional In-Built Covers (in respect of a given life), excluding the corresponding underwriting extra premiums and taxes.
- Unexpired Term shall be calculated as the complete number of outstanding Policy Years, as applicable for a given benefit (in respect of a given life).
- Where the PPT Option has been changed from Regular Premium to Limited Premium, the Premiums Paid, as applicable for a given benefit (in respect of a given life), will only include premiums paid from the effective date of conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the

effective date of conversion and Unexpired Term will be calculated basis this revised outstanding policy term, as applicable for a given benefit (in respect of a given life).

Surrender of benefits cannot be requested and no Surrender Value is due in respect of the life for whom future premiums have been waived-off.

Upon payment of Surrender Value in respect of a life, all benefits attaching to that life under this Policy will cease and the Policy will stand terminated.

6. Revival

You may revive the Policy in Lapsed State or Paid-Up State by giving Us a request and paying all due unpaid installments of Premium with interest at the rate specified by Us subject to completing other requirements as may be stipulated by Us, within the Revival Period of five (5) years from the date of the first un-paid Premium and during the Policy Term provided no claim has arisen under the Policy due to the death of the Life Assured/ Spouse. You shall provide the evidence of insurability and health of the Life Assured/ Spouse to Our satisfaction. We reserve the right to Revive the Policy either on its original terms or on modified terms as per Board Approved Underwriting Policy, which decision will be final and binding on You. The Revival will be effective from the date when We communicate the same to You. In case the request for Revival is rejected, the Premium paid towards the revival including interest paid for the Revival would be refunded to You. On Revival, the benefits under the Policy, would be reinstated as per the terms & conditions of the Policy.

The basis for determining the interest rate, is the average of the daily rates of 10-Year G-Sec rate over the last five calendar years ending 31st December every year rounded to the nearest 50 bps plus a margin of 100 bps. Any change in the basis of this interest rate will be subject to appropriate approvals of the Authority. The applicable interest rate for the Financial Year 2024-25 is 8.50% per annum. The Company undertakes the review of the interest rates for revivals on 31st December every year with any changes resulting from the review being effective from the 1st of April of the following year.

7. Policy Loan

There are no loans available in this Policy.

8. Termination of Policy :

The Policy shall stand terminated in case of the following events:

- In case Premiums due have not been paid during Revival Period.
- Upon receipt of claim of Death Benefit/ CCB Benefit/ ADB Benefit.
- In case the Policy includes Spouse life, upon receipt of claim of Death Benefit/ CCB Benefit/ ADB Benefit for the surviving Life Assured.
- In case of misstatement of Age, fraud, misrepresentation or forfeiture.
- On maturity of the Policy.
- On receipt of request for payment of Surrender Value/ Early Exit Value/Special Exit Value.
- On the date when the Company receives a valid free-look cancellation request.
- On the date of intimation of repudiation of the death claim in accordance with the terms and conditions of the Policy.

9. Transfer of Policy

All options, rights, and obligations under this Policy shall vest in the Policyholder and shall be exercised or discharged by the Policyholder. In case of the death of the Policyholder, the Policy shall be transferred upon intimation thereof to the Company as follows:

(i) Where the Policyholder and the Life Assured are different and the Policyholder dies, the Policy shall be transferred to the Life Assured upon receipt of due intimation of death along with supporting documents as required by the Company, provided the Life Assured is a major. Thereafter, Life Assured shall become the Policyholder and will be entitled to all benefits and be subject to all liabilities as per the terms and conditions of the Policy.

(ii) If the Life Assured is a minor, the Policy shall vest in the guardian of the minor's Life Assured until the Life Assured attains the age of majority. Upon attaining majority, the Policy shall be transferred to the Life Assured in the same manner as applicable to a major Life Assured. The Life Assured cum Policyholder can register due nomination as per Section 39 of the Insurance Act, 1938.

10. Free-look period: If the Policyholder does not agree with the terms and conditions of the Policy or otherwise & has not made any claim, they shall have the option to request for cancellation of the Policy by returning the Policy Document (if issued physically upon request) along with a written request stating the reasons for non-acceptance to the Company within the free-look period of 30 days from the date of receipt of the Policy Document, whether received electronically or otherwise (whichever is earlier). The refund of the premium will be paid subject to deduction of the proportionate risk premium for the period of cover, Stamp Duty charges and expenses incurred on medicals (if any).

11. Value Added Services

i. Health & Wellness Benefits

This includes access to a suite of health and wellness services such as teleconsultations, affordable diagnostics & Screening, health assessments, wellness programs, discounted ambulance services, fitness & wellness subscriptions and related services.

This benefit option is available subject to the following conditions:

- These services are applicable only if the policy is in force with all due premiums paid to date
- .
- These Services shall be directly provided by third party service provider(s) as per their prevailing terms and conditions. The Company merely acts as a facilitator of these services to Life Assured.
- The company shall not be liable for any services or actions of the third-party service providers including but not limited to deficiency in services / malpractices / negligence / lapses or otherwise.
- The Life Assured may exercise at their own discretion to avail the Services and/or follow the course of treatment suggested by the service provider.
- For ongoing health concerns, the Company always recommends consulting directly with your Medical Practitioner.
- The Company reserves the right to discontinue these Services or change the service provider (s) without any intimation and at any time.
- The services shall be accessible for a fixed duration, as defined by the Company or for the policy term, whichever is lower.
- The services can be availed (subject to availability) after the completion of free look period of 30 days provided the policy is in-force premium paying or fully paid-up at the time of availing the service.

Caution against Fraudulent Activity:

- The use of the wellness benefits under the policy shall be with good intent and integrity. The Life Assured and / or the Policyholder shall not encourage, indulge or act in connivance with any person involved in any fraudulent activity regarding the use of the benefits under the policy, whether directly or indirectly, for generating personal revenue. The Life Assured and the Policyholder agree to not use the platform or the services provided therein for generating personal gain or any commercial / public use, directly or indirectly, whatsoever.
- An act may be defined as a fraudulent activity as per Company/ service provider's internal policies subject to extant laws. Such acts may include but are not limited to any misrepresentations, concealment of facts and furnishing of incorrect information by the Life Assured and/or Policyholder.
- In the event of any fraudulent activity being carried out, the Company/ service provider shall be entitled to seek any and all remedies available under law. Additionally, the service provider shall permanently suspend the use of the benefits under the policy, and not honor any service request, including any pending requests.
- Any fraud or misrepresentation identified will cease Health Management & Wellbeing services. The base policy benefits shall continue and any Premiums due will continue to be payable on the respective due dates.

ii. Insta Payout on Claim Intimation due to Death

Under this benefit, on receipt of intimation of death after completion of 3 years from the date of policy issuance or revival, an accelerated benefit shall be payable within 1 working day from claim registration date provided all mandatory documents are submitted. The subsequent pay out shall be made after the claim is approved. The insta payout shall be higher of Rs. 1 lakh or 2% of Base Sum Assured.

This benefit option is available subject to the following conditions:

- The benefit can only be availed if the policy is in-force.
- The Insta Payout benefit is subject to preliminary document verification; the Company reserves the right to

withhold or defer such payout in case of incomplete documentation or if further verification is required.

- The benefit is payable post a minimum waiting period of 3 years from the inception of the policy or revival.
- On receipt of intimation of death, a payment as applicable is payable as Insta Payment on Claim Intimation. The balance Death benefit shall be payable at the time of claim settlement.
- In the event of death of the life insured during the Premium Deferment benefit the Company will first deduct the deferred amount from above applicable accelerated death benefit and pay the balance, if any.

iii. Premium Deferment

If the policy has completed at least five (5) years from the risk commencement date and all the due premiums have been received in full and the policy is in force, then, the policyholder upon submitting a prior written request to the Company at least 30 days (15 days in case of monthly mode) before the next policy anniversary, the policyholder shall be allowed to have a Premium Deferment benefit under the policy for a period extending up to 12 months from the due date of first unpaid premium ("Premium Deferment benefit period").

During this Premium Deferment benefit period, the premium (including any additional premium for the other inbuilt benefits, any underwriting extra premium, loadings for modal premiums, applicable taxes, cesses and levies, etc. if any) due and payable for the said period shall be deferred ("deferred amount") but the risk cover under the policy shall continue as per the terms and conditions of the policy. In case of any claim under the policy on the happening of any insured event during this period, the Company shall pay the eligible claim under the policy after deducting all the deferred Amount.

This benefit option is available subject to the following conditions:

- The policyholder shall be required to submit a written request at least 30 days (15 days in case of monthly premium paying mode and 30 days in case of other modes) in advance each time, the policyholder intends to opt for the above benefit. If a premium (including applicable taxes, cesses and levies, etc. if any) remains unpaid with no prior request, the policy shall be subject to the lapse/paid-up at the end of the grace period.
- If Premium Deferment option is exercised, it shall continue for maximum of 12 consecutive policy months i.e., one Premium Deferment shall mean 1 annual premium, 2 half-yearly premiums, 4 quarterly premium or 12 monthly premiums, as the case may be
- There shall be a gap of at least 5 Policy Years between two Premium Deferment Benefit Periods.
- If the policyholder exercises the Premium Deferment benefit in the last 5 years of the Policy Term, then the next Premium Deferment benefit shall not be allowed.
- The Premium Deferment benefit shall not be available during the last policy year of the premium payment term.
- The policyholder shall pay the deferred amount at the end of or during the Premium Deferment benefit period to ensure continuance of the risk cover under the policy.
- In case the above outstanding amounts are not paid within 30 days (15 days in case of monthly premium paying mode and 30 days in case of other modes) of the commencement of the next policy year after expiry of the Premium Deferment benefit period, the policy shall be subject to lapse/paid-up
- Further, the Company shall be entitled to recover the deferred amount from the benefits payable under the policy from the policyholder.
- During the above Premium Deferment benefit period, the policyholder may surrender the policy anytime, however, payments by the Company, if any, shall be first adjusted towards the deferred amount.

iv. Online Will Preparation

The product offers an option to the life assured/working spouse to prepare his/her will online for free with a simple, guided process by documenting how your assets should be managed and distributed, appoint guardians if needed, and ensure your wishes are legally recorded..

This benefit option is available subject to the following conditions:

- These services are complementary and offered at no additional cost to the policyholder.
- These Services shall be directly provided by third party service provider(s) as per their prevailing terms and conditions. The Company merely acts as a facilitator of these services.
- The company shall not be liable for any services or actions of the third-party service providers including but not limited to deficiency in services / malpractices / negligence / lapses or otherwise.
- The Life Assured may exercise at their own discretion to avail the Services and/or follow the steps suggested by the service provider.
- The Company reserves the right to discontinue these Services or change the service provider (s) without any

further intimation and at any time.

- The services shall be accessible for a fixed duration, as defined by the Company or for the policy term, whichever is lower.
- The services can be availed (subject to availability) after the completion of free look period of 30 days provided the policy is in-force premium paying or fully paid-up at the time of availing the service.
- This service is being provided through an independent third-party service provider (“Service Provider”) and is not affiliated with, endorsed by, or associated in any manner with Canara HSBC Life Insurance Company Limited. The Company does not develop, control, administer, or supervise the services rendered by the Service Provider and makes no representations, assurances, or warranties of any kind (whether express or implied) regarding the accuracy, completeness, enforceability, legality, or appropriateness of any will, document, or output generated through such platform.
- Any information, personal data, or sensitive details shared, submitted, or transmitted by the Life Assured or the Working Spouse to the Service Provider shall be done entirely at their sole discretion and risk. The Company shall have no access to, visibility over, or control of such data, and shall not be responsible or liable in any manner for data privacy, confidentiality, security breaches, misuse, loss, or unauthorized disclosure of such information by the third-party service provider.
- The Life Assured / Working Spouse shall acknowledge and agree that all interactions, transactions, and reliance on services provided by the Service Provider are undertaken independently and at their own risk, and the Company shall bear no liability whatsoever (whether direct, indirect, incidental, consequential, or otherwise) arising out of or in connection with the use of or reliance on such third-party services.
- Any Personal information inputted on the third-party service provider’s website shall be governed as per their Privacy policy which shall include but not limit to its purpose, usage and retention. Further technical and organizational measures deployed towards ensuring its Confidentiality, Integrity and Availability shall be in line with the third-party service provider’s Information & Cyber Security Policy. Consequently, the Company shall not be responsible or liable in any manner for any data privacy or security breaches, misuse, loss, or unauthorized disclosure of such information by the third-party service provider.

PART E

- 12. Charges:** There are no explicit charges under this Policy.

PART F- General Conditions

- 13. Assignment:** Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. The entire Section 38 is reproduced and enclosed in **Annexure 3**.

- 14. Nomination:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. The entire Section 39 is reproduced and enclosed in **Annexure 4**.

- 15. Amendment:** We reserve the right to alter or delete amend the terms and conditions of the Policy, including the benefits with appropriate approvals. The terms of the Policy may also stand modified from time to time, to the extent of changes in applicable laws or regulations affecting the terms and conditions of the Policy.

- 16. Policy Currency:** All Premiums and benefits payable shall be paid in Indian Rupees only.

- 17. Misstatement of Age:** The Age of the Life Assured and/or Spouse has been derived on the basis of the Proposal Form and/or in any statement, supporting document/proof submitted by You in this regard. If the date of birth of the Life Assured and/or Spouse has been misstated and as a result if You have paid less Premium(s) than what would have been payable for the correct Age, We will be entitled to charge and You will be obliged to pay for such Premium difference since the Risk Commencement Date without interest. In case of termination of the Policy, any unpaid balance will be adjusted from the benefit payout. If the date of birth of the Life Assured has been misstated and as a result if You have paid higher Premium(s) than what would have been payable for the correct Age, We will refund the excess Premiums without any interest. If at the correct Age, the Life Assured was not insurable according to our requirements, We reserve the right to pay the Premiums paid till date post deduction of any relevant cost, expenses or charges as applicable and terminate the Policy in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.

18. Compliance with Laws: You will be responsible to comply with all applicable laws including regulations or taxation laws and payment of all applicable taxes in respect of the Premium, charges and benefits or other payouts made or received under the Policy. We are entitled to make such deductions and/or levy such charges, present and/or future which in Our opinion are necessary and appropriate, from and/or on the Premium(s) payable or charges or benefits under the Policy on account of any income tax, withholding tax or other tax, cess, duty or other levy which is or may be imposed in relation to the Policy under any applicable law or otherwise upon Us, You or the Claimant. We will not be liable for any taxes on any of Your or Claimant's personal income. You are responsible for complying with Your tax obligations (including but not limited to, tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes in all jurisdictions in which Your tax obligations arise and relating to the services provided by Us). We do not provide any tax related advice, and You are advised to seek an independent legal and/or taxation advice.

Policy issuance and Communication: We will issue the Policy Document in accordance with the applicable laws and regulations. We will send the communication or notices to You either in physical or electronic mode (including SMS) at Your registered address/ email id or registered mobile number provided by You in Proposal Form or otherwise notified to us. . In case the Policy Document is dispatched/shared by more than one mode, then receipt in any one mode, or whichever mode is delivered earlier shall be considered the date of receipt of the Policy Document. Any change in the contact details or communication address such as registered address/ email or registered mobile number of Policyholder or Claimant must be notified to Us immediately via any communication mode mentioned in the Policy.

19. Replacement of Policy Document (only applicable in cases where Policy Document is issued physically upon policyholder's request): We will replace a lost Policy Document if We are satisfied that it is lost, but We reserve the right to make investigations and to call for evidence of the loss of the Policy Document. If We issue a Policy Document to replace the lost Policy Document, then;

A) The Policy Document will cease to be applicable, and You agree to indemnify Us from any and all losses, claims, demands or damages arising from or in connection with the Policy Document.

B. You will not be entitled to any free-look period cancellation on the duplicate Policy Document issued. However, We may permit free-look period cancellation in cases where after investigation, it is evident that You did not receive the Policy Document

C. No charge/fee will be levied for replacement of Policy Document.

20. Exclusions:

A. Suicide Clause: In case of death of Life Assured / Spouse due to suicide within 12 months from the date of commencement of risk under the Policy or from the date of revival of the Policy, as applicable, the nominee/claimant shall be entitled to at least 80% of the Total Premiums Paid till the date of death for their respective cover or their respective early exit value / surrender value available as on the date of death whichever is higher, provided the policy is in-force / paid-up.

B. Exclusions for Accidental Death Benefit Cover: Accidental Death arising directly or indirectly from any of the following are specifically excluded:

- a. Taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot.
- b. Flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
- c. Self-inflicted injury, suicide or attempted suicide-whether sane or insane
- d. Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered Medical Practitioner.
- e. Service in any military, air force, naval or paramilitary organization.
- f. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
- g. Taking part in any strike, industrial dispute and riot.
- h. Taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
- i. Exposure to Nuclear reaction, biological radiation or nuclear or chemical contamination.

C. Exclusions for ATPD Benefit Cover: No benefit will be payable in respect of any of the conditions covered

under the ATPD Cover, arising directly or indirectly from, through or in consequence of the following exclusions:

- a. Taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot.
- b. Flying in any kind of aircraft, other than as a Bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
- c. Self-inflicted injury, suicide or attempted suicide-whether sane or insane.
- d. Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered Medical Practitioner.
- e. Service in any military, air force, naval or paramilitary organization.
- f. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
- g. Taking part in any strike, industrial dispute, riot.
- h. Taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
- i. Exposure to Nuclear reaction, Biological, radiation or nuclear, biological or chemical contamination.

In case ATPD benefit is claimed but is not admissible due to any of the exclusion clause(s) applicable for ATPD, then the ATPD benefit would not be payable. However, the benefits payable on other events covered under the Policy will continue.

D. Exclusions for Critical Illness Benefit

Critical Illness benefit will not be payable if the Critical Illness Condition occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- Any Pre-existing condition* or physical condition, 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.
- Intentional self-inflicted injury, suicide or attempted suicide.
- For any medical conditions suffered by the Life Assured or any medical procedure undergone by the Life Assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
- Engaging in or taking part in hazardous activities**, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee jumping; underwater activities involving the use of breathing apparatus or not;
- Participation in a criminal or unlawful act with criminal intent;
- For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
- 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;
- For any medical condition or any medical procedure arising from participation 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.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder. In case any Internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per terms and conditions.

*Pre-existing Disease means any condition, ailment, injury or disease:

That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or;

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

This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception or at reinstatement.

**Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Life Assured whether he is trained or not.

In case CI benefit is claimed but is not admissible due to any of the exclusion clause(s) applicable for CI, then the

CI benefit would not be payable. However, the benefits payable on other events covered under the Policy will continue.

21. Claim Procedures:

A. Death Benefit Claim Procedure:

In the event of death of the Life Assured/Spouse, other than due to Accident, to register the claim, the Claimant shall endeavor to inform in writing immediately within a period of 90 days of such death through the Claim Form along with the following documents:

- Policy Document
- Death certificate issued by Government authority;
- Attested copy of photo identity and address proof of the Claimant and Life Assured / Spouse;
- Company Specific Claim formats duly completed and signed – Claim Form, Physician's Statement, Treating Hospital Certificate in case of hospitalization, Employer Certificate;
- Hospital records/other medical records in case of hospitalization;
- Post-mortem/ chemical viscera report, wherever conducted
- Cancelled cheque/ Bank Passbook (Bank Account details) of Nominee/ Beneficiary;
- Post-mortem/ chemical viscera report (if conducted);
- Police Records - First Information Report, Panchnama, Police Investigation Report, and Final Police Report only in case of unnatural death.

In case of Death outside India aside above mentioned documents we would also require death certificate verified Indian Embassy (Located in the country of death), Embalming certificate.

B. Survival / Maturity Benefit Claim Procedure:

In case of Maturity Benefit payout, following documents are required by us to process the claim:

- a) Bank account details for money transfer (in case the same are not updated),
- b) With respect to NRI/NR customers, documentation on FEMA compliance or such applicable law,
- c) Any other documents including KYC as may be required.

C. ATPD Benefit Claim Procedure:

In the event of the ATPD of the Life Assured/Spouse to register the claim under the Policy, the Claimant will endeavor to inform Us in writing immediately within a period of 90 days of such incident through the Claim Form along with the following documents:

- i) Original Policy Document
- ii) Attested copy of photo identity and address proof of the Claimant
- iii) Bank Details of the claimant – Cancelled cheque (with printed name and account number)/bank passbook and NEFT Form
- iv) Company Specific Claim formats duly completed and signed – Claim Form, Disability Certificate by attending Physician, Rehabilitation Certificate - if applicable,
- v) Attested True Copy of Indoor Case Papers of the Hospital
- vi) All related Hospital reports/other medical reports, Discharge Summary of Hospitalization
- vii) All Police reports - First Information Report, Final Investigation Report

D. Accidental Death Benefit Claim Procedure:

In the event of death of the Life Assured/Spouse due to Accident, to register the claim, the Claimant shall endeavor to inform in writing immediately within a period of 90 days of such death through the Claim Form along with the following documents:

- Death certificate issued by Government Authority;
- Attested copy of photo identity and address proof of the Claimant and Life Assured / Spouse;
- Company specific claim formats duly completed and signed – claim form, physician's statement, treating hospital certificate, employer certificate;
- Hospital records/other medical records;
- Post-mortem/ chemical viscera report;\
- Police Records – First Information Report, panchnama, police investigation report, and final police report for the Accidental Deaths.

E. Terminal Illness Claim Procedure:

In the event of the Terminal Illness of the Life Assured/Spouse to register the claim under the Policy, the Claimant will endeavor to inform in writing immediately within a period of 30 days of such incident through the Claim

Form along with the following documents:

- i. Attested copy of photo identity and address proof of the Claimant and Life Assured / Spouse;
- ii. Company specific claim formats duly completed and signed – claim form, physician's statement, treating hospital certificate, employer certificate;
- iii. Hospital records/other medical records.
- iv. A certificate from the treating consultant regarding the life expectancy of the insured is necessary. Additionally, a second opinion from another medical practitioner on diagnosis and life expectancy should also be obtained.

If We do not receive the notification of the above – mentioned claim category(s) within 90 days, we may condone the delay if We are satisfied that the delay was for reasons beyond the Claimant's control and pay the claim specified under the Policy to the Claimant.

We reserve the right to call for such additional documents or information, including documents/ information concerning the title of the Claimant, to Our satisfaction for processing the claim.

Any claim intimation to Us must be made in writing and can be submitted at Hub locations. For latest Hub locations list, please refer to Annexure 2.

Alternatively, claim can be submitted through following modes:

- Email and Courier Options: Claimants can send the required documents via email at claims.unit@canarahsbclife.in or courier at Canara HSBC Life Insurance Company Limited, 139 P, Sector 44, Gurugram -122003
- Digital Submission via Mobile App: Claimants can use our Mobile App for a seamless digital submission process

Any change in the address or details above will be communicated by Us to You. For further details on the process, please visit our claims section on our website <https://www.canarahsbclife.com/customer-service/claims>. Our liability under the Policy will be automatically discharged on payment to the Beneficiary / Claimant. Turn Around Time (TAT) for death claims settlement:

Death claim, except in cases warranting investigation	Within 15 days from the date of intimation of claim
Death claim warranting investigation	Within 45 days from the date of intimation of claim

22. **Electronic transactions:** In conducting electronic transactions, in respect of this Policy, You will comply with all such terms and conditions as prescribed by Us. Such electronic transactions are legally valid when executed in adherence to such terms and conditions and will be binding on You.
23. **Governing Law and Jurisdiction:** The Policy and all disputes arising under or in relation to the Policy will be governed by and interpreted in accordance with Indian law and by the Indian courts.
24. **Fraud and Mis-statement:** Fraud and mis-statement would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938, as amended from time to time, which provisions are enclosed in Annexure 5.
25. **Travel And Occupation:** There are no restrictions on travel or occupation under this Policy.
26. **Policy Servicing:** We endeavor to ensure that You receive Our best service in relation to the Policy. If You wish to avail any support or assistance in relation to the Policy, please get in touch with our Resolution center: 1800-103-0003 / 1800-891-0003 or SMS Us at +917039004411 or write to Us at customerservice@canarahsbclife.in and Our representative will contact You at Your convenience.

Turn Around Time (TAT):

- Free-look cancellation - Within 7 days from date of request or last necessary document received

- Surrender – Within 7 days from date of request or last necessary document received
- Survival payouts – on or before due date. Survival / Maturity Benefit shall be payable subject to the availability of valid and complete bank account details registered with the Company. The Beneficiary is responsible for ensuring that such details are accurate and kept updated with the Company at all times

27. **Confidentiality:** All information collected in relation to this Policy during solicitation or subsequently shall be kept confidential in accordance with applicable data protection laws and shall not be shared with any third party without Your consent except where such information/documentation is required to be shared with statutory authorities or for underwriting/claims/reinsurance, or with any IRDAI authorized institutions.

PART G

28. Grievance Redressal Procedure

28.1 In case You wish to register a complaint with Us, You may visit our website: www.canarahsbclife.com, approach our resolution centre, Grievance Officers at Hub locations, or may write to Us at: Complaint Redressal Unit: Canara HSBC Life Insurance Company Limited; 139 P, Sector-44, Gurugram 122003, Haryana, India. Toll Free: 1800-103-0003 / 1800-891-0003, Email: cru@canarahsbclife.in. We will respond to You within 2 weeks from the date of receiving Your complaint. Kindly note that in case We do not receive a revert from You within eight weeks from the date of Your receipt of Our response, We will treat Your complaint as closed.

28.2 In case you are not satisfied with Our response or have not received any response, You may write to our Grievance Redressal Officer at: Grievance Redressal Officer: Canara HSBC Life Insurance Company Limited; 139 P, Sector-44, Gurugram 122003, Haryana, India Toll Free: 1800-103-0003 / 1800-891-0003 or Email: gro@canarahsbclife.in.

28.3 If You are not satisfied with Our response/ decision or do not receive a response from Us within 2 weeks, You may approach the Grievance Cell of the Authority at: Insurance Regulatory and Development Authority of India Grievance Call Centre (IGCC)- Bima Bharosa Shikayat Nivaran Kendra, Toll Free No: 18004254732/155255, Email ID: complaints@irdai.gov.in, Website Address for registering the complaint online: <https://bimabharosa.irdai.gov.in>; Policyholder Protection & Grievance Redressal Department (PPGR) - Insurance Regulatory and Development Authority of India ; Survey no.115/1, Financial District, Nanakramguda, Gachibowali, Hyderabad Telangana, PIN– 500032

28.4 Kindly note that You may approach the Insurance Ombudsman, if You do not receive response from Us within 30 days from the date of filing of the complaint or if Your complaint is rejected or if You are not satisfied with Our response. You/ complainant may approach the Insurance Ombudsman for Your State at the address mentioned in Annexure 1 below or the Insurance Ombudsman website: <https://cioins.co.in/Ombudsman> for updated list and details of Ombudsman offices. The Ombudsman may receive complaints under Rule 13 of Insurance Ombudsman Rules, 2017 (amended from time to time): a) for any partial or total repudiation of claim by Us; b) for any dispute in regard to Premium paid or payable; c) for any dispute on the legal construction of the Policy in so far as such dispute relate to claim; d) for delay in settlement of claim; e) for non-issue of any insurance document after receipt of Premium; f) misrepresentation of policy terms and conditions; g) policy servicing related grievances against Company and their agents and intermediaries; h) issuance of policy which is not in conformity with the Proposal Form submitted by Proposer; and i) any other matter resulting from the violation of provisions of Insurance Act, 1938 or regulations, circulars, guidelines or instructions issued by Authority from time to time or terms and conditions of the policy in so far as they relate to issues mentioned above.

28.5 As per provision 14(3) of the Insurance Ombudsman Rules, 2017:- No complaint to the Insurance Ombudsman shall lie unless (a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned named in the complaint and— (i) either the insurer or insurance broker, as the case may be had rejected the complaint; or (ii) the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be, received his representation; or (iii) the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be. (b) The complaint is made within one year— (i) after the order of the insurer or insurance broker, as the case may be, rejecting the representation is received; or (ii) after receipt of decision of the insurer or insurance broker, as the case may be, which is not to the satisfaction of the complainant; (iii) after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be, if the insurer or insurance broker, as the case may be, named fails to furnish reply to the complainant.. As per provision 14(5) of the Insurance Ombudsman Rules, 2017:- No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

Annexure 1

LIST OF INSURANCE OMBUDSMAN*

1. Ahmedabad: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: oio.ahmedabad@cioins.co.in Jurisdiction: Gujarat, Dadra & Nagar Haveli, Daman and Diu;
2. Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652049 / 26652048 Email: oio.bengaluru@cioins.co.in Jurisdiction: Karnataka;
3. Bhopal: Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, (Opp Gayatri Mandir) Bhopal 462011. Tel.: 0755-2769201/2769202/27692023, Email: oio.bhopal@cioins.co.in Jurisdiction: Madhya Pradesh & Chhattisgarh;
4. Bhubaneswar: Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.: 0674-2596461/ 2596455/2596455/2596003, Email: oio.bhubaneswar@cioins.co.in Jurisdiction: Odisha;
5. Chandigarh: Office of the Insurance Ombudsman, Jeevan Deep Building S.C.O. 20-27, Ground Floor, Sector 17-A, Chandigarh-160 017. Tel.: 0172-2706468, Email: oio.chandigarh@cioins.co.in Jurisdiction: Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh;
6. Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600018. Tel.: 044-24333668/ 24333678, Email: oio.chennai@cioins.co.in Jurisdiction: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry);
7. New Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002 Tel.: 011-46013992/23232481/23213504, Email: oio.delhi@cioins.co.in Jurisdiction: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh;
8. Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati-781001(Assam). Tel.: 0361-2632204/ 2602205/2631307, Email: oio.guwahati@cioins.co.in Jurisdiction: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura;
9. Hyderabad: Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad-500004. Tel.: 040-23312122/ 23376991 / 23376599 / 23328709 / 23325325, Email: oio.hyderabad@cioins.co.in Jurisdiction: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
10. Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363, Email: oio.jaipur@cioins.co.in . Jurisdiction: Rajasthan;
11. Kochi: Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja' College Ground, M.G. Road, Kochi-682011. Tel: 0484-2358759, Email: oio.ernakulam@cioins.co.in Jurisdiction: Kerala, Lakshadweep, Mahe– a part of Union Territory of Puducherry;
12. Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel: 033 22124339/ 22124341, Email: oio.kolkata@cioins.co.in Jurisdiction: West Bengal, Sikkim, Andaman & Nicobar Islands;
13. Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazaratganj, Lucknow-226001. Tel: 0522-4002082/3500613, Email: oio.lucknow@cioins.co.in Jurisdiction: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar;
14. Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (W), Mumbai- 400054. Tel: 022-69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in Jurisdiction : List of wards under Mumbai accessible at <https://cioins.co.in/Ombudsman>, Metropolitan Region excluding wards in Mumbai – i.e. M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai.
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: oio.noida@cioins.co.in Jurisdiction: State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budh 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-800001. Tel.: 0612-

2547068 Email: oio.patna@cioins.co.in Jurisdiction: 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 – 411030. Tel.:020-24471175; Email: oio.pune@cioins.co.in
oio.pune@cioins.co.in Jurisdiction: 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)- 400604. Tel.: 022-20812868/69. Email: oio.thane@cioins.co.in. Jurisdiction: Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

*For updated list of Ombudsman please refer to the website at <http://www.cioins.co.in/Ombudsman>

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/ FRAUDULENT OFFERS!

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

Annexure 2

Canara HSBC Life Insurance Company Limited

Office Address: 139 P, Sector 44, Gurugram 122003, Haryana, India

For the latest Hub-List please refer to our website at www.canarahlife.com.

Annexure 3

Section 38 of Insurance Act, 1938 (as amended from time to time)- “Assignment and Transfer of Insurance Policies” is reproduced below

1. A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
2. An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policy-holder or in public interest or is for the purpose of trading of insurance policy.
3. The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policy-holder not later than thirty days from the date of the policy-holder giving notice of such transfer or assignment.
4. Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.
5. Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer: Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.
6. The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered: Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.
7. Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment

relates.

8. Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation. — Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of sub-section (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

9. Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.

10. Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that —

(a) the proceeds under the policy shall become payable to the policy-holder or the nominee or nominees in the event of either the assignee/or transferee predeceasing the insured; or

(b) the insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

11. In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policy-holder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

Annexure 4

Section 39 of Insurance Act, 1938 (as amended from time to time)- “Nomination by Policyholder” is reproduced below

1. The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policy-holder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.

2. Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

3. The insurer shall furnish to the policyholder a written acknowledgment of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

4. A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination: Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its re-assignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policy-holder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policy-holder on repayment of loan other than on a security of policy to the insurer.

5. Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount

secured by the policy shall be payable to the policy-holder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

6. Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

7. Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

8. Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

9. Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

10. The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

11. Where a policy-holder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

12. The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied:

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

Annexure 5

Section 45 of Insurance Act, 1938 (as amended from time to time)- "Policy not to be called in question on ground of misstatement after three years" is reproduced below-

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of Revival of the policy or the date of the rider to the policy, whichever is later.

2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. the active concealment of a fact by the insured having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specifically declares to be fraudulent.

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. Explanation—A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the

policy or the date of commencement of risk or the date of Revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation- For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

Nothing in these sections shall prevent the insurer from calling 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 that the Age of the life assured was incorrectly stated in the proposal.

Annexure 6 - Definitions of covered Critical Illness Conditions

1. Cancer of Specified Severity:

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded:

- i. All tumors which are histologically described as carcinoma in situ, benign, premalignant, 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.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. 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
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack Of Specific Severity)

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

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

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. The following are excluded: Angioplasty and/or any other intra-arterial procedures

4. 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.

5. 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:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- iv. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis:

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

7. 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:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ /Bone Marrow Transplant:

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

9. 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.

10. 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.

11. Multiple Sclerosis With Persisting Symptoms:

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

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- iii. Other causes of neurological damage such as SLE are excluded.

12. Benign Brain Tumor:

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

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:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Deafness:

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

15. End Stage Lung Failure:

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$);
- iv. Dyspnea at rest.

16. End Stage Liver Failure:

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss Of Speech:

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

18. 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.

19. Major Head Trauma:

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology. The Activities of Daily Living are:

1. 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;
 2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 4. Mobility: the ability to move indoors from room to room on level surfaces;
 5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 6. Feeding: the ability to feed oneself once food has been prepared and made available.
- The following are excluded: Spinal cord injury

20. 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 Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

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. Alzheimer's Disease:

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- i. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- ii. Personality change
- iii. Gradual onset and continuing decline of cognitive functions
- iv. No disturbance of consciousness
- v. Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist. For the above definition, the following are not covered: Other forms of dementia due to brain or systemic disorders conditions.

23. 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:

- i. Bone marrow stimulating agents
- ii. Immunosuppressants
- iii. Bone marrow transplantation
- iv. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

24. Medullary Cystic Disease:

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

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- i. Polycystic kidney disease

- ii. Multicystic renal dysplasia and medullary sponge kidney
- iii. Any other cystic kidney disease

25. Parkinson's Disease:

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- i. Muscle rigidity
- ii. Tremor
- iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] 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 despite adequate drug treatment. Activities of Daily Living are:

1. 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.
2. 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.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. 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.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- i. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- ii. Essential tremor.

26. Apallic Syndrome:

A vegetative state is absence of responsiveness and awareness 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:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioural responses to external stimuli
- iv. Preserved brain stem functions
- v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
- vi. 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.

27. Major Surgery of the Aorta:

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings. For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta.

28. Fulminant Viral Hepatitis - resulting in acute liver failure:

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

- i. Typical serological course of acute viral hepatitis
- ii. Development of hepatic encephalopathy
- iii. Decrease in liver size
- iv. Increase in bilirubin levels

- v. Coagulopathy with an international normalized ratio (INR) greater than 1.5
- vi. Development of liver failure within 7 days of onset of symptoms
- vii. No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- ii. Fulminant viral hepatitis associated with intravenous drug use

29. Cardiomyopathy:

A definite diagnosis of one of the following primary cardiomyopathies:

- i. Dilated Cardiomyopathy
- ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- iii. Restrictive Cardiomyopathy
- iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. 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.
- iii. 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:

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

30. Muscular Dystrophy:

A definite diagnosis of one of the following muscular dystrophies:

- i. Duchenne Muscular Dystrophy (DMD)
- ii. Becker Muscular Dystrophy (BMD)
- iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
- iv. Limb-Girdle Muscular Dystrophy (LGMD)
- v. Facioscapulohumeral Muscular Dystrophy (FSHD)
- vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- vii. 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:

1. 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.
2. 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.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. 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

31. Poliomyelitis - resulting in paralysis:

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis. The diagnosis must

be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus. For the above definition, the following are not covered:

- i. Poliovirus infections without paralysis
- ii. Other enterovirus infections
- iii. Guillain-Barré syndrome or transverse myelitis

32. Chronic Recurring Pancreatitis:

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- ii. Endocrine pancreatic insufficiency with pancreatic diabetes
- iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase). For the above definition, the following are not covered:

- i. Chronic pancreatitis due to alcohol or drug use
- ii. Acute pancreatitis

33. Bacterial Meningitis - resulting in persistent symptoms:

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

34. Loss of Independent Existence:

A definite diagnosis [before age 65] of 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:

1. 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.
2. 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.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again. The diagnosis has to be confirmed by a Specialist.

35. Encephalitis:

A definite diagnosis of acute viral encephalitis 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 typical clinical symptoms and cerebrospinal fluid or brain biopsy findings. For the above definition, the following are not covered:

- i. Encephalitis caused by bacterial or protozoal infections .
- ii. Myalgic or paraneoplastic encephalomyelitis

36. Severe Rheumatoid arthritis:

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- i. Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- ii. Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- iii. Continuous treatment with corticosteroids
- iv. Treatment with a combination of “Disease Modifying Anti-Rheumatic Drugs” (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

Reactive arthritis, psoriatic arthritis and activated osteoarthritis.

37. Scleroderma:

A definite diagnosis of scleroderma evidenced by all of the following:

- i. Typical laboratory findings (e.g. anti-Scl-70 antibodies)
- ii. Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
- iii. Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- iii. Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- iv. Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- i. Localized scleroderma without organ involvement
- ii. Eosinophilic fasciitis
- iii. CREST-Syndrome

38. Creutzfeldt-Jakob Disease (CJD):

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as "probable" by all of the following criteria:

- i. Progressive dementia
- ii. At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
- iii. Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- iv. No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Iatrogenic or familial Creutzfeldt-Jakob disease
- ii. Variant Creutzfeldt-Jakob disease (CJD)

39. Chronic Adrenocortical Insufficiency (Addison's Disease):

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

- i. ACTH stimulation test
- ii. ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood levels

For the above definition, the following are not covered:

- i. Secondary, tertiary and congenital adrenal insufficiency
- ii. Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

40. Systemic Lupus Erythematosus – with Lupus Nephritis:

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- iii. Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- i. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- ii. Libman-Sacks endocarditis or myocarditis
- iii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings.

Headaches, cognitive abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- i. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- ii. Drug-induced lupus erythematosus

Annexure 7

Policy Term	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Policy Year																
1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%
3	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%
4	90.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
5	90.00%	90.00%	70.00%	63.00%	60.00%	58.00%	57.00%	56.00%	55.00%	54.00%	54.00%	54.00%	53.00%	53.00%	53.00%	53.00%
6		90.00%		77.00%	70.00%	66.00%	63.00%	61.00%	60.00%	59.00%	58.00%	57.00%	57.00%	56.00%	56.00%	55.00%
7			90.00%	90.00%	80.00%	74.00%	70.00%	67.00%	65.00%	63.00%	62.00%	61.00%	60.00%	59.00%	59.00%	58.00%
8				90.00%	90.00%	82.00%	77.00%	73.00%	70.00%	68.00%	66.00%	65.00%	63.00%	62.00%	61.00%	61.00%
9					90.00%	90.00%	83.00%	79.00%	75.00%	72.00%	70.00%	68.00%	67.00%	65.00%	64.00%	63.00%
10						90.00%	90.00%	84.00%	80.00%	77.00%	74.00%	72.00%	70.00%	68.00%	67.00%	66.00%
11							90.00%	90.00%	85.00%	81.00%	78.00%	75.00%	73.00%	72.00%	70.00%	69.00%
12								90.00%	90.00%	86.00%	82.00%	79.00%	77.00%	75.00%	73.00%	71.00%
13									90.00%	90.00%	86.00%	83.00%	80.00%	78.00%	76.00%	74.00%
14										90.00%	90.00%	86.00%	83.00%	81.00%	79.00%	77.00%
15											90.00%	90.00%	87.00%	84.00%	81.00%	79.00%
16												90.00%	90.00%	87.00%	84.00%	82.00%
17													90.00%	90.00%	87.00%	85.00%
18														90.00%	90.00%	87.00%
19															90.00%	90.00%
20																90.00%

Policy Term	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Policy Year																				
1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%
3	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%
4	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
5	53.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%
6	55.00%	55.00%	54.00%	54.00%	54.00%	54.00%	54.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	52.00%	52.00%	52.00%
7	58.00%	57.00%	57.00%	56.00%	56.00%	56.00%	55.00%	55.00%	55.00%	55.00%	55.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	53.00%
8	60.00%	59.00%	59.00%	58.00%	58.00%	58.00%	57.00%	57.00%	57.00%	56.00%	56.00%	56.00%	56.00%	56.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%
9	63.00%	62.00%	61.00%	61.00%	60.00%	60.00%	59.00%	59.00%	58.00%	58.00%	58.00%	57.00%	57.00%	57.00%	57.00%	56.00%	56.00%	56.00%	56.00%	56.00%
10	65.00%	64.00%	63.00%	63.00%	62.00%	61.00%	61.00%	60.00%	60.00%	60.00%	59.00%	59.00%	59.00%	58.00%	58.00%	58.00%	58.00%	57.00%	57.00%	57.00%
11	68.00%	66.00%	66.00%	65.00%	64.00%	63.00%	63.00%	62.00%	62.00%	61.00%	61.00%	60.00%	60.00%	60.00%	59.00%	59.00%	59.00%	58.00%	58.00%	58.00%
12	70.00%	69.00%	68.00%	67.00%	66.00%	65.00%	65.00%	64.00%	63.00%	63.00%	62.00%	62.00%	61.00%	61.00%	61.00%	60.00%	60.00%	60.00%	59.00%	59.00%
13	73.00%	71.00%	70.00%	69.00%	68.00%	67.00%	66.00%	66.00%	65.00%	64.00%	64.00%	63.00%	63.00%	62.00%	62.00%	62.00%	61.00%	61.00%	61.00%	60.00%
14	75.00%	74.00%	72.00%	71.00%	70.00%	69.00%	68.00%	67.00%	67.00%	66.00%	65.00%	65.00%	64.00%	64.00%	63.00%	63.00%	63.00%	62.00%	62.00%	61.00%
15	78.00%	76.00%	74.00%	73.00%	72.00%	71.00%	70.00%	69.00%	68.00%	68.00%	67.00%	66.00%	66.00%	65.00%	65.00%	64.00%	64.00%	63.00%	63.00%	63.00%
16	80.00%	78.00%	77.00%	75.00%	74.00%	73.00%	72.00%	71.00%	70.00%	69.00%	68.00%	67.00%	67.00%	66.00%	65.00%	65.00%	65.00%	64.00%	64.00%	64.00%
17	83.00%	81.00%	79.00%	77.00%	76.00%	75.00%	74.00%	73.00%	72.00%	71.00%	70.00%	69.00%	69.00%	68.00%	67.00%	66.00%	66.00%	65.00%	65.00%	65.00%
18	85.00%	83.00%	81.00%	79.00%	78.00%	77.00%	75.00%	74.00%	73.00%	72.00%	72.00%	71.00%	70.00%	69.00%	69.00%	68.00%	68.00%	67.00%	66.00%	66.00%
19	88.00%	85.00%	83.00%	82.00%	80.00%	79.00%	77.00%	76.00%	75.00%	74.00%	73.00%	72.00%	71.00%	71.00%	70.00%	69.00%	69.00%	68.00%	68.00%	67.00%
20	90.00%	88.00%	86.00%	84.00%	82.00%	80.00%	79.00%	78.00%	77.00%	76.00%	75.00%	74.00%	73.00%	72.00%	71.00%	71.00%	70.00%	69.00%	69.00%	68.00%
21	90.00%	90.00%	88.00%	86.00%	84.00%	82.00%	81.00%	80.00%	78.00%	77.00%	76.00%	75.00%	74.00%	73.00%	73.00%	72.00%	71.00%	71.00%	70.00%	69.00%
22		90.00%	90.00%	88.00%	86.00%	84.00%	83.00%	81.00%	80.00%	79.00%	78.00%	77.00%	76.00%	75.00%	74.00%	73.00%	73.00%	72.00%	71.00%	71.00%
23			90.00%	90.00%	88.00%	86.00%	85.00%	83.00%	82.00%	80.00%	79.00%	78.00%	77.00%	76.00%	75.00%	75.00%	74.00%	73.00%	72.00%	72.00%
24				90.00%	90.00%	88.00%	86.00%	85.00%	83.00%	82.00%	81.00%	80.00%	79.00%	78.00%	77.00%	76.00%	75.00%	74.00%	74.00%	73.00%
25					90.00%	90.00%	88.00%	87.00%	85.00%	84.00%	82.00%	81.00%	80.00%	79.00%	78.00%	77.00%	76.00%	75.00%	75.00%	74.00%
26						90.00%	90.00%	88.00%	87.00%	85.00%	84.00%	83.00%	81.00%	80.00%	79.00%	78.00%	78.00%	77.00%	76.00%	75.00%
27							90.00%	90.00%	88.00%	87.00%	85.00%	84.00%	83.00%	82.00%	81.00%	80.00%	79.00%	78.00%	77.00%	76.00%
28								90.00%	90.00%	88.00%	87.00%	86.00%	84.00%	83.00%	82.00%	81.00%	80.00%	79.00%	78.00%	77.00%
29									90.00%	90.00%	88.00%	87.00%	86.00%	84.00%	83.00%	82.00%	81.00%	80.00%	79.00%	79.00%
30										90.00%	90.00%	89.00%	87.00%	86.00%	85.00%	84.00%	83.00%	82.00%	81.00%	80.00%
31											90.00%	90.00%	89.00%	87.00%	86.00%	85.00%	84.00%	83.00%	82.00%	81.00%
32												90.00%	90.00%	89.00%	87.00%	86.00%	85.00%	84.00%	83.00%	82.00%
33													90.00%	90.00%	89.00%	87.00%	86.00%	85.00%	84.00%	83.00%
34														90.00%	90.00%	89.00%	88.00%	86.00%	85.00%	84.00%
35															90.00%	90.00%	89.00%	88.00%	86.00%	85.00%
36																90.00%	90.00%	89.00%	88.00%	87.00%
37																	90.00%	90.00%	89.00%	88.00%
38																		90.00%	90.00%	89.00%
39																			90.00%	90.00%
40																				90.00%

Policy Term	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Policy Year																				
1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%
3	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%
4	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
5	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%
6	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	51.00%	51.00%
7	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%	52.00%
8	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%
9	56.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%	54.00%
10	57.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	54.00%	54.00%
11	58.00%	58.00%	57.00%	57.00%	57.00%	57.00%	57.00%	57.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	55.00%	55.00%	55.00%	55.00%	55.00%
12	59.00%	59.00%	58.00%	58.00%	58.00%	58.00%	58.00%	57.00%	57.00%	57.00%	57.00%	57.00%	57.00%	57.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%
13	60.00%	60.00%	59.00%	59.00%	59.00%	59.00%	59.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	57.00%	57.00%	57.00%	57.00%	57.00%	57.00%	57.00%
14	61.00%	61.00%	61.00%	60.00%	60.00%	60.00%	60.00%	59.00%	59.00%	59.00%	59.00%	59.00%	58.00%	58.00%	58.00%	58.00%	58.00%	58.00%	57.00%	57.00%
15	62.00%	62.00%	62.00%	61.00%	61.00%	61.00%	60.00%	60.00%	60.00%	60.00%	60.00%	59.00%	59.00%	59.00%	59.00%	59.00%	58.00%	58.00%	58.00%	58.00%
16	63.00%	63.00%	63.00%	62.00%	62.00%	62.00%	61.00%	61.00%	61.00%	61.00%	60.00%	60.00%	60.00%	60.00%	60.00%	59.00%	59.00%	59.00%	59.00%	59.00%
17	64.00%	64.00%	64.00%	63.00%	63.00%	63.00%	62.00%	62.00%	62.00%	62.00%	61.00%	61.00%	61.00%	61.00%	60.00%	60.00%	60.00%	60.00%	60.00%	59.00%
18	66.00%	65.00%	65.00%	64.00%	64.00%	64.00%	63.00%	63.00%	63.00%	62.00%	62.00%	62.00%	62.00%	61.00%	61.00%	61.00%	61.00%	61.00%	60.00%	60.00%
19	67.00%	66.00%	66.00%	65.00%	65.00%	65.00%	64.00%	64.00%	64.00%	63.00%	63.00%	63.00%	63.00%	62.00%	62.00%	62.00%	62.00%	61.00%	61.00%	61.00%
20	68.00%	67.00%	67.00%	66.00%	66.00%	66.00%	65.00%	65.00%	65.00%	64.00%	64.00%	64.00%	63.00%	63.00%	63.00%	63.00%	62.00%	62.00%	62.00%	62.00%
21	69.00%	68.00%	68.00%	67.00%	67.00%	67.00%	66.00%	66.00%	65.00%	65.00%	65.00%	64.00%	64.00%	64.00%	64.00%	63.00%	63.00%	63.00%	63.00%	62.00%
22	70.00%	69.00%	69.00%	68.00%	68.00%	68.00%	67.00%	67.00%	66.00%	66.00%	66.00%	65.00%	65.00%	65.00%	64.00%	64.00%	64.00%	64.00%	63.00%	63.00%
23	71.00%	71.00%	70.00%	69.00%	69.00%	69.00%	68.00%	68.00%	67.00%	67.00%	67.00%	66.00%	66.00%	66.00%	65.00%	65.00%	65.00%	64.00%	64.00%	64.00%
24	72.00%	72.00%	71.00%	71.00%	70.00%	70.00%	69.00%	69.00%	68.00%	68.00%	67.00%	67.00%	67.00%	66.00%	66.00%	66.00%	65.00%	65.00%	65.00%	65.00%
25	73.00%	73.00%	72.00%	72.00%	71.00%	70.00%	70.00%	70.00%	69.00%	69.00%	68.00%	68.00%	68.00%	67.00%	67.00%	66.00%	66.00%	66.00%	66.00%	65.00%
26	74.00%	74.00%	73.00%	73.00%	72.00%	71.00%	71.00%	70.00%	70.00%	70.00%	69.00%	69.00%	68.00%	68.00%	68.00%	67.00%	67.00%	67.00%	66.00%	66.00%
27	76.00%	75.00%	74.00%	74.00%	73.00%	72.00%	72.00%	71.00%	71.00%	70.00%	70.00%	70.00%	69.00%	69.00%	68.00%	68.00%	68.00%	67.00%	67.00%	67.00%
28	77.00%	76.00%	75.00%	75.00%	74.00%	73.00%	73.00%	72.00%	72.00%	71.00%	71.00%	70.00%	70.00%	70.00%	69.00%	69.00%	68.00%	68.00%	68.00%	67.00%
29	78.00%	77.00%	76.00%	76.00%	75.00%	74.00%	74.00%	73.00%	73.00%	72.00%	72.00%	71.00%	71.00%	70.00%	70.00%	70.00%	69.00%	69.00%	69.00%	68.00%
30	79.00%	78.00%	77.00%	77.00%	76.00%	75.00%	75.00%	74.00%	74.00%	73.00%	73.00%	72.00%	72.00%	71.00%	71.00%	70.00%	70.00%	70.00%	69.00%	69.00%
31	80.00%	79.00%	78.00%	78.00%	77.00%	76.00%	76.00%	75.00%	75.00%	74.00%	73.00%	73.00%	73.00%	72.00%	72.00%	71.00%	71.00%	70.00%	70.00%	70.00%
32	81.00%	80.00%	79.00%	79.00%	78.00%	77.00%	77.00%	76.00%	75.00%	75.00%	74.00%	74.00%	73.00%	73.00%	72.00%	72.00%	72.00%	71.00%	71.00%	70.00%
33	82.00%	81.00%	81.00%	80.00%	79.00%	78.00%	78.00%	77.00%	76.00%	76.00%	75.00%	75.00%	74.00%	74.00%	73.00%	73.00%	72.00%	72.00%	71.00%	71.00%
34	83.00%	82.00%	82.00%	81.00%	80.00%	79.00%	79.00%	78.00%	77.00%	77.00%	76.00%	76.00%	75.00%	74.00%	74.00%	74.00%	73.00%	73.00%	72.00%	72.00%
35	84.00%	84.00%	83.00%	82.00%	81.00%	80.00%	80.00%	79.00%	78.00%	78.00%	77.00%	76.00%	76.00%	75.00%	75.00%	74.00%	74.00%	73.00%	73.00%	73.00%
36	86.00%	85.00%	84.00%	83.00%	82.00%	81.00%	80.00%	80.00%	79.00%	78.00%	78.00%	77.00%	77.00%	76.00%	76.00%	75.00%	75.00%	74.00%	74.00%	73.00%
37	87.00%	86.00%	85.00%	84.00%	83.00%	82.00%	81.00%	81.00%	80.00%	79.00%	79.00%	78.00%	78.00%	77.00%	76.00%	76.00%	75.00%	75.00%	74.00%	74.00%
38	88.00%	87.00%	86.00%	85.00%	84.00%	83.00%	82.00%	82.00%	81.00%	80.00%	80.00%	79.00%	78.00%	78.00%	77.00%	77.00%	76.00%	76.00%	75.00%	75.00%
39	89.00%	88.00%	87.00%	86.00%	85.00%	84.00%	83.00%	83.00%	82.00%	81.00%	80.00%	80.00%	79.00%	79.00%	78.00%	77.00%	77.00%	76.00%	76.00%	75.00%
40	90.00%	89.00%	88.00%	87.00%	86.00%	85.00%	84.00%	83.00%	83.00%	82.00%	81.00%	81.00%	80.00%	79.00%	79.00%	78.00%	78.00%	77.00%	77.00%	76.00%
41	90.00%	90.00%	89.00%	88.00%	87.00%	86.00%	85.00%	84.00%	84.00%	83.00%	82.00%	81.00%	81.00%	80.00%	80.00%	79.00%	78.00%	78.00%	77.00%	77.00%
42		90.00%	90.00%	89.00%	88.00%	87.00%	86.00%	85.00%	85.00%	84.00%	83.00%	82.00%	82.00%	81.00%	80.00%	80.00%	79.00%	79.00%	78.00%	78.00%
43			90.00%	90.00%	89.00%	88.00%	87.00%	86.00%	85.00%	85.00%	84.00%	83.00%	83.00%	82.00%	81.00%	81.00%	80.00%	79.00%	79.00%	78.00%
44				90.00%	90.00%	89.00%	88.00%	87.00%	86.00%	86.00%	85.00%	84.00%	83.00%	83.00%	82.00%	81.00%	81.00%	80.00%	80.00%	79.00%
45					90.00%	90.00%	89.00%	88.00%	87.00%	86.00%	86.00%	85.00%	84.00%	83.00%	83.00%	82.00%	82.00%	81.00%	80.00%	80.00%
46						90.00%	90.00%	89.00%	88.00%	87.00%	87.00%	86.00%	85.00%	84.00%	84.00%	83.00%	82.00%	82.00%	81.00%	81.00%
47							90.00%	90.00%	89.00%	88.00%	87.00%	87.00%	86.00%	85.00%	84.00%	84.00%	83.00%	82.00%	82.00%	81.00%
48								90.00%	90.00%	89.00%	88.00%	87.00%	87.00%	86.00%	85.00%	85.00%	84.00%	83.00%	83.00%	82.00%
49									90.00%	90.00%	89.00%	88.00%	88.00%	87.00%	86.00%	85.00%	85.00%	84.00%	83.00%	83.00%
50										90.00%	90.00%	89.00%	88.00%	88.00%	87.00%	86.00%	85.00%	85.00%	84.00%	83.00%
51											90.00%	90.00%	89.00%	88.00%	88.00%	87.00%	86.00%	85.00%	85.00%	84.00%
52												90.00%	90.00%	89.00%	88.00%	88.00%	87.00%	86.00%	86.00%	85.00%
53													90.00%	90.00%	89.00%	88.00%	88.00%	87.00%	86.00%	86.00%
54														90.00%	90.00%	89.00%	88.00%	88.00%	87.00%	86.00%
55															90.00%	90.00%	89.00%	88.00%	88.00%	87.00%
56																90.00%	90.00%	89.00%	89.00%	88.00%
57																	90.00%	90.00%	89.00%	89.00%
58																		90.00%	90.00%	89.00%
59																			90.00%	90.00%
60																				90.00%

