



**Max Life Online Term Plan Plus
Non-Linked Non Participating Term Insurance Plan
UIN: 104N092V03**

PROSPECTUS

Life Insurance Coverage is available in this Product.

About Max Life Insurance

Max Life Insurance, one of the leading life insurers, is a joint venture between Max Financial Services Ltd. and Mitsui Sumitomo Insurance Co. Ltd. Max Financial Services Ltd. is part of the Max Group, which is a leading Indian multi-business corporation, while Mitsui Sumitomo Insurance is a member of MS&AD Insurance Group, which is amongst the leading insurers in the world. Max Life Insurance offers comprehensive long term savings, protection and retirement solutions through its high quality agency distribution and multi-channel distribution partners. A financially stable company with a strong track record over the last 17 years, Max Life Insurance offers superior investment expertise. Max Life Insurance has the vision 'To be the most admired life insurance company by securing the financial future of our customers'. The company has a strong customer-centric approach focused on advice-based sales and quality service delivered through its superior human capital. In the financial year 2016-17, Max Life recorded Gross Written Premium of ₹ 10,780 crore with Sum Assured In force (Individual) of ₹ 3,77,572 crore and Asset Under Management of ₹ 44,370 crore as on 31st March 2017.

Max Life Online Term Plan Plus

You have always strived to give your family the best in life and have ensured they fulfill their dreams. However, in your heart, you always feel insecure about their future in your absence. Will your family be able to sustain the same lifestyle even in your absence?

To put all your fears to rest and to provide you with peace of mind, Max Life Insurance offers Max Life Online Term Plan Plus. A comprehensive protection solution for your loved ones at an affordable price. Not only that, you can now avoid the hassle of tedious paper work and easily get yourself insured online.

Key features of Max Life Online Term Plan Plus:

- **Choice of 3 death benefit options:** Max Life Online Term Plan Plus helps you customize the protection required at affordable prices by offering 3 death benefit options to choose from at the time of purchase.
- **Option to pay your premiums till age 60 (you retire) and enjoy the benefit till coverage term.**
- Accelerated payout in case diagnosed with 40 specified critical illnesses by choosing “Accelerated Critical Illness Benefit” by paying additional premium
- **Additional Protection with Additional Liabilities.** Enhance your cover at important mile-stones of your life by choosing Life Stage Event Benefit by paying additional premium.
- Comprehensive protection against Death, Dismemberment & Critical Illness by adding Max Life Comprehensive Accident Benefit Rider & Max Life Waiver of Premium Plus Rider by paying additional premium.
- Hassle free online application process

Apply for comprehensive protection in 3 easy steps

- Step 1 Choose the sum assured, policy term, death benefit option with or without accelerated critical illness or life stage option and calculate premium
- Step 2 Make online payment using net banking, credit or debit card & fill up the online proposal form
- Step 3 Upload relevant documents and schedule medical examination

Benefits under the Plan:

1) The Death Benefit under Max Life Online Term Plan Plus is higher of:

- 10 times the annualised premium*
- 105% of all the premiums paid as on date of death
- Minimum guaranteed sum assured on maturity
- Absolute amount assured to be paid on death

**Annualised Premium includes extra premium (if any) but excludes any loadings for modal premiums and remains same irrespective of the premium payment mode.*

Under this Plan, the ‘**Minimum guaranteed sum assured on maturity**’ is **zero** and no benefit is payable on maturity of the Policy.

Further, **absolute amount assured to be paid on death will depend on the Death Benefit option chosen by the Life Insured** at inception of the policy.

Max Life Online Term Plan Plus is a pure term plan that provides only death benefit on death of Life Insured, provided the policy is in force. The plan provides option to choose from the following 3 death benefit options. You can choose the suitable death benefit at the time of purchase only.

Death Benefit options	Death Benefit details (Provided policy is in force)	Effective Total Protection Value
1. Sum Assured	100% of the policy Sum Assured paid immediately on death of Life Insured.	100% of Sum Assured
2. Sum Assured plus Level Monthly Income	100% of the policy Sum Assured paid immediately on death of Life Insured. <i>Plus</i> 0.4% of the policy Sum Assured per month, for 10 years	148% of Sum Assured
3. Sum Assured plus Increasing Monthly Income	100% of the policy Sum Assured paid immediately on death of Life Insured. <i>Plus</i> Increasing monthly income for 10 years wherein the first year monthly income shall be 0.4% of the policy sum assured and shall increase every year by 10% p.a. (simple interest) of the first year monthly income. For e.g.: A policy with Sum Assured of ₹1,00,00,000 is sold on 10 January 2016 and the Life Insured dies	169.6% of Sum Assured

on 25th June 2016. In this case, the first monthly income will be paid on 10th January 2017 (i.e. the first Policy Anniversary post the date of death of the Life Insured) and thereafter on 10th of each month, for a period of 10 years. Following table illustrates the monthly income payable to the beneficiary:

Time Period	Monthly income payable on 10 th of each month
10 Jan 2017 till 10 Dec 2017	₹ 40,000
10 Jan 2018 till 10 Dec 2018	₹ 44,000
10 Jan 2019 till 10 Dec 2019	₹ 48,000
10 Jan 2020 till 10 Dec 2020	₹ 52,000
10 Jan 2021 till 10 Dec 2021	₹ 56,000
10 Jan 2022 till 10 Dec 2022	₹ 60,000
10 Jan 2023 till 10 Dec 2023	₹ 64,000
10 Jan 2024 till 10 Dec 2024	₹ 68,000
10 Jan 2025 till 10 Dec 2025	₹ 72,000
10 Jan 2026 till 10 Dec 2026	₹ 76,000

Please note:-

- 1) There is no maturity benefit or surrender benefit under the plan.
- 2) The monthly income will be payable each month on the anniversary date, starting from the first Policy Anniversary post the date of death of the Life Insured.

For e.g.: A policy is sold on 10 January 2016 and the Life Insured dies on 25th June 2016. In this case, the first monthly income will be paid on 10th January 2017 (i.e. Policy Anniversary following the date of death of the Life Insured) and thereafter on 10th of each month, for a period of 10 years.

- 3) Under ‘Option 2 – Sum Assured plus Level Monthly Income’ and ‘Option 3 - Sum Assured plus Increasing Monthly Income’ mentioned above, you have the option to commute the outstanding income payments at any point in time. You will have to submit a written request for the same to the Company. On receipt of such a request, the Company shall pay present value of all future monthly incomes discounted at the rate of 5.25% p.a.
- 4) In case Accelerated Critical Illness (CI) Benefit claim has been paid, the Sum Assured shall be reduced to the extent of the claim paid out on account of Accelerated CI Benefit. However, the level/increasing monthly income shall remain unchanged.

2) Accelerated Critical Illness (CI) Benefit

You may choose a Sum Assured under CI benefit starting with minimum of ₹ 5 Lakh, in intervals of ₹ 5 Lakh, up to 50% of Sum Assured or ₹ 50 Lakh, whichever is lower.

The **CI Sum Assured** is payable on the first occurrence of any of the specified Critical Illnesses. The CI Sum Assured shall accelerate the Death Benefit to the extent of the CI Sum Assured with the remaining Death Benefit payable on death.

Accelerated CI benefit is payable on diagnosis of any of the specified Critical Illness during the CI Benefit cover period, provided the policy is in-force and meets the terms and conditions (Please refer Annexure for further details).

Exception:

- In case of Angioplasty, CI claim payment is limited to an amount of ₹ 5 lakh with the remaining CI Sum Assured payable on subsequent diagnosis of any one of the other specified Critical Illnesses.

Other Terms and Conditions:

- The maximum maturity age for CI Benefit cover will be equal to 75 years (age last birthday) subject to maximum policy term of 40 years.
- For 'Pay till 60' Premium Payment variant, the CI Benefit Cover Period shall be equal to the premium payment term.
- The CI Sum Assured will always be paid as a lump sum benefit irrespective of the Death Benefit option selected.
- Accelerated CI Benefit shall cease on payment of the entire CI Sum Assured.
- Premium payment on account of Accelerated CI Benefit will cease after payment of the entire CI Sum Assured. Additionally, future premiums payable under the policy for Death Benefit will reduce proportionately in accordance with the following formula:-

Premium on account of Death Benefit X CI Sum Assured Paid / Sum Assured (as chosen at inception of the Policy)

- A waiting period of 90 days will be applicable for Critical Illness benefit. Please note that the waiting period is defined as the period of 90 days after the date of commencement of risk or date of reinstatement, whichever is later. No benefit will be payable if any claim occurs within the waiting period or any signs or symptoms related to CI has occurred during the waiting period.
- The death benefit premium rates under this plan are guaranteed for the entire policy term. However, for the CI Benefit, the premium rates under the plan are guaranteed for a period of five years only and can be revised thereafter basis experience under the product by seeking prior approval from the Authority. Once revised, the premium rates become guaranteed for a period of next 5 years.

3) Life Stage Event:-

You have the option to increase the Sum Assured in future basis Life Stage events like Marriage, Child Birth or House Loan. This option has to be selected by you at time of inception of policy. The increase will only be applicable once You provide the intimation about the Life Stage change (along with the requisite proofs).

The eligibility criteria for choosing this option are as follows:-

1. Sum Assured chosen by You at inception of the policy should be greater than or equal to ₹ 50 Lakhs.
2. Payment of three full annual premium equivalents from the time of policy issuance or reinstatement
3. Completion of three policy years from the time of policy issuance or reinstatement.
4. Option must be exercised before the Life Assured attains the age of 45 years (last birthday)
5. The Sum Assured can only be increased within 1 year of the happening of the life stage event(s)

The Life Stage Events covered along with the applicable Sum Assured limits are mentioned in the table below:-

Life Stage Events	Increase in Sum Assured Permissible
Marriage (only 1 instance during the lifetime of policy)	50% of Sum Assured not exceeding ₹ 50 Lakh
Child Birth (applicable for 2 children only)	50% of Sum Assured not exceeding ₹ 25 Lakh, for each child birth
House loan(only 1 instance during the lifetime of the policy)	50% of Sum Assured not exceeding ₹ 50 Lakh

Please note that the total increase in the Sum assured over the policy lifetime shall not exceed ₹ **50 Lakhs**. Further, the increase in Sum Assured shall not be lower than ₹ 25 Lakhs. The increase in Sum Assured **shall not be subject to any medical examination**.

The premium payable corresponding to the increased Sum Assured will be determined basis the remaining policy term and attained age, subject to maximum entry age and minimum policy term conditions. The premium rates for increase in Sum Assured as a result of Life Stage Event will be determined basis the Sum Assured band of the policy applicable to the total sum assured inclusive of the Life Stage Benefit.

The increase in Sum Assured will not be applicable on CI Sum Assured or Riders. Also, there will be no further increase in Sum Assured, in case a Accelerated CI Benefit claim has been made.

Example 1: Regular Pay option, Age: 35 years; Term: 35 years; Sum Assured: ₹ 1 Cr; Male (Non-Smoker);

Death Benefit option chosen is Option 1 with Lumpsum Sum Assured

The annual premium payable for this policy is ₹ 10,900.

After payment of five full premiums the policyholder provides intimation about Life Stage Event (Child Birth) which leads to an increase in Sum Assured by ₹ 25 Lakh (Max(25 Lakh, 50% of 1 Cr)

Incremental premium for life stage increase in sum assured (Basis attained age 40 years and remaining term 30 years for Sum Assured of ₹ 25 lakh) = ₹ 3,575

Total premium payable from Year 6 onwards = ₹ 14,475 (10,900 + 3,575)

Example 2: Pay till 60 option, Age: 35 years; Term: 35 years; Sum Assured: ₹ 1 Cr; Male (Non-Smoker); Death Benefit option chosen is Option 1 with Lumpsum Sum Assured

The annual premium payable for this policy is ₹ 12,600.

After payment of five full premiums the policyholder provides intimation about Life Stage Event (Child Birth) which leads to an increase in Sum Assured by ₹ 25 Lakh (Max(25 Lakh, 50% of 1 Cr))

Incremental premium for life stage increase in sum assured (Basis attained age 40 years and remaining term 30 years for Sum Assured of ₹ 25 lakh) = ₹ 4,400

Total premium payable from Year 6 onwards = ₹ 17,000 (12,600 + 4,400)

5) **Maturity:-**

There is no maturity benefit under this term plan.

6) **Surrender**

There is no Surrender benefit under this term plan.

Other features:

- **Rider:** You can now make your term cover more comprehensive by adding the below mentioned riders:
- **Max Life Comprehensive Accident Benefit Rider (UIN 104B025V02):** get additional cover by way of rider Sum Assured in case of Death or Dismemberment (impairments are listed under the Rider contract) due to accident. You have the option to add/remove this rider anytime during the policy term, subject to terms and condition of the rider.
 - **Max Life Waiver of Premium Plus Rider (UIN 104B029V02):** get waiver of all future premiums under a policy and all other attaching riders on happening of earlier of either of the following events provided the base policy and attaching riders are in force:
 - Critical Illness; or
 - Dismemberment; or
 - Death (only when Life Insured and Policyholder are different individuals, rider benefit will be paid on death of the Policyholder)

Please Note:-

- 1) Total rider premium cannot be more than 100% of the base plan's premium (including extra premium, if any)
- 2) Under Comprehensive Accident Benefit Rider, the rider Sum Assured cannot exceed base plan's Sum Assured.

Please go through the rider section on (Max Life Website) for more details on Riders.

- **Get rewarded for healthy lifestyle:** We offer you one more joy of staying away from tobacco and leading a healthy life. Max Life Online Term Plus offers lower premium rates for Non-Smokers.
- **High Sum Assured discounts:** There are discounts built in the plan if higher Sum Assured is chosen.
- **Lower rates for female lives** – There will be a 5 year age setback over males' rates for female lives for the Regular Pay variant only. Where corresponding rate is not available, the lowest available premium rate for male will be used.
- **No Restriction on travel/future occupation** – There will be no restriction on travel or future occupation

Plan Eligibility:

Feature	Specification
Coverage	All individuals in accordance with Board approved underwriting policy of the Company
Minimum / Maximum Age at Entry (age last birthday)	Minimum Age:- 18 years Maximum Age:- Regular Pay:- 60 years / Pay till 60 – 50 years
Maximum Maturity Age (age last birthday)	85 years
Minimum Annual Premium	₹ 2,200 (For Regular Pay variant, Age 18 years, Policy Term 10 years, Female, Sum Assured Variant, Non Smoker) excluding extra premium, modal extra, taxes and cesses as imposed by the Government from time to time; annual mode). Please note that taxes and cesses are collected over and above the policy premium.
Maximum Annual Premium	₹ 2,18,44,600 (For Pay till 60 variant, Age 50 years, Policy Term 35 years, Male, Sum Assured + Increasing Monthly Income Variant, Smoker, Critical Illness cover of ₹ 50 Lakhs, excluding extra premium, modal extra, taxes and cesses as imposed by the Government from time to time; annual mode). Please note that taxes and cesses are collected over and above the policy premium.
Policy Term	<u>Base Plan:-</u> Pick a Term from 10 to 50 years (in interval of 1 year), subject to Maximum Maturity Age <u>Critical Illness:-</u> Pick a Term from 10 to 40 years. However if you have selected “Pay till 60 option” the policy term for CI benefit will be restricted till the Premium payment term only.
Sum Assured	<u>Base Plan:-</u> Minimum: ₹ 25 lakhs, Maximum: ₹ 100 crores The sum assured is available in multiples of Rs 1 lakh only and shall remain same for the entire policy term, unless you exercise “Life Stage Event Benefit”. This will be subject to board approved underwriting policy. <u>Critical Illness:-</u> Minimum: ₹ 5 lakhs, Maximum: ₹ 50 lakhs The sum assured is available in multiples of ₹ 5 lakh only and shall remain same for the entire policy term.
Premium Payment Term	There are two premium payment variants available – 1. Regular Pay - The premium payment term will be the same as the policy term 2. Pay till 60 – The premium payment term will be equal to (60

	<p>less Entry Age (Age last birthday)), subject to minimum premium payment term of 10 years and entry age being less than or equal to 50 years. For this variant, the premium payment term will always be less than policy term.</p> <p>You will have the option to select the premium payment term only at policy inception and once selected, the option cannot be changed.</p>												
Policy Loan	Policy loan facility is not available under this product.												
Relationships under which Life Insured & Policy holder can be different	<ul style="list-style-type: none"> • Spouse • Child • Sibling • Key man insurance 												
Premium Payment Modes	<p>Annual, Semi – Annual, quarterly & monthly premium payment modes. The modal factors are as follows:</p> <table border="1" data-bbox="549 831 1082 1070"> <thead> <tr> <th colspan="2">Modal Factors</th> </tr> <tr> <th>Premium Mode</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>Annual</td> <td>1.000</td> </tr> <tr> <td>Semi-annual</td> <td>0.513</td> </tr> <tr> <td>Quarterly</td> <td>0.261</td> </tr> <tr> <td>Monthly</td> <td>0.088</td> </tr> </tbody> </table> <p>The premium payment mode can be changed during the premium payment term.</p>	Modal Factors		Premium Mode	Factor	Annual	1.000	Semi-annual	0.513	Quarterly	0.261	Monthly	0.088
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Sample Premium Rates:

Below are the premiums* for sample ages (₹ per annum) at different ages for Sum Assured of ₹ 50 lakhs (Regular Pay):

Age (Male)	Coverage till	Sum Assured		Sum Assured plus Level Monthly Income ¹		Sum Assured plus Increasing Monthly Income ²	
		Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
30	70	4,800	6,750	6,250	8,950	6,900	9,850
35	75	6,650	9,650	8,850	13,000	9,750	14,350
40	75	8,650	12,800	11,600	17,300	12,800	19,200
45	75	11,400	17,100	15,350	23,250	17,000	25,800
45	85	15,750	23,200	21,350	31,600	23,700	35,050

*excluding underwriting extra premium, taxes, cesses or any other levies as imposed by the Government from time to time

¹ Sum Assured – 50 lakhs; Total Protection Value including Monthly Incomes – 74 lakhs

² Sum Assured – 50 lakhs; Total Protection Value including Monthly Incomes – 84.8 lakhs

Below are the premium rates* for sample ages (₹ per annum) at different ages for 30 year policy term for Sum Assured of ₹ 50 lakhs (Pay till 60):

Age (Male)	Coverage till	Sum Assured		Sum Assured plus Level Monthly Income ¹		Sum Assured plus Increasing Monthly Income ²	
		Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
30	70	5,400	7,600	7,000	10,000	7,700	11,000
35	75	8,300	12,050	10,950	16,050	12,100	17,750
40	75	11,650	17,150	15,500	23,100	17,150	25,550
45	75	17,400	26,000	23,400	35,200	25,850	39,000
45	85	28,450	41,250	38,650	56,150	42,850	62,350

*excluding underwriting extra premium, taxes, cesses or any other levies as imposed by the Government from time to time

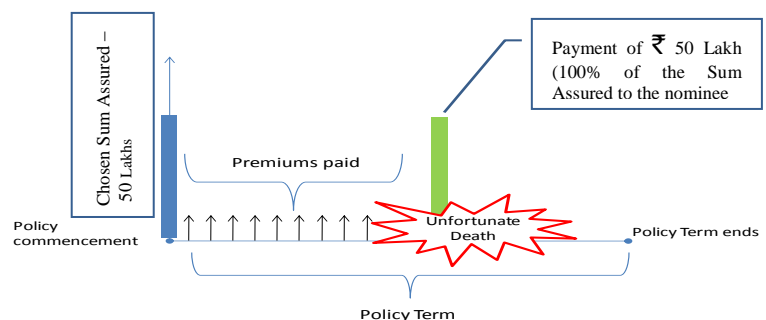
¹ Sum Assured – 50 lakhs; Total Protection Value including Monthly Incomes – 74 lakhs

² Sum Assured – 50 lakhs; Total Protection Value including Monthly Incomes – 84.8 lakhs

How do the three death benefit options work out for you?

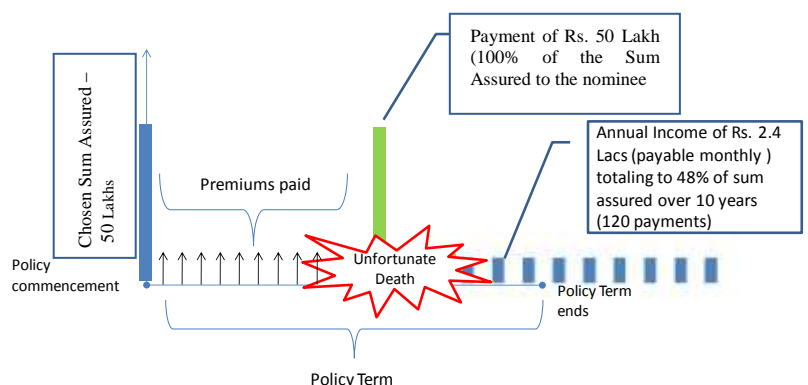
1. Sample Illustration - Max Life Online Term Plan Plus

- Mr. Sharma (age 35), non-smoker opts sum assured of Rs. 50 lakhs for 25 years under Max Life Online Term Plan Plus for a premium of Rs. 4,850 per annum (excluding taxes and cesses)
- After paying 9 annual premiums, unfortunately Mr. Sharma dies
- Under the chosen option, his nominee will get Rs 50 lakhs on death and the plan will be terminated



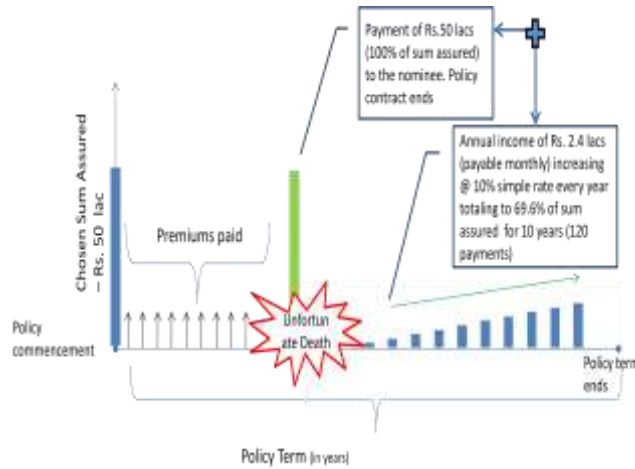
2. Sample Illustration - Max Life Online Term Plan Plus – Sum Assured plus Level Monthly Income

- Mr. Sharma (age 35), non-smoker opts sum assured of Rs. 50 lakhs for 25 years under Sum Assured plus Level Monthly Income option for a premium of Rs. 6,350 per annum (excluding taxes and cesses)
- After paying 9 annual premiums, unfortunately Mr. Sharma dies
- Under the chosen option, his nominee will get Rs 50 lakhs on death and Rs. 20,000 every month for 10 years (120 payments totaling to 24 lakhs) starting next policy anniversary after the date of death, totaling to Rs. 74 lakhs



3. Sample Illustration - Max Life Online Term Plan Plus – Sum Assured plus Increasing Monthly Income

- Mr. Sharma (age 35), non-smoker opts sum assured of Rs. 50 lakhs for 25 years under Sum Assured plus Increasing Monthly Income option for a premium of Rs. 7,000 per annum (excluding taxes and cesses)
- After paying 9 annual premiums, unfortunately Mr. Sharma dies
- Under the chosen option, his nominee will get Rs 50 lakhs on death and Rs. as monthly income in the first year, increasing @ 10% every year (simple rate), starting next policy anniversary after the date of death, totaling to lakhs



Sample Premium Rates with Critical Illness Benefit:

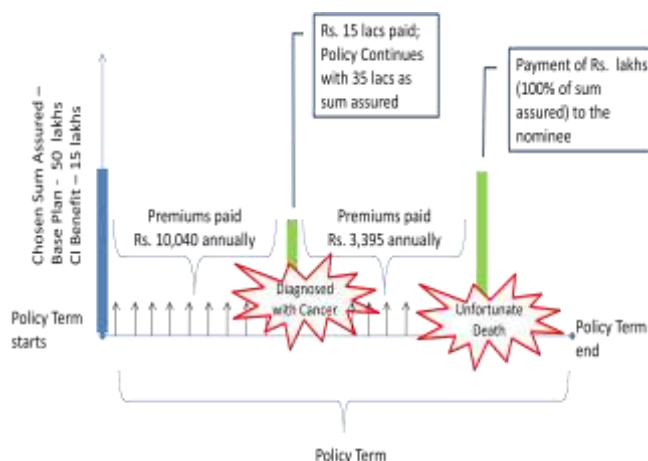
Below are the premiums for sample ages (₹ per annum) at different ages for Sum Assured of ₹ 50 lakhs (Regular Pay) and different Critical Illness Benefit.

Age (Male)	Coverage till	Sum Assured	With Critical Illness Cover		
		Non-Smoker	5 Lakh	15 Lakh	25 Lakh
30	70	4,800	6,550	9,720	13,000
35	75	6,650	9,285	14,060	19,000
40	75	8,650	12,295	18,940	25,800
45	75	11,400	16,390	25,545	34,975

How do the Critical Illness options work out for you?

4. Sample Illustration - Max Life Online Term Plan Plus

- Mr. Sharma (age 35), non-smoker opts sum assured of Rs. 50 lakhs for 25 years under Max Life Online Term Plan Plus. He also opts for CI benefit of Rs. 15 lakhs. He pays premium of Rs. 10,040 (excluding tax and cess).
- After paying 9 annual premiums, unfortunately Mr. Sharma is diagnosed with Cancer.
- Under the chosen option, Mr. Sharma will get a lump-sum benefit of Rs. 15 lakhs on approval of CI claim. His revised premium will be Rs. 3,395/-
- After 13 years, unfortunately Mr. Sharma dies.
- Mr. Sharma will receive remaining sum assured i.e. Rs. 35 lakhs and policy will terminate.



Important Notes

1. Kindly note that the above case studies are only examples and do not in any way create any rights and/or obligations.
2. You may be entitled to certain applicable tax benefits on your premiums and policy benefits. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. It is advisable to seek an independent tax consultation.
3. Extra premium will be charged for substandard lives as per company's Board approved underwriting policy.

Few important terms and conditions: (For other terms and conditions, please refer to the Policy Contract and Benefit Illustration)

- **Free Look Period:** You have a period of 30 days (since the policy is sourced through Distance Marketing modes) from the date of receipt of the Policy to review the terms and conditions of the Policy and where you disagree to any of those terms or conditions, you have the option to return the Policy stating the reasons for objections, upon which You shall be entitled to an amount which will be equal to premium received by Us less proportionate risk premium for the period of cover, expenses incurred on medical examination and on account of stamp duty.

The following distance marketing modes are applicable for this product:

- Voice mode, which includes telephone-calling;
 - Short Messaging service (SMS);
 - Electronic mode which includes e-mail, and interactive television (DTH);
 - Physical mode which includes direct postal mail and newspaper and magazine inserts.
- **Nomination:** Nomination shall be applicable in accordance with provisions of Section 39 of the Insurance Act 1938 respectively, as amended from time to time.
 - **Assignment:** Assignment shall be applicable in accordance with provisions of Section 38 of the Insurance Act 1938 respectively, as amended from time to time.
 - **Grace Period:** A grace period of thirty (30) days from the due date for payment of each premium will be allowed for all premium paying modes except for monthly mode, where a grace period of only fifteen (15) days will be allowed.

During the grace period, the Company will accept the premium without late fee.

The insurance coverage continues during the grace period but if the Life Insured dies during the grace period, the Company will deduct the due premium till the date of death (if any) from the benefits payable under the Policy.

- **Lapse:** If the Premium is not received by us by the end of Grace Period, your Policy shall lapse with effect from the due date of unpaid premium and no benefits under the policy will be paid.
- **Revival of Policy:** A lapsed Policy can be revived by you within 2 years from the due date of the first unpaid installment of the premium and before the expiry of policy term. The revival of policy shall take effect only after approval by the Company as per the Company's Board approved Underwriting Policy and will be communicated to you in writing, only if:
 - i) You give us a written request;
 - ii) You produce an evidence of insurability of Life Insured acceptable to us and bear the cost for the same; and

iii) You pay all overdue Premiums with late payment fee at such rates as may be determined by the Company from time to time depending upon the number of days between the date of lapse and the date of revival of the policy. The current late fee structure is mentioned below:

No. of Days between lapse and revival of policy	Late fee
0-60	Nil
61-180	RBI Bank Rate + 1% p.a. compounded annually on due premiums
>180	RBI Bank Rate + 3% p.a. compounded annually on due premiums

The RBI Bank Rate as at 14th March, 2017 is 6.75%. The RBI Bank Rate for the financial year ending 31st March (every year) will be considered for determining the revival late fee.

If a Lapsed Policy is not revived within the period allowed for revival, the Policy will terminate and no value is payable to you.

- **Suicide Exclusion:** Notwithstanding anything stated herein, if the Life Insured, whether sane or insane, dies by suicide within 12 months from the date of inception of the policy (effective date of risk commencement) or the date of revival of policy, the policy shall terminate immediately. In such cases, the Company shall only refund total premiums paid (inclusive of extra premiums, if any, but exclusive of taxes, cesses & levies as imposed by the Government from time to time), to the nominee.
- **Statutory impositions:** Premiums payable and benefits secured under your policy will be subject to applicable statutory levy, cess and taxes including taxes at the prevailing rates and Policyholder will be responsible for paying these statutory impositions.
- **Section 45 of the insurance Act, 1938 as amended from time to time states that:**
 - (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 of the insured the grounds and materials on which such decisions are 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 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 specially 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 or suppression of a material fact was true to the best of his knowledge and belief 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 member 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 the 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 of the insured the grounds and material 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 the 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 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.

- (5) Nothing in this section 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 insured was incorrectly stated in the proposal.

• **Prohibition of Rebates: Section 41 of the Insurance Act, 1938 as amended from time to time states:**

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

- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

- **Tax Benefits:** You may be entitled to certain applicable tax benefits on your premiums and Policy benefits. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. It is advisable to seek an independent tax consultation.

Annexure – Critical Illness Definitions & Exclusion

Critical Illness Definitions

The Accelerated Critical Illness benefit will be payable only if the incidence of any of the covered critical illness condition after policy issuance is the first incidence of that covered critical illness in the lifetime of the policyholder. *The CI Benefit for Angioplasty is subject to a maximum of 5,00,000 which is payable on only the first occurrence of diseases. On payment of benefit, the policy will continue for other CIs (remaining 39 illnesses) with CI Benefit reduced by payout already made.

1. Cancer of Specified Severity (malignant tumor)

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded –

- a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- c. Malignant melanoma that has not caused invasion beyond the epidermis;
- d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f. Chronic lymphocytic leukaemia less than RAI stage 3
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- i. All tumours in the presence of HIV infection.

2. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded. The benefit amount for angioplasty is capped at ₹ 5 Lakhs only.

3. First Heart Attack – of Specified Severity

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

- a. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b. new characteristic electrocardiogram changes
- c. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

4. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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. Surgery to Aorta

Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

6. Cardiomyopathy

The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart

Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

New York Heart Classification

Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.

Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.

Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

7. Primary 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 Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification (NYHA) of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- c. 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.

8. 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:

- a. Angioplasty and/or any other intra-arterial procedures

9. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

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

10. Chronic Lung Disease

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

1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
3. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 < 55$ mmHg); and
4. Dyspnea at rest.

11. Chronic Liver disease

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

1. permanent jaundice; and
2. ascites; and
3. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

12. Kidney Failure requiring regular dialysis

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

13. Major Organ or Bone Marrow Transplant (as recipient)

The actual undergoing of a transplant of:

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

The following are excluded:

1. Other stem-cell transplants
2. Where only Islets of Langerhans are transplanted

14. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.

15. Benign Brain Tumour

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 by 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:

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

The following conditions are excluded:

- a. 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.

16. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are excluded. Brain surgery as a result of an accident is also excluded. The procedure must be considered necessary by a qualified specialist.

17. 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

1. No response to external stimuli continuously for at least 96 hours;
2. Life support measures are necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting from alcohol or drug abuse is excluded.

18. Major Head Trauma

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

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

The Activities of Daily Living are:

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

The following are excluded:

- a. Spinal cord injury

19. 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.

20. 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:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

21. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding - the ability to feed oneself once food has been prepared and made available.

Psychiatric illnesses and alcohol related brain damage are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity date/expiry date, whichever is earlier.

22. Motor Neurone 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.

23. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed by a Consultant Neurologist. The diagnosis must be evidenced by all of the following:

1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis;
2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

Other causes of neurological damage such as SLE and HIV are excluded.

24. Muscular Dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".

Activities of Daily Living are defined as:

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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding - the ability to feed oneself once food has been prepared and made available

25. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

1. The disease cannot be controlled with medication; and
2. There are objective signs of progressive deterioration; and
3. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity date/expiry date, whichever is earlier.

26. Loss of Independent Existence

Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The company's appointed doctor should also agree that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The tasks are:

1. Bathing - 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. Getting in and out of bed - the ability to move from a bed to an upright chair or wheelchair and vice versa;
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. Feeding oneself - the ability to feed oneself once food has been prepared and made available.
6. Getting between rooms – the ability to move indoors from room to room on level surface.

Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. The company will have the right to evaluate the insured person to confirm total and permanent disability.

Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury.

Coverage for this impairment will cease at age sixty-five (65) or on maturity date/expiry date, whichever is earlier.

27. 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.

28. 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 90decibels across all frequencies of hearing" in both ears.

29. 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. All psychiatric causes of loss of speech are excluded.

30. Medullary Cystic Disease

Medullary Cystic Disease is a disease where the following criteria are met:

1. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
2. Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and
3. The diagnosis of medullary cystic disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit

31. Systemic Lupus Erythematosus

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either

1. Renal involvement with persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria
2. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

Discoid lupus and medication induced lupus are excluded.

32. Major 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

33. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

1. Absolute neutrophil count of less than 500/mm³
2. Platelets count less than 20,000/mm³
3. Reticulocyte count of less than 20,000/mm³

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anemia is excluded and not covered in this policy.

34. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause; and
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist.

Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded.

35. Bacterial Meningitis

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

36. Encephalitis

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. Encephalitis caused by HIV infection is excluded.

37. Progressive supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist

38. Severe Rheumatoid arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities.

Degenerative osteoarthritis and all other forms of arthritis are excluded.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

39. Creutzfeldt - Jakob disease

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

40. Fulminant Viral Hepatitis

A submassive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure where the following criteria are met.

1. Rapid decrease in liver size associated with necrosis involving entire lobules;
2. Rapid degeneration of liver enzymes;
3. Deepening jaundice; and
4. Hepatic encephalopathy

Hepatitis infection or carrier status alone, does not meet the diagnostic criteria.

Medical Practitioner:

Medical Practitioner shall mean a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner shall not include:

The Policyholder's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or Life insured / policyholder under this policy

Exclusions:-

Apart from the exclusions specified in each of the diseases above there are other exclusions for Critical illness rider where the life assured will not be entitled to any benefits if a Covered Serious Illness results either directly or indirectly from any one of the following causes or within 90 days of the start of the coverage (i.e. during waiting period). If any of the exclusion is found at underwriting stage then the policy will not be offered. However, if any exclusion is accepted as substandard as per Board Approved Underwriting Policy, the claim will not be rejected on ground of that exclusion

- Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
- 'Pre-existing diseases' which are defined as "Any condition, ailment or injury or related condition(s) for which the assured life had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer". Pre-existing illness will be covered after 48 consecutive months of continuous coverage have elapsed from the coverage effective date
- External Congenital Anomaly which is in the visible and accessible parts of the body
- Failure to seek or follow medical advice deliberately or failure to follow treatment under reasonable circumstances from any registered and qualified Medical Practitioner.
- Intentional self-inflicted injury, attempted suicide, while sane or insane.
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger or pilot and cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the insured person in a criminal or unlawful act with criminal intent.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.



- Disability due to psychiatric illnesses, post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded
- 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.



Important Notes:

- This is only a prospectus. It does not purport to be a contract of insurance and does not in any way create any rights and/or obligations. All the benefits are payable subject to the terms and conditions of the Policy
- Benefits are available provided all premiums are paid, as and when they are due
- Extra premium may be charged for substandard lives
- All applicable taxes, cesses and levies as imposed by the Government from time to time, would be levied
- Insurance is the subject matter of solicitation
- Life Insurance Coverage is available in this Product
- All Policy benefits are subject to policy being in force

Should you need any further information from us, please do not hesitate to contact on the below mentioned address and numbers. We look forward to have you as a part of the Max Life family.

Company Website

<http://www.maxlifeinsurance.com>

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Customer Service Number

18002003383

Customer Service Timings: 09:00 AM - 09:00 PM Monday to Saturday (except National holidays)

Disclaimers:

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- Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.