

Bharti AXA Life Group Credit Protection Pro

A Group, Non Linked – Non Participating, Pure Risk Premium, Credit Life Insurance Plan

Sales Literature

Consumers want products that can secure their future and provide financial security to their families against any outstanding liabilities, in case of any unforeseen contingencies. They want to safeguard their family against the burden of repaying their liabilities in case of any unforeseen event.

We at Bharti AXA Life Insurance understand this and have decided to act. We bring to you, Bharti AXA Life **Group Credit Protection Pro** herein referred to as “**Group Credit Protection Pro**”, a comprehensive group credit protection product that offers you the opportunity to safeguard your customers and their families against life’s unforeseen circumstances such as Death, Terminal Illness, Accidental Total & Permanent Disability, and Critical Illness. This product provides an easy and inexpensive way of providing financial stability along with your existing offerings.

What are the Salient Features of this plan?

- Life Cover
- Other Benefits - Choice of different plan benefit options such as coverage for terminal illness, critical illness, accidental total & permanent disability, Accidental Death to provide comprehensive solution based on the option selected.
- Choice of Level or Reducing Plan coverage level options.
- Coverage for loans with moratorium period ranging from 1 month to 10 years.
- Flexibility to include Joint Borrowers (max up to 4 borrowers).
- Premium Rebates for women lives and joint borrowers.
- Option to cover 125% of loan amount.

Who is eligible for Coverage under Group Credit Protection Pro?

All customers of the Master Policyholder who satisfy the following conditions or within the conditions defined by the Master Policy holder (MPH) will be eligible for coverage under this product.

| Parameter | Eligibility Criteria |
|--|--|
| Minimum age at entry (Age last birthday) | 14 years, for Education Loans only 18 years, for all other Loan types and other benefit options |
| Maximum age at entry (Age last birthday) | 75 years – For basic death benefit option 74 years – For accelerated terminal illness benefit 64 years – For other benefit options |
| Maximum Age at Maturity (Age last birthday) | 80 years In case of Joint Life coverage, maximum coverage term will be 80 years less the age of the older member. |
| Premium Payment Term | Single Premium |

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|---------------------------|---|--|------------------------------|
| Policy Coverage Term | The policy term for different benefit options are as follows - | | |
| | Type of Benefit | Minimum Coverage Term | Maximum Coverage Term |
| | Basic Death Benefit | 1 month | 30 years |
| | Accelerated Critical Illness Benefit | 1 year | 5 years |
| | Accelerated Terminal Illness Benefit | 1 year | 30 years |
| | Accelerated Accidental Total and Permanent Disability (ATPD) Benefit | 1 year | 30 years |
| | Accidental Death Benefit | 1 year | 30 years |
| | The Coverage term shall be consistent with loan tenure. The members shall be able to choose the coverage term lower than loan tenure as per their requirement | | |
| Minimum Premium | Based on the minimum sum assured, policy term, premium payment term, gender, age, interest rate, coverage level option and benefit option chosen | | |
| Minimum Sum Assured (Rs.) | Rs. 10,000 | | |
| Maximum Sum Assured (Rs.) | Max Sum Assured shall depend on options chosen | | |
| | Type of Benefit* | Maximum Sum Assured per Member | |
| | Basic Death Benefit | No limit, subject to the Company's Board Approved Underwriting Policy. | |
| | Accelerated Critical Illness Benefit | INR 10,000,000 | |
| | Accelerated Terminal Illness Benefit | INR 20,000,000 | |
| | Accelerated Accidental Total and Permanent Disability (ATPD) Benefit | INR 20,000,000 | |
| | Accidental Death Benefit | INR 20,000,000 | |
| Minimum Group Size | 20 members | | |
| Moratorium Cover | 1 month -10 years | | |
| Type of Cover | Level Cover, Reducing Cover | | |

*The minimum/maximum age at entry, sum assured & the coverage term will be scheme specific & shall vary as per underwriting limits based on data submitted by the master policy holder.

*In case of the life insured being a minor at the time of policy issuance, the ownership of the policy will vest in the life insured on attainment of age 18 years as per age attained on last birthday.

What are the Type of Groups and Loans covered

This plan is primarily targeted for borrowers/ co-borrowers, namely customers who have taken loans/ credit from Regulated and other entities such as banks/ financial institutions and other lending agencies providing different types of loans.

Regulated entities shall include Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks, RBI regulated Scheduled Banks (including Co-operative Banks), Non-Banking Financial Companies (NBFCs) having Certificate of Registration from RBI, National Housing Bank (NHB) Regulated Housing Finance Companies, National Minority Development Financial Corporation (NMDFC) and its State Channelizing Agencies, Small Finance Banks regulated by RBI, Mutually Aided Co-operative Societies

formed and registered under the applicable State Act concerning such Societies, Microfinance Companies registered under section 8 of the Companies Act.

The Plan can be offered to various types of loans such as - Home Loan, Mortgage Loan, Education Loan, Loan against Property (LAP), Two-wheeler Loan / Three-wheeler Loan, Car Loan, Credit Card Loan, Other auto vehicle Loans, Personal Loan, Gold Loan, Other consumer Loan, Professional Loan, Commercial Vehicle Loan, Commercial Equipment Loan, Business Loan, Other Commercial Loan, SME Loan, Agriculture Loan, Farm Equipment Loan, Tractor Loan, Microfinance Loan and any other loan.

What are the benefits available under this plan?

Death – On Death of Member, provided the Policy is in-force, the Death Benefit will be payable in lumpsum . The outstanding balance at the beginning of the month will be payable for deaths during the month.

In case of Reducing cover, the Death Benefit is equal to the outstanding loan as per the loan schedule (basis loan repayment frequency) fixed at inception.

In case of Level cover, the death benefit is equal to the sum assured throughout the coverage term.

The product has multiple benefit options available in addition to the death cover; Following are the benefit option and death benefit payable under each option

| Benefit Option | Event, Size and details of Benefit Payout |
|---|---|
| <p>Basic Death Benefit (no additional benefits opted for)</p> | <p>Event – Death</p> <p>Benefit – This option provides benefit only in case of death of the Member(s) anytime during the Coverage Term.</p> <p>How and when Benefits are payable – On Death of Member, provided the Policy is in-force.</p> <p>Size of Benefit – Level Cover: Sum Assured for which the Member was Insured Reducing Cover: Sum Assured at the date of death, as per the loan schedule specified in the COI.</p> |
| <p>Basic Death + Accelerated Critical Illness(CI) Benefit</p> | <p>Event - For Coverage Term up to & including 5 years: <ul style="list-style-type: none"> • Death or first diagnosis of Critical Illness, whichever is earlier For Coverage Term beyond 5 years: <ul style="list-style-type: none"> • In first 5 years – Death or first diagnosis of CI, whichever is earlier. • After 5 years – Death. Benefit - If Basic Death Benefit + Accelerated Critical Illness Benefit is chosen, the benefit payout shall happen on earlier of death or first diagnosis of Critical Illness. Thus, this benefit results in 100% acceleration of the death benefit on diagnosis of Critical Illness.</p> <ul style="list-style-type: none"> • The Critical Illness coverage is provided for a period of 5 years or Coverage Term, whichever is lower. In other words, the maximum term of the Critical Illness coverage is 5 years, irrespective of the Coverage Term. If the coverage term opted is higher than 5 years, the CI coverage is applicable for the first five years |

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| | <p>only. The Basic Death coverage shall continue for the rest of the term. The member cannot choose the Basic Death Benefit and ACI benefit separately</p> <ul style="list-style-type: none"> • Post the expiry of Critical Illness coverage, the basic death benefit coverage shall continue under the Plan till the end of the Coverage Term. <p>How and when Benefits are payable –</p> <ul style="list-style-type: none"> • During the first 5 years of the Coverage Term: <ul style="list-style-type: none"> ○ On Death of Member or first diagnosis of Critical Illness on the life of the Member, whichever is earlier, provided the Policy is in-force. • Post 5 years till end of Coverage Term: <ul style="list-style-type: none"> ○ On Death of Member, provided the Policy is in-force. <p>Size of Benefit –</p> <p>Level Cover: Sum Assured for which the Member was Insured</p> <p>Reducing Cover: Sum Assured at the date of death or diagnosis of Critical Illness, whichever is earlier, as per the loan schedule given in the COI.</p> |
| Basic Death Benefit + Accelerated Terminal Illness (TI) | <p>Event - Death or Terminal Illness, whichever is earlier</p> <p>Benefit - If Basic Death Benefit + Accelerated Terminal Illness Benefit is chosen, the benefit payout shall happen on earlier of death or diagnosis of Terminal Illness. Thus, this benefit results in 100% acceleration of the death benefit on diagnosis of Terminal Illness.</p> <p>How and when Benefits are payable – On Death of Member or diagnosis of Terminal Illness, whichever is earlier, provided the Policy is in-force.</p> <p>Size of the benefit - Level Cover: Sum Assured for which the Member was Insured</p> <p>Reducing Cover: Sum Assured on the date of death or diagnosis of Terminal Illness, whichever is earlier, as per the loan schedule given in the COI.</p> |
| Basic Death Benefit + Accelerated Accidental Total and Permanent Disability (ATPD) | <p>Event - Death or ATPD, whichever is earlier</p> <p>Benefit - If Basic Death Benefit + Accelerated ATPD Benefit is chosen, the benefit payout shall happen on earlier of death or occurrence of ATPD. Thus, this benefit results in 100% acceleration of the death benefit on occurrence of ATPD.</p> <p>How and when Benefits are payable - On Death of Member or occurrence of ATPD, whichever is earlier, provided the Policy is in-force.</p> <p>Size of the Benefit - Level Cover: Sum Assured for which the Member was Insured</p> <p>Reducing Cover: Sum Assured at the date of death or occurrence of ATPD, whichever is earlier, as per the loan schedule given in the COI.</p> |
| Basic Death Benefit + Accidental Death Benefit (ADB) | <p>Event – Death</p> <p>Benefit -</p> |

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| | <ul style="list-style-type: none"> • If Basic Death Benefit + ADB is chosen, an additional benefit will be paid in case of accidental death of the Member. This will be in addition to the death benefit payable under the Plan. • The ADB can be either 50% or 100% of the benefit payable on death and shall be chosen at inception. <p>How and when the benefits are payable- On Death of Member, provided the Policy is in-force.</p> <p>Size of the benefit - Level Cover: Sum Assured. In case of Accidental Death, an additional amount equal to 50% or 100% of the Sum Assured (as chosen by the Member) will also be paid. Reducing Cover: Sum Assured at the date of death, as per the defined schedule specified in the COI. In case of accidental death, an additional amount equal to 50% or 100% (as chosen by the Member) of the Sum Assured at the date of death, as per the loan schedule specified in the COI will also be paid.</p> |
| <p>Basic Death Benefit + ADB + CI</p> | <p>Event – For Coverage Term up to & including 5 years:</p> <ul style="list-style-type: none"> • Death or first diagnosis of Critical Illness, whichever is earlier <p>For Coverage Term beyond 5 years:</p> <ul style="list-style-type: none"> • In first 5 years – Death or first diagnosis of CI, whichever is earlier. • After 5 years – Death. <p>Benefit –</p> <ul style="list-style-type: none"> • If Basic Death Benefit + ADB + CI is chosen, the benefit payout shall happen on earlier of death or first diagnosis of Critical Illness. Thus, this benefit results in 100% acceleration of the death benefit on diagnosis of Critical Illness. • The Critical Illness coverage is provided for a period of 5 years or Coverage Term, whichever is lower. In other words, the maximum term of the Critical Illness coverage is 5 years, irrespective of the Coverage Term. • Post the expiry of Critical Illness coverage, the basic death benefit coverage shall continue under the Plan till the end of the Coverage Term. • An additional benefit will be paid in case of accidental death of the Member. This will be in addition to the death benefit payable under the Plan. • The ADB can be either 50% or 100% of the benefit payable on death and shall be chosen at inception. <p>How and when the benefits are payable- For Coverage Term up to & including 5 years:</p> <ul style="list-style-type: none"> • On death or first diagnosis of Critical Illness, whichever is earlier, provided the Policy is in-force. <p>For Coverage Term beyond 5 years:</p> <ul style="list-style-type: none"> • In first 5 years – On death or first diagnosis CI, whichever is earlier, provided the Policy is in-force. • After 5 years – On death, provided the Policy is in-force. <p>Size of the Benefit – Level Cover: Sum Assured. In case of Accidental Death, an additional amount equal to 50% or 100% of the Sum Assured (as chosen by the Member) will also be paid. Reducing Cover: Sum Assured at the date of death or diagnosis of Critical Illness, whichever is earlier, as per the loan schedule given in the COI. In case of accidental death, an additional amount equal to 50% or 100% (as chosen by the Member) of the Sum Assured at the date of death, as per the loan schedule specified in the COI will also be paid.</p> |

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| <p>Basic Death Benefit + ADB + TI</p> | <p>Event – Death or Terminal Illness, whichever is earlier</p> <p>Benefit –</p> <ul style="list-style-type: none"> • If Basic Death Benefit + ADB + TI is chosen, the benefit payout shall happen on earlier of death or diagnosis of Terminal Illness. Thus, this benefit results in 100% acceleration of the death benefit on diagnosis of Terminal Illness • An additional benefit will be paid in case of accidental death of the Member. This will be in addition to the death benefit payable under the Plan. • The ADB can be either 50% or 100% of the benefit payable on death and shall be chosen at inception. <p>How and when the benefits are payable- On Death of Member or diagnosis of Terminal Illness, whichever is earlier, provided the Policy is in-force.</p> <p>Size of the Benefit – Level Cover: Sum Assured. In case of Accidental Death, an additional amount equal to 50% or 100% of the Sum Assured (as chosen by the Member) will also be paid. Reducing Cover: Sum Assured at the date of death or diagnosis of Terminal Illness, whichever is earlier, as per the loan schedule given in the COI. In case of accidental death, an additional amount equal to 50% or 100% (as chosen by the Member) of the Sum Assured at the date of death, as per the loan schedule specified in the COI will also be paid.</p> |
| <p>Basic Death Benefit + ADB + ATPD</p> | <p>Event – Death or ATPD, whichever is earlier</p> <p>Benefit –</p> <ul style="list-style-type: none"> • If Basic Death Benefit + ADB + ATPD is chosen, the benefit payout shall happen on earlier of death or occurrence of ATPD. Thus, this benefit results in 100% acceleration of the death benefit on occurrence of ATPD • An additional benefit will be paid in case of accidental death of the Member. This will be in addition to the death benefit payable under the Plan. • The ADB can be either 50% or 100% of the benefit payable on death and shall be chosen at inception. <p>How and when the benefits are payable- On Death of Member or occurrence of ATPD, whichever is earlier, provided the Policy is in-force.</p> <p>Size of the Benefit – Level Cover: Sum Assured. In case of Accidental Death, an additional amount equal to 50% or 100% of the Sum Assured (as chosen by the Member) will also be paid. Reducing Cover: Sum Assured at the date of death or occurrence of ATPD, whichever is earlier, as per the loan schedule given in the COI. In case of accidental death, an additional amount equal to 50% or 100% (as chosen by the Member) of the Sum Assured at the date of death, as per the loan schedule specified in the COI will also be paid.</p> |
| <p>Basic Death Benefit + ADB + CI + TI</p> | <p>Event – For Coverage Term up to & including 5 years:</p> <ul style="list-style-type: none"> • Death or first diagnosis of Critical Illness or Terminal Illness whichever is earlier <p>For Coverage Term beyond 5 years:</p> <ul style="list-style-type: none"> • In first 5 years – Death or first diagnosis of CI or TI, whichever is earlier • After 5 years – Death or TI, whichever is earlier |

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| | <p>Benefit –</p> <ul style="list-style-type: none"> • If Basic Death Benefit + ADB + CI + TI is chosen, the benefit payout shall happen on earlier of death, first diagnosis of Critical Illness or diagnosis of Terminal Illness. Thus, this benefit results in 100% acceleration of the death benefit on diagnosis of Critical Illness or diagnosis of Terminal Illness. • The Critical Illness coverage is provided for a period of 5 years or Coverage Term, whichever is lower. In other words, the maximum term of the Critical Illness coverage is 5 years, irrespective of the Coverage Term. • Post the expiry of Critical Illness coverage, the basic death benefit coverage and coverage for Terminal Illness shall continue under the Plan till the end of the Coverage Term. • An additional benefit will be paid in case of accidental death of the Member. This will be in addition to the death benefit payable under the Plan. • The ADB can be either 50% or 100% of the benefit payable on death and shall be chosen at inception. <p>How and when the benefits are payable- For Coverage Term up to & including 5 years:</p> <ul style="list-style-type: none"> • On death or first diagnosis of Critical Illness or Terminal Illness, whichever is earlier, provided the Policy is in-force. <p>For Coverage Term beyond 5 years:</p> <ul style="list-style-type: none"> • In first 5 years – On death or first diagnosis of CI or TI, whichever is earlier, provided the Policy is in-force. • After 5 years – On death or diagnosis of TI, whichever is earlier, provided the Policy is in-force. <p>Size of the Benefit – Level Cover: Sum Assured. In case of Accidental Death, an additional amount equal to 50% or 100% of the Sum Assured (as chosen by the Member) will also be paid. Reducing Cover: Sum Assured at the date of death, diagnosis of Critical Illness or diagnosis of Terminal Illness, whichever is earlier, as per the loan schedule given in the COI. In case of accidental death, an additional amount equal to 50% or 100% (as chosen by the Member) of the Sum Assured at the date of death, as per the loan schedule specified in the COI will also be paid.</p> |
| <p>Basic Death Benefit + ADB + ATPD + TI</p> | <p>Event – Death, ATPD or Terminal Illness, whichever is earlier</p> <p>Benefit –</p> <ul style="list-style-type: none"> • If Basic Death Benefit + ADB + ATPD + TI is chosen, the benefit payout shall happen on earlier of death, diagnosis of Critical Illness or diagnosis of Terminal Illness. Thus, this benefit results in 100% acceleration of the death benefit on diagnosis of Critical Illness or diagnosis of Terminal Illness. • The Critical Illness coverage is provided for a period of 5 years or Coverage Term, whichever is lower. In other words, the maximum term of the Critical Illness coverage is 5 years, irrespective of the Coverage Term. • Post the expiry of Critical Illness coverage, the basic death benefit coverage, coverage for Terminal Illness and coverage for ATPD shall continue under the Plan till the end of the Coverage Term. • An additional benefit will be paid in case of accidental death of the Member. This will be in addition to the death benefit payable under the Plan. • The ADB can be either 50% or 100% of the benefit payable on death and shall be chosen at inception. <p>How and when the benefits are payable- On Death of Member, occurrence of ATPD or diagnosis of Terminal Illness, whichever is earlier, provided the Policy is in-force.</p> <p>Size of the Benefit –</p> |

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| | <p>Level Cover: Sum Assured. In case of Accidental Death, an additional amount equal to 50% or 100% of the Sum Assured (as chosen by the Member) will also be paid.</p> <p>Reducing Cover: Sum Assured at the date of death, occurrence of ATPD or diagnosis of Terminal Illness, whichever is earlier, as per the loan schedule given in the COI. In case of accidental death, an additional amount equal to 50% or 100% (as chosen by the Member) of the Sum Assured at the date of death, as per the loan schedule specified in the COI will also be paid.</p> |
| <p>Basic Death Benefit + ADB + CI + ATPD + TI</p> | <p>Event –</p> <p>For Coverage Term up to & including 5 years:</p> <ul style="list-style-type: none"> • Death or first diagnosis of Critical Illness or Terminal Illness or ATPD whichever is earlier <p>For Coverage Term beyond 5 years:</p> <ul style="list-style-type: none"> • In first 5 years – Death or first diagnosis of CI or ATPD or TI, whichever is earlier. • After 5 years – Death or ATPD or TI, whichever is earlier. <p>Benefit –</p> <ul style="list-style-type: none"> • If Basic Death Benefit + ADB + CI + ATPD + TI is chosen, the benefit payout shall happen on earlier of death, first diagnosis of Critical Illness, diagnosis of Terminal Illness or occurrence of ATPD. Thus, this benefit results in 100% acceleration of the death benefit on diagnosis of Critical Illness, diagnosis of Terminal Illness or ATPD. • The Critical Illness coverage is provided for a period of 5 years or Coverage Term, whichever is lower. In other words, the maximum term of the Critical Illness coverage is 5 years, irrespective of the Coverage Term. • Post the expiry of Critical Illness coverage, the basic death benefit coverage, coverage for Terminal Illness and coverage for ATPD shall continue under the Plan till the end of the Coverage Term. • An additional benefit will be paid in case of accidental death of the Member. This will be in addition to the death benefit payable under the Plan. • The ADB can be either 50% or 100% of the benefit payable on death and shall be chosen at inception. <p>How and when the benefits are payable-</p> <p>For Coverage Term up to & including 5 years:</p> <ul style="list-style-type: none"> • On death or first diagnosis of Critical Illness or Terminal Illness or occurrence of ATPD, whichever is earlier, provided the Policy is in-force. <p>For Coverage Term beyond 5 years:</p> <ul style="list-style-type: none"> • In first 5 years – On death or first diagnosis CI or TI or occurrence of ATPD, whichever is earlier, provided the Policy is in-force. • After 5 years – On death or diagnosis of TI or occurrence of ATPD, whichever is earlier, provided the Policy is in-force. <p>Size of the Benefit –</p> <p>Level Cover: Sum Assured. In case of Accidental Death, an additional amount equal to 50% or 100% of the Sum Assured (as chosen by the Member) will also be paid.</p> <p>Reducing Cover: Sum Assured at the date of death, diagnosis of Critical Illness, occurrence of ATPD or diagnosis of Terminal Illness, whichever is earlier, as per the loan schedule given in the COI. In case of accidental death, an additional amount equal to 50% or 100% (as chosen by the Member) of the Sum Assured at the date of death, as per the loan schedule specified in the COI will also be paid.</p> |

The benefit payable on the contingent event (as per defined schedule in the COI) and as per the Benefit Option chosen will be paid as lump sum.

| Benefit Option | Death Benefit | Accl CI | Accl TI | Accl ATPD | Additional ADB |
|--|---------------|---------|---------|-----------|----------------|
| Basic Death Benefit | ✓ | x | x | x | x |
| Basic Death Benefit + Accelerated Critical Illness(CI) | ✓ | ✓ | x | x | x |
| Basic Death Benefit + Accelerated Terminal Illness (TI) | ✓ | x | ✓ | x | x |
| Basic Death Benefit + Accelerated Accidental Total and Permanent Disability (ATPD) | ✓ | x | x | ✓ | x |
| Basic Death Benefit + Accidental Death Benefit (ADB) | ✓ | x | x | x | ✓ |
| Basic Death Benefit + ADB + CI | ✓ | ✓ | x | x | ✓ |
| Basic Death Benefit + ADB + TI | ✓ | x | ✓ | x | ✓ |
| Basic Death Benefit + ADB + ATPD | ✓ | x | x | ✓ | ✓ |
| Basic Death Benefit + ADB + CI + TI | ✓ | ✓ | ✓ | x | ✓ |
| Basic Death Benefit + ADB + ATPD + TI | ✓ | x | ✓ | ✓ | ✓ |
| Basic Death Benefit + ADB + CI + ATPD + TI | ✓ | ✓ | ✓ | ✓ | ✓ |

Note that –

1. The benefit options can be chosen at inception subject to the minimum / maximum criteria specified above for respective additional benefits.
2. The benefits (as detailed above) shall be paid and the coverage will terminate.
3. Further, in case of joint life basis, the coverage terminates for the surviving joint borrowers on payment of the benefit for the deceased / diagnosed Member, as applicable.
4. In case of Multiple life cover basis, the coverage for the surviving joint borrower(s) shall continue till occurrence of contingent event on their live(s) or end of Coverage Term, whichever is earlier.
5. The benefit option shall be only available if the chosen sum assured, entry age and maturity age are within the minimum / maximum ranges for the benefit as specified under eligibility criteria.

Maturity- No survival/Maturity benefit is payable under this plan.

Tax Benefits - Tax benefits, may be available under the policy as per the prevailing Income Tax laws and are subject to amendments from time to time.

How does this product work?

1. The coverage term of the Life/ (ves) Insured will correspond to the loan term at the inception of insurance cover. Group Credit Protection Pro provides the option to cover sum assured on reducing basis & level basis.
2. A Certificate of Insurance (COI) will be issued to Life Insured once you are enrolled under the Coverage. The COI can be used as proof of payment to claim tax benefits, if applicable.
3. In case of the unfortunate event of death of the Life Insured during the Coverage Term, Bharti AXA Life shall pay the Death Benefit to the beneficiary.
4. In case the coverage is for Joint life, then the Death Benefit will be payable on the first death of either of the Joint Life/s and the cover will be terminated.
5. On survival of the Life Insured till the end of Coverage Term, the Coverage under the master policy with the policyholder will be terminated and no benefit will be payable to the Life Insured or the Policyholder.

What are the Other Features Available?

Coverage Level Options: The following Coverage Level Options are available under the product:

- **Reducing Cover:** Under this option, the Sum Assured will reduce as per the loan repayment frequency chosen over the Coverage Term and will be as per the COI issued to the Member.
- **Level Cover:** Under this Option, the Sum Assured will remain constant throughout the Coverage Term.

The same shall be chosen at inception by the Member and cannot be changed later.

Surrender

Surrender of Master Policy: The Master Policyholder or the Company can terminate the Master Policy at any time by giving a prior written notice. In such case, the existing Members will have the option to continue their insurance cover as per the terms and conditions of the Plan and that the Company will continue to service such members till their Coverage is terminated.

Surrender by Member(s): The Member(s) can surrender anytime during the Coverage Term with the surrender value being payable as stated below.

Surrender Value:

- For coverages with Coverage Term of less than 2 years, no Surrender Value is payable.
- For coverages with Coverage Term of 2 years or more, Surrender Value shall be computed as per the following formula:

$$\text{Surrender Value} = \text{Surrender Value Factor (SVF)} \times P \times U/T \times OS/IS$$

where:

SVF = The surrender value factor (SVF) varies according to the Policy Year and is as shown in the table below.

P = Single premium paid in respect of the Coverage of a Member exclusive of underwriting extra (if any) and any taxes,

U = Unexpired Coverage Term (in months)

T = Coverage Term for the Member (in months)

OS = Sum Assured benefit at the time of surrender

IS = Initial Sum assured

| Policy Year | Surrender Value Factor |
|--------------------|-------------------------------|
| 1 – 3 | 45% |
| 4+ | 70% |

Surrender shall extinguish all rights and benefits under the Policy.

Moratorium Period- The Master Policyholder will have the option to choose a Moratorium Period of 1 month to 10 years in case of Mortgage loans or Education Loans taken with Reducing Cover Option.

The product offers the following options:

- Level, wherein the Initial Sum Assured remains same during the Moratorium Period. Thereafter, it shall reduce on a monthly basis as specified in the COI issued to the Member.
- Increasing, wherein the Initial Sum Assured increases during the Moratorium Period to the extent of accrued interest. Thereafter, it shall reduce on a monthly basis as specified in the COI issued to the Member.

Coverage Term in such cases will be inclusive of the Moratorium Period.

Joint Borrower Options: The Joint Borrower Options available under the Plan are detailed below. A maximum of 4 Joint Borrowers can be allowed under the Plan. All Joint Borrowers must opt for the same Coverage Term, Coverage Level, Moratorium Period and Benefit Option.

- Joint Life basis: Each of the joint borrowers will be insured for 100% of the Sum Assured. The Sum Assured payable on the Contingent event, as per the Benefit Option chosen, would be as per the

defined schedule specified in the COI. The coverage terminates for the surviving joint borrowers on payment of the benefit for the deceased / diagnosed Member, as applicable.

- **Multiple Life Cover basis:** This is applicable where two or more Members have availed loan facility together from the Master Policyholder. The joint borrowers will be considered as separate lives in this case and will be covered to the extent of respective share of loan amount.
On the occurrence of contingent event, the benefit will be payable as per COI and the coverage will terminate for the deceased/diagnosed member (as applicable). The coverage for the surviving joint borrower(s) shall continue till occurrence of contingent event on their live(s) or end of Coverage Term, whichever is earlier.

For the purpose of taking out insurance coverage under this Plan, the joint borrowers shall have an insurable interest as per the Board Approved Underwriting Policy of the Company.

Higher Coverage Amount: The product offers an option to take coverage of 1.25 times the loan amount / outstanding loan amount in case of new / existing loans respectively.

Top-up / Additional Sum Assured Option: The Member has an option to increase his / her cover to the extent of the increase in loan amount, during the Coverage Term subject to following conditions being met:

- The maximum Sum Assured in such a case will be as per the Board Approved Underwriting Policy of the Company;
- Additional premium will be charged for the increased Sum Assured.

The premium rate applicable for the additional Sum Assured shall be based on the age attained and outstanding Coverage term at the time of the exercising of the option. This shall be subject to the minimum premium payment term and policy term available under the product at the time of exercising this option.

Terms and Conditions

Free-look Option - The Master Policyholder / the Member has the option to request for free-look cancellation of the Master Policy / the COI, stating reasons for such cancellation and returning the original Certificate of Insurance (as applicable) within 30 days, where the policy term is equal to or greater than one year from the receipt of the Master Policy / COI. In case of the Member with policy period less than one year, the free-look period applicable will be as notified by IRDAI from time to time.

In such case, the Master Policy / COI shall stand terminated and the Premiums received, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination of the Life Assured(s) (if any), will be refunded to the respective Member(s).

Grace Period – This is a Single Premium policy therefore grace period is not applicable.

Revival - This is a Single Premium policy therefore revival is not applicable.

Riders – The Policyholder can opt for Group Accidental Death Benefit (UIN: 130B006V02) rider at the inception of the policy. This rider will not be applicable where Accidental Death Benefit option available under the product has been chosen.

Discount/Rebates – The following discounts are available under the plan

- In case of joint life, a joint life discount of 3.5% is applicable on the premium payable for each life.
- Premium rates for women lives are derived using a three year set back on male rates.

Termination of coverage

The Coverage of a Life Insured under the Policy shall terminate on the Termination Date which will be on the date of occurrence of the earliest of any of the following events:

| | | |
|---------|---|--|
| Event 1 | Expiry of the Coverage Term | The Company shall cease to pay any Benefits under the Policy in respect of the Life Insured |
| Event 2 | On the date on which the Life Insured attains the age of 80 years | The Company shall cease to pay any Benefits under the Policy in respect of the Life Insured. In the case of Coverage on joint Lives Insured, the Coverage would continue for the Life who has not yet attained the age of 80 years |
| Event 3 | Date of the death of the Life Insured/happening of any contingent event listed above (and in the case of Coverage on joint Lives Insured, the date of death happening of any contingent event listed above of any one of the joint Lives Insured) | The Company shall pay the Death Benefit and Coverage shall be terminated. (In case of joint lives insured, in case of first death/happening of any contingent event listed above, Death Benefit will be paid out and Coverage will be terminated). |
| Event 4 | Request for termination of the Coverage by the Life Insured (and in the case of Coverage on joint Lives Insured, the request given jointly by both the joint Lives Insured) on submission of a written request to the Master Policyholder | The Company shall pay the surrender value, If any, to the Life Insured and Coverage will cease. |
| Event 5 | On foreclosure of loan with the Master Policyholder, e.g. on pre-payment of loan and request for surrender from the Life Insured | The Company shall pay the surrender value, If any, for the Life Insured |
| Event 6 | On cancellation of policy during free look period | The Company shall pay the refund as defined under Free-Look Option |

Closure of Policy to new members:

The Master Policyholder may terminate the Policy by providing written notice to the Company stating its intent to terminate the Policy.

In this case, the Policy will close to new members on the later of:

- The date specified in the notice; or
- 30 days from the date on which the Company received the notice.

Existing Life/ (ves) Insured can either opt to surrender or continue their cover. In case the Life Insured opts to continue the cover, the coverage shall continue as per their respective terms under the Policy Document and the Company shall continue to fulfil its obligations until the end of their coverage term.

Claims process

The Beneficiary/ (ies) should report the claim arising out of the unfortunate death of Life Insured to the Master Policyholder or the Insurance Company at its registered office and submit the following documents:

- Certificate of Insurance

- Copy of Death Certificate
- Copies of medical reports, if any
- Death Claim Form (to be jointly signed by nominee and Master Policyholder and submitted by the Master Policyholder);
- Any other documentation that the Company may consider as material and relevant to the claim

Grievance Redressal

1. Customer Service

You can seek clarification or assistance on the Policy from the following:

- The Advisor through whom the Policy was bought
- The Customer Service Representative of the Company at toll free no. 1800 102 4444
- WhatsApp us 'Hi' at 02248815768
- SMS "SERVICE" to 56677
- Email: service@bhartiata.com
- Mail to: Customer Service

Bharti AXA Life Insurance Company Ltd.
Spectrum tower, 3rd Floor,
Malad link road, Malad (west),
Mumbai 400064. Maharashtra

2. Grievance Redressal Procedure

Step 1: Inform us about your grievance

In case you have any grievance, you may approach our Grievance Redressal Cell at any of the below-mentioned helplines:

- Lodge your complaint online at www.bhartiata.com
- Call us at our toll free no. 1800 102 4444
- Email us at complaints.unit@bhartiata.com
- Write to us at:

Registered Office:

Bharti AXA Life Insurance Company Ltd.
Unit No. 1902, 19th Floor, Parinee Crescenzo
'G' Block, Bandra Kurla Complex, BKC Road,
Behind MCA Ground, Bandra East,
Mumbai -400051, Maharashtra

Grievance Redressal Cell

Bharti AXA Life Insurance Company Ltd.
Spectrum tower, 3rd Floor,
Malad link road, Malad (west),
Mumbai 400064. Maharashtra'

- Visit our nearest branch and meet our Grievance Officer who will assist you to redress your grievance/ lodge your complaint.

Step 2: Tell us if you are not satisfied

In case you are not satisfied with the decision provided or if you have not received any response post completion of 14 days, you may write to Head - Customer Service for resolution at the above mentioned address or email at: head.customerservice@bhartiata.com:

You are requested to inform us about your concern (if any) within 8 weeks of receipt of resolution as stated above, failing which it will be construed that the complaint is satisfactorily resolved.

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority (IRDA of India) of India on the following contact details:

IRDA of India Grievance Call Centre (IGCC) TOLL FREE NO:155255 or 18004254732
Email ID: complaints@irda.gov.in

You can also register your complaint online at <https://bimabharosa.irdai.gov.in/>

Address for communication for complaints by paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Survey no.115/1, Financial District,

Nanakramguda, Gachibowli, Hyderabad – 500032

Step 3: If you are not satisfied with the resolution provided by the Company

Where the redressal provided by the Company is not satisfactory despite the escalation above, the customer may represent the case to the Ombudsman for Redressal of the grievance.

For preferring a complaint before the Insurance Ombudsman, you may prefer to Insurance Ombudsman Rule, 2017(as may be amended from time to time).

To locate the nearest Ombudsman office, please visit <https://www.cioins.co.in/Ombudsman> or you may also locate the list our website - <https://www.bhartiataxa.com>

Definition - Benefits option**1. Critical Illness - Definition for Critical Illness Benefits:****A. Cancer of Specified Severity (IRDA Definition)**

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 –

- 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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;
- All tumors in the presence of HIV infection

B. Myocardial Infarction (First Heart Attack of Specified Severity) (IRDA Definition)

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

The following are excluded:

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

C. Open Chest CABG (IRDA Definition)

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

D. Stroke Resulting In Permanent Symptoms (IRDA Definition)

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization 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:

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

E. Kidney Failure Requiring Regular Dialysis (IRDA Definition)

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.

F. Coma Of Specified Severity (IRDA Definition)

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

G. Open Heart Replacement or Repair of Heart Valves (IRDA Definition)

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.

H. Major Organ / Bone Marrow Transplant (IRDA Definition)

The actual undergoing of a transplant of:

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

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

I. Permanent Paralysis Of Limbs (IRDA Definition)

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.

J. Motor Neuron Disease With Permanent Symptoms (IRDA Definition)

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.

K. Benign Brain Tumour (IRDA Definition)

Benign Brain Tumour 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 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.

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

The following 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.

L. Blindness (IRDA Definition)

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

The Blindness is evidenced by:

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

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

M. Major Surgery to 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:

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

N. 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:

- Muscle rigidity
- Tremor

- 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:

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

2. Terminal illness - Terminal Illness is defined as an advanced or rapidly progressing incurable and un-correctable medical condition, which in the opinion of the treating physician is highly likely to lead to death within the next six months. An independent practicing medical consultant specializing in the relevant field of medicine also needs to opine that the life expectancy of the insured is less than six months. The waiting period for Terminal Illness benefit is 180 days.
3. Accidental Total and Permanent Disability - "**Accident**" is defined as "A sudden, unforeseen and involuntary event, caused by external, visible and violent means which occurs during the lifetime of the insured but excludes illness and diseases."
"Bodily Injury" means Injury must be evidenced by external signs such as contusion bruise and wound except in cases of drowning and internal injury.
"Injury" means accidental physical bodily harm excluding any illness or disease, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
"Total and Permanent Disability" refers to a disability, which:
 - a. is caused by Bodily Injury resulting from an Accident, and
 - b. occurs due to the said Bodily Injury solely, directly and independently of any other causes, and
 - c. occurs within 180 days of the occurrence of such Accident and
 - d. completely, continuously and permanently prevents the Life Assured from engaging in any work, occupation or profession to earn or obtain any wages, compensation or profit, such condition to persist for at least 6 months from the date of disability, and
 - e. the loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability.

"Loss of an arm or a leg" shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which:

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

"Loss of both eyes" shall mean total and irrevocable loss of sight of an eye which:

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

4. **Accidental Death - "Accident"** is defined as "A sudden, unforeseen and involuntary event, caused by external, visible and violent means which occurs during the lifetime of the insured but excludes illness and diseases".

An **"Accidental death"** means the death of the life assured which results directly, solely and independently of any other causes from bodily injury and occurs within 180 days of the date of accident.

"Accidental death benefit" means Benefit payable on death due to accident.

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

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

Medical Practitioner means 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 a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license; but excluding a Medical Practitioner who is:

- Insured Member himself / herself or an agent of the Insured Member or
- Insurance Agent, business partner(s) or employer / employee of the Insured Member or a member of the Insured Member's immediate family

Exclusions

| | |
|----------------|---|
| Suicide | <ul style="list-style-type: none"> • In case of death of the Insured Member 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 of the Policyholder shall be paid at least 80% of the Single Premium paid or the Surrender Value available as on the date of death, whichever is higher, provided the insurance coverage/ policy is in-force. • In case of Joint Life cover, this clause is applicable on either of the Members committing suicide. Post payment of the applicable amount, all the Members' cover will terminate and all rights, benefits and interests of all Members under the same policy will stand extinguished. • In case of Multiple Life cover basis, in case of any of the lives covered committing suicide, the applicable Sum Assured amount will be paid out. The coverage for the surviving borrower(s) shall continue till occurrence of contingent event on their live(s) or end of Coverage Term, whichever is earlier. |
|----------------|---|

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| <p>For Accelerated Critical Illness</p> | <p>Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions mentioned above, no Critical Illness Benefit will 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:</p> <ol style="list-style-type: none"> 1. Congenital Condition: Any external congenital condition or related illness is not covered under the policy. 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 policy terms and conditions. 2. Drug Abuse: Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner. 3. Pre-existing disease: Any condition, ailment, injury or disease - <ol style="list-style-type: none"> a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement. 4. Self-inflicted Injury: Intentional self- Inflicted injury. 5. Suicide: If the Critical illness/ death was contracted due to attempted suicide or intentional self-inflicted injury by the Member, 6. Criminal acts: Member involvement in criminal activities with criminal intent. 7. War and Civil Commotion: 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), civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion. 8. Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. 9. Aviation: Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft. 10. Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company. 11. Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period) 12. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event |
| <p>For Accelerated Accidental Total and Permanent Disability and for Accidental Death</p> | <p>The following are other exclusions for Accelerated Accidental Total and Permanent Disability and for Accidental Death benefit options under the plan. ATPD and ADB benefit shall not be paid on any of the events mentioned in definition section above, occurring directly or indirectly as a result of any of the following exclusions.</p> <ol style="list-style-type: none"> 1. Intentional self-inflicted injury, attempted suicide, while sane or insane; 2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner; |

| | |
|--|--|
| | <ol style="list-style-type: none"> 3. 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; 4. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation. 5. Participation by the insured person in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable; 6. Participation by the insured person in a criminal or unlawful act with criminal intent; 7. 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; 8. 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. |
|--|--|

Other Conditions

| | |
|--|---|
| <p>For Accelerated Critical Illness Benefit (CI)</p> | <ol style="list-style-type: none"> 1. Benefit is payable only in respect of the first incidence of one of the specified illnesses listed above definition section. Any member with Critical Illness which exists or occurred before inception of the policy shall not be offered this benefit. 2. A waiting period of 90 days from policy inception is applicable for this benefit, for claims arising out of defined critical illnesses. The waiting period is defined as the period starting from policy inception or reinstatement, as applicable, during which no benefits are payable under the respective benefit. 3. The waiting period shall apply to all members of a new group or to new members of an existing group. The waiting period shall not apply to those existing members of a renewing group provided who have already completed their waiting period fully. 4. If the group uses a probationary period, the waiting period shall commence from the end of the probationary period or when the life becomes insured, if later. 5. A survival period of 30 days is applicable for this benefit, for claims arising out of defined critical illnesses. The survival period is defined as the period of time after the date of first diagnosis of a critical illness that the policyholder has to survive to be eligible for a benefit payment under the Critical Illness Benefit. 6. Diagnosis of the critical illness must be confirmed by a specialist. The date of diagnosis will be considered for processing a claim. |
| <p>For Accelerated Accidental Total and Permanent Disability (ATPD)</p> | <p>Accelerated ATPD benefit will be payable only if the disability occurs while the cover is in force and a written intimation of the Accident is given within 30 days of Accident.</p> |

| | |
|---|--|
| For Accidental Death Benefit (ADB) | <ol style="list-style-type: none"> 1. ADB benefit is payable only if the death occurs while the cover is in force and unbroken. The accident shall result in bodily injury or injuries to the Member independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the death of the Member. 2. If the accident occurs on the even on last day of the policy term the cover will be provided for 180 days irrespective of the termination of the member cover. 3. In the event of the death of the Member after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. |
|---|--|

General terms and conditions

- The product will be customised based on the scheme level underwriting, wherever appropriate.
- The minimum & maximum sum assured limits, age limits & term limits will be based on scheme level underwriting based on data provided by master policyholder.
- Insurance cover under moratorium period is available under mortgage and education loan only. Maximum cover under moratorium cover is restricted to 10 years.
- The cover will cease at the end of the term as decided at inception irrespective of the loan not being extinguished completely due to interest rate fluctuations.
- Increase in loan outstanding due to EMI defaults will not be covered.
- The outstanding balance at the beginning of the month will be payable for deaths during the month.
- Insurance cover would commence only after acceptance of risk by Bharti AXA Life & receipt of full premium.
- The premium rates are guaranteed for the term of the coverage.
- No benefit shall be payable on maturity of the coverage under Pure term option.
- The Master Policy holder has the option to reassign the master policy.

Assignment and Nomination

Assignment: Assignment shall be in accordance with the provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

Nomination: Nomination shall be in accordance with the provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

SECTION 41 OF INSURANCE ACT 1938 as amended from time to time

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

Section 45 of the Insurance Act, 1938

Fraud/ Misstatement would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in appendix – I for reference]

Bharti AXA Life Insurance is a joint venture between Bharti Enterprises, a business group in India with interests in telecom, agri business and retail, and AXA, a global company in financial protection and wealth management. The joint venture company has a 51% stake from Bharti and 49% stake of AXA.

As we further expand our presence across the country with a large network of distributors, we continue to provide a varied range of products and service offerings to cater to specific insurance and wealth management needs of customers. Whatever your plans in life, you can be confident that Bharti AXA Life will offer the right financial solutions to help you achieve them.



Disclaimers:

- Life Insurance Coverage is available under this policy.
- This product brochure is indicative of terms, conditions, warranties and exceptions contained in the Policy. This is a group, non linked – non participating, Pure Risk Premium, credit life insurance plan. Please know the associated risk and applicable charges from your insurance agent or the intermediary or policy document and Certificate of Insurance of policy holder
- Bharti AXA Life Insurance Company Limited is the name of the Company and Bharti AXA Life Group Credit Protection Pro is only the name of the Group, Non Linked – Non Participating, Pure Risk Premium, Credit Life Insurance product and does not in any way represent or indicate the quality of the policy or its future prospects.
- Riders are optional and available at an extra cost.
- Bharti AXA Life Group Accidental Death Benefit Rider (130B006V02) is the name of the traditional non-participating rider and does not in any way represent or indicate the quality of the Rider or its future prospects.
- Tax benefits are as per the Income Tax Act, 1961, and are subject to any amendments made thereto from time to time.

Bharti AXA Life Insurance Company Limited, IRDAI Registration No.: 130
Registered Office: Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra
UIN: 130N105V02
CIN - U66010MH2005PLC157108
Advt No.: II-Feb-2024-5221

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS!

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 Logos  and  used in the document belongs to the Bharti Enterprises (Holdings) Private Ltd. and AXA SA respectively and are used by Bharti AXA Life under license.

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

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

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
- a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of reinstatement of Policy or
 - d. the date of rider to the Policy

whichever is later.

02. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
- a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of reinstatement of Policy or
 - d. the date of rider to the Policy

whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by 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.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.
09. The insurer can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance, 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.]