

Policy Document

Bharti AXA Life Swabhimaan Retirement Plan

A Non-Linked Non-Participating Individual Deferred Annuity Plan



Part B Definitions

The definitions of terms/words used in the Policy Document are as under:

1. **Age** is the age last birthday of the Annuitant(s) on the Date of Commencement of Policy.
2. **Annualized Premium** means the Premium amount payable in a year, excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
3. **Annuitant(s)** being person(s) on whose life this Policy has been taken and who become entitled to receive the Annuity benefits as stated in the Policy Schedule.
4. **Annuity** means a specified amount payable under this Policy at specified regular intervals as mentioned in the Policy Schedule and payable as per the specification under the option chosen by the Annuitant as evidenced in the Policy Schedule. Annuity option once chosen cannot be altered.
5. **Appointee** is the person to whom the proceeds/benefits secured under the Policy are payable on behalf of the Nominee if the benefit becomes payable to the Nominee and Nominee is Minor (as on the date of claim payment).
6. **Assignee** is the person to whom the rights and benefits are transferred by virtue of an Assignment.
7. **Assignment** means a provision wherein the Policyholder can assign or transfer a Policy in accordance with Section 38 of the Insurance Act 1938 as amended from time to time (refer Appendix I of the Policy Document)
8. **Assignor** means the person who transfers the rights of the life insurance policy to the Assignee.
9. **Beneficiary/Claimant** means the person(s)/ entity who is/are entitled to receive benefits under the Policy. The Beneficiary to whom Benefits shall be payable is the Annuitant/Primary Annuitant or surviving named Secondary Annuitant or his Assignee under Section 38 of the Insurance Act, 1938 as amended from time to time or Proved Executors or Administrators or other legal representatives of the Annuitant(s) who should take out representation to his / her estate or limited to the monies payable under this Policy from any court of any State or territory of the Union of India, as applicable.
10. **Company or Corporation** means Bharti AXA Life Insurance Company Limited.
11. **Critical Illness** refers to the medical conditions as listed in Appendix IV of the Policy.
12. **Date of Commencement of Policy/ Date of Inception of Policy** is the start date of this Policy and is also the same as mentioned in the Policy Schedule.
13. **Death Benefit** means the benefit, agreed at the Date of Inception of Policy, and means the amount as specified in the Policy Schedule and is payable on death of the Annuitant as per the terms and conditions of the Policy.
14. **Deferred Annuity** means an option where the Annuity is payable upon expiry of the Deferment Period, as per the payment mode chosen by You.
15. **Deferment Period** means the number of years from the Date of Inception of Policy after which the Annuity will begin.
16. **Discharge form** is the form to be filled by Annuitant /Claimant to claim the Surrender/Death benefit under the Policy.
17. **Endorsement** means conditions attached/ affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Company.
18. **Free Look Period** is the period of 30 days from the date of receipt of the Policy Document by the Policyholder to review the terms and conditions of this Policy and where the Policyholder disagrees to any of those terms and conditions, he/she has the option to return this Policy as detailed in Condition – of Part D of this Policy Document.
19. **Grace Period** is the time extended by the Company to facilitate the Policyholder to pay the unpaid Premium, in case the Premium(s) had not been paid as on the due date, during which time the Policy is considered to be in-force with the risk cover. The Policyholder gets Grace Period (30 days for yearly/ half yearly/quarterly premium payment modes and 15 days for monthly mode) to pay the unpaid Premium due under the Policy and the benefits under the Policy will remain unaltered during this period.
20. **Guaranteed Additions** is the amount accrued to the Policy every month during the Deferment Period.
21. **IRDAI** means Insurance Regulatory and Development Authority of India earlier called as Insurance Regulatory and Development Authority (IRDA).
22. **Joint Life Annuity** refers to an annuity policy taken jointly on the lives of Primary Life/ Annuitant and Secondary Life/ Annuitant, where insurable interest exists between the two.
23. **Loan** is the interest-bearing repayable amount granted by the Company against the Surrender Value payable to the Policyholder.
24. **Minor** is a person who has not completed 18 years of age.
25. **Mode of Payment of Annuity** refers to the frequency of Annuity payment as chosen by the Annuitant from the available modes of annuity i.e. yearly, half-yearly, quarterly, and monthly. The Annuity shall be payable in arrears i.e. the annuity payment shall commence after 1 year, 6 months, 3 months and 1 month from the Date of Commencement of Policy depending on whether the Mode of Payment of Annuity is yearly, half yearly, quarterly and monthly respectively.
26. **Nomination** is the process of nominating a person (s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
27. **Nominee (s)** means the person (s) nominated by the Policyholder (who is also the Annuitant) under this Policy and who is/are authorised to receive the claim benefit payable under this Policy on the death of the Annuitant/ Primary Annuitant/ Secondary Annuitant, wherever applicable as per the Annuity option chosen.
28. **Paid Up** is the status of the Policy if after completion of first policy year provided one full year premium has been received, and further Premiums have not been paid within the Grace Period.
29. **Policy/ Policy Document** means this document along with the Endorsements, if any, issued by the Company which evidences the contract of Insurance between the Policyholder and the Company.
30. **Policy Year** is measured from the Date of Commencement of Policy and is a period of twelve consecutive calendar months and includes every subsequent twelve consecutive calendar months.
31. **Policyholder** is the legal owner of this Policy.
32. **Post Deferment Period** is the period which starts after the completion of Deferment Period. Annuity is paid to the Annuitant during Post Deferment Period.
33. **Primary Life/ Annuitant** (applicable under Joint Life Annuity Option) is the person on whose life this Policy has been taken and who is entitled to receive the annuity benefits as stated in the Policy Schedule. For Joint Life Annuity Option under the Policy, the word, "Annuitant" is used for "Primary Annuitant".
34. **Premium** is the amount paid by the Policyholder as mentioned in the Policy Schedule to secure the benefits under the Policy. Premium shall mean Single Premium paid or the sum of Limited/Regular Premiums paid excluding any taxes which are payable separately along with the Premium collection and any discounts on Premiums.
35. **Policy Schedule** is the part of Policy Document that gives the specific details of the Policy.
36. **Revival** means reviving the Policy after the Policyholder has paid all due Premiums in accordance with the terms and conditions of this Policy and the Company's underwriting norms, if any.
37. **Revival Period** is the time of 5 years from the date of the last unpaid Premium due date and is the period available to the Policyholder to revive the Policy.
38. **Secondary Life/ Annuitant (applicable under Joint Life Annuity Option)** is the person entitled to receive the Annuity payment, in the event of death of the Primary Life/ Annuitant. The Secondary Life/ Annuitant must have an insurable interest with the Primary Life/ Annuitant.
39. **Surrender** means complete withdrawal / termination of the entire Policy.
40. **Surrender Value** means an amount, if any, that becomes payable in case of surrender, in accordance with the terms and conditions of this Policy
41. **The Company /Company** means Bharti AXA Life Insurance Company Limited.
42. **Total Annuity Paid** means total of all sum paid as Annuity to the Annuitant.
43. **Total Premiums Paid** means total of all the Premiums received under the base product, excluding any extra premium and taxes, if collected explicitly.
44. **UIN** means the Unique Identification Number allotted to this Plan by the IRDAI.

The terms defined above shall also act as a reference guide to the Policy Document in terms of IRDAI Master Circular on Life Insurance Products (Ref: IRDAI/ACTL/MSTCIR/MISC/89/6/2024Circular)

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Part C BENEFITS

The following benefits are payable under the Policy:

1. Survival Benefit

Annuity is payable during the survival of the Annuitant(s) after completion of the Deferment Period, as per the chosen Annuity Option and Mode of Payment of Annuity as specified in the Schedule.

In case of any Loan outstanding under the Policy, the Annuity paid to the Policyholder will be reduced by the amount of loan interest due under the Policy.

Interest on the Loan will accrue as per the frequency of Annuity payable to the Policyholder under the Policy and it will be due on the date of Annuity.

The benefits payable are as under:-

Sr. No.	Annuity Option	Details of Benefit Payable
1	Life Annuity without Return of Premium	Annuity will be paid for life of the Annuitant Post Deferment Period as chosen at the Date of Inception of Policy. The Policy shall terminate on death of the Annuitant and no further Annuity would be payable.
2	Joint Life Last Survivor Annuity without Return of Premium	Annuity will be paid for life of the Annuitant(s) as long as one of the Annuitants is alive, the Post Deferment Period as chosen at the Date of Inception of Policy. On death of both the Annuitant(s), no Death Benefit shall be payable. The Policy shall terminate and no further Annuity would be payable.
3	Life Annuity with 100% Return of Premium	Annuity will be paid for life of the Annuitant Post Deferment Period as chosen at the Date of Inception of Policy. On death of the Annuitant, a lump sum amount is paid to the nominee/legal heir of the annuitant and the policy shall terminate.
4	Joint Life Last Survivor Annuity with Return of Premium	Annuity will be paid for life of the Annuitant(s) as long as one of the Annuitants is alive, the Post Deferment Period as chosen at the Date of Inception of Policy. On death of the last survivor a lump sum amount is paid to the nominee/legal heir of the annuitant and the policy shall terminate and no further Annuity would be payable.
5	Life Annuity with 50% Return of Premium	Annuity will be paid for life of the Annuitant Post Deferment Period as chosen at the Date of Inception of Policy. On death of the Annuitant, a lump sum amount is paid to the nominee/legal heir of the annuitant and the policy shall terminate.
6	Life Annuity with Return of Premium - on Critical Illness (CI) or Permanent Disability (PD) due to Accident or Death	Annuity will be paid for life of the Annuitant Post Deferment Period unless there is occurrence of any CI or Permanent Disability due to Accident (as specified in Appendix IV) to the Annuitant, or there is occurrence of death. Post which lump sum benefit is paid to the annuitant and the policy shall terminate. Ten Critical Illnesses are covered under this option along with Permanent Disability due to Accident.
7	Life Annuity with Step up increase after every 5 years with Return of Premium	Annuity will be paid for life of the Annuitant Post Deferment Period. The Annuity amount shall increase Post Deferment Period, by 10% after every 5 years and this enhanced Annuity amount will then be paid to the Annuitant. On death of the Annuitant, a lump sum benefit is paid to the nominee/legal heir of the annuitant and the policy shall terminate.
8	Life Annuity with Return of Premium on attainment of age 80 years	Annuity will be paid for life of the Annuitant Post Deferment Period as chosen at the Date of Inception of Policy. In case Annuitant attains Age of 80 years, a lump-sum amount shall be paid to the Annuitant and Annuity shall continue to be paid till the date of death of the Annuitant. In case of death before attainment of age 80 years, lump sum benefit is paid out and policy terminates.

2. Guaranteed Additions

Guaranteed Addition is the amount which gets accrued to the Policy every completed policy month during the Deferment Period, provided all due premiums are paid. The amount of Guaranteed Additions is equal to 1/12th of 6% of the Total Premiums Paid. These Guaranteed Additions get paid out as part of death benefit. Further, the guaranteed additions won't be payable post deferment period in case Option 1 and Option 2.

3. Death Benefit

Upon death of the Annuitant(s) provided the Policy is in-force and all due Premiums till the date of death have been paid, Death Benefit, as stated below, will be payable immediately on death. The Death Benefit shall be payable to the Nominee(s) / legal heirs. Any Loan outstanding shall be recovered from the claim proceeds under the Policy.

The Death Benefit payable is as follows:

Annuity Option	Details of Benefit Payable	
	During the Deferment Period:	Post Deferment Period:
Life Annuity without Return of Premium	The Death Benefit payable shall be, higher of: 1. Total Premiums Paid up to date of death; plus, accrued Guaranteed Additions; or 2. 105% of Total Premiums Paid up to date of death	There is no Death Benefit payable Post Deferment Period.
Joint Life Last Survivor Annuity without Return of Premium.	In case of death of either of the Primary/ Secondary Life, the Policy shall continue for the surviving life (provided all Premiums are paid) who shall receive annuity Post Deferment Period till his/her death. The surviving Life will have to pay the instalment Premiums as and when due, in case all Premiums are not paid before death of the first life. On death of both Primary and Secondary Lives during the Deferment Period, the Death Benefit is paid to the Nominee / legal heirs which is higher of: 1. Total Premiums Paid up to date of last death; plus, accrued Guaranteed Additions, if any; or 2. 105% of Total Premiums Paid up to date of death	On Death of either of Primary Annuitant or Secondary Annuitant, Annuity will continue to be paid to the surviving Annuitant. On death of the surviving Annuitant, the Policy will cease. There is no Death benefit payable on death of last surviving Annuitant or when both the Annuitant(s) died together.
Life Annuity with 100% Return of Premium	The Death Benefit payable shall be, higher of: 1. Total Premiums Paid up to date of death; plus, accrued Guaranteed Additions; or 2. 105% of Total Premiums Paid up to date of death	The Death Benefit payable shall be, higher of: 1. Total Premiums Paid; plus, accrued Guaranteed Additions; less Total Annuity Paid till date of intimation of death; or 2. Total Premiums Paid
Joint Life Last Survivor Annuity with Return of Premium	In case of death of either of the Primary/ Secondary Life/ Annuitant, the Policy shall continue for the surviving life/ Annuitant (provided all Premiums are paid) who shall receive Annuity Post Deferment Period till his/her death. The surviving Life will have to pay the instalment Premiums as and when due, in case all Premiums are not paid before death of the first life. In case of death of both Primary and Secondary lives during the Deferment Period, the Death Benefit shall be paid to the Nominee(s) / legal heirs and the Policy shall terminate. Death Benefit payable shall be higher of: 1. Total Premiums Paid up to date of death plus, accrued Guaranteed Additions, if any; or 2. 105% of Total Premiums Paid up to date of death	On Death of either of the Primary Annuitant or the Secondary Annuitant, Annuity will continue to be paid to the surviving Annuitant, the Death Benefit as stated below shall be paid to the Nominee(s) / legal heirs & the Policy will cease. On Death of both the Primary Annuitant and Secondary Annuitant, Death Benefit as stated below shall be paid to the Nominee(s) / legal heirs & the Policy will cease. The Death Benefit payable shall be, higher of: 1. Total Premiums Paid; plus, accrued Guaranteed Additions; less Total Annuity Paid till date of intimation of death; or 2. Total Premiums Paid
Life Annuity with 50% Return of Premium	The Death Benefit payable shall be, higher of: 1. Total Premiums Paid up to date of death; plus, accrued Guaranteed Additions; or 2. 105% of Total Premiums Paid up to date of death	The Death Benefit payable shall be, higher of: 1. 50% of Total Premiums Paid plus, accrued Guaranteed Additions; less Total Annuity Paid till date of intimation of death; or 2. 50% of Total Premiums Paid

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Annuity Option	Details of Benefit Payable	
	During the Deferment Period:	Post Deferment Period:
Life Annuity with Return of Premium on CI or Permanent Disability due to Accident or Death	In case of diagnosis of CI as specified in Appendix IV or PD due to Accident or death, Benefit payable shall be higher of: 1. Total Premiums Paid up to date of intimation of CI/PD due to Accident or death, as the case may be; plus, accrued Guaranteed Additions; or 2. 105% of Total Premiums Paid up to intimation of CI/PD due to Accident or date of death, as the case may be In case of CI/PD, the benefit shall be payable to the Claimant. In case of death of the Annuitant, the benefit shall be payable to the Nominee(s) / legal heirs.	In case of diagnosis of CI as specified in Appendix IV or PD due to Accident prior to attained Age 80 or death, Benefit payable shall be higher of: 1. Total Premiums Paid; plus, accrued Guaranteed Additions; less Total Annuity Paid till date of intimation of CI/PD due to Accident or death; or 2. Total Premiums Paid In case of intimation of CI/PD due to Accident after attained Age 80, no Benefit shall be payable In case of CI/PD, the benefit shall be payable to the Annuitant. In case of death of the Annuitant, the benefit shall be payable to the Nominee(s) / legal heirs
Life Annuity with Step up increase after every 5 years with Return of Premium	The Death Benefit payable shall be, higher of: 1. Total Premiums Paid up to date of death; plus, accrued Guaranteed Additions; or 2. 105% of Total Premiums Paid up to date of death	The Death Benefit payable shall be, higher of: 1. Total Premiums Paid; plus, accrued Guaranteed Additions less Total Annuity Paid till date of intimation of death; or 2. Total Premiums Paid
Life Annuity with Return of Premium on attainment of age 80 years	In case of Death prior to attained Age 80, the Death Benefit payable shall be, higher of: 1. Total Premiums Paid up to date of death; plus, accrued Guaranteed Additions; or 2. 105% of Total Premiums Paid up to date of death In case of Death after attained Age 80, no Death Benefit shall be payable.	In case of Death prior to attained Age 80, the Death Benefit payable shall be, higher of: 1. Total Premiums Paid; plus, accrued Guaranteed Additions; less Total Annuity Paid out till date of intimation of death; or 2. Total Premiums Paid In case of Death after attained Age 80, no Death Benefit shall be payable

- The date chosen should be succeeding the due date of first Annuity payment and should be within one year from First Annuity Pay-out Date
- The Annuity payable from the special date will be increased for the period between the due date of first Annuity payment and the revised date selected, at an interest rate of 3.00% p.a. compounded monthly. The basis for increasing the annuity amount due to selection of a specified date to receive annuity will be reviewed from time to time and may be revised subject to the prior approval of the IRDAI.

8. QROPS (Qualifying Recognized Overseas Pension Scheme) Policyholders:

The Annuitant will have access to benefits or pay-out if this product is purchased as QROPS (Qualifying Recognized Overseas Pension Scheme), through transfer of UK tax relieved assets. The following terms and conditions shall apply to QROPS beneficiaries:

- Cancellation in the Free-Look Period - If this product is purchased as QROPS through transfer of UK tax relieved assets, the proceeds from cancellation in the free-look period shall only be transferred back to the fund house from where the money was received, based on the rules defined by HMRC from time to time.
- Non-Forfeiture Benefits – If this product is purchased as QROPS through transfer of UK tax relieved assets, access to benefits from Policy proceeds would be restricted till the Annuitant attains 55 years of age.
- Overseas transfer charge - In the event of applicable tax charge arising as a result of an overseas transfer (Her Majesty Revenue & Customs HMRC - Policy paper – The overseas transfer charge – guidance, published 8th March 2017) for which the Scheme Manager i.e. Bharti AXA Life Insurance Company may become liable, an amount only to the extent of the applicable tax charge will be deducted from the Policy value and the same will be remitted to HMRC.
- Other terms and conditions of HMRC shall also apply as applicable from time to time.

If this product is purchased as QROPS through transfer of UK tax relieved assets, the minimum entry age for payment of annuity will be governed by the rules defined by HMRC from time to time.

9. Atmanirbhar Option:

- In case of financial exigencies during the Post Deferment Period, for a fully paid up policy, the Annuitant has the option to withdraw a portion of the Surrender Value, at the time of request.
- The Annuitant can exercise this option for a maximum of 5 times during the term of the Policy, subject to summation of maximum of 50% of Surrender Value at the end of the Deferment Period.
- Future pay-outs* shall be reduced proportionately i.e. by a factor of (1 – amount requested / Prevailing Surrender Value).
- Post the encashment request, minimum annuity pay-outs shall be in accordance with the (Insurance Products) Regulations, 2024
- This option can be availed under the Annuity options where Surrender Value is applicable
- This option will not be extended to the Policy where policy loan facility has been availed.

* Future pay-outs include survival benefit & Death Benefit

10. Grace Period

Grace period is the time extended to allow the Policyholder to pay the unpaid Premium, in case the Premium/s had not been paid as on the due date. During the Grace Period, the Policy is in-force. The Policyholder gets Grace Period (30 days for annual/ semi-annual/quarterly premium payment modes and 15 days for monthly mode) to pay the unpaid Premium due under the Policy and the benefits under the Policy will remain unaltered during this Grace Period.

Grace Period is not applicable for the Single Premium option.

In case of death of the Annuitant during the Grace Period, the Death Benefit after deducting the unpaid due Premium shall be payable and the Policy will be terminated.

On diagnosis of Critical Illness of the Annuitant(s), the benefit paid will be in accordance with the exclusions under each of the Critical Illnesses listed in Appendix IV.

No Death Benefit, mentioned above, will be applicable to the Annuitant died by suicide. In such cases, benefits will be payable to the Nominee/legal heirs of the Annuitant, in accordance with Part C Section 5 of the Policy.

4. Payment of Premium

- Policyholders are required to pay Premiums on the due dates and for the amount specified in the Policy Schedule.
- Premium payment modes available under the Policy are single pay, annual, half yearly, quarterly (payable through ECS only) and monthly (payable through ECS only).
- If You discontinue the payment of the Premiums, the Policy will be treated as Lapsed or Paid-up or terminated as per the conditions under Part D Section 2.

5. Suicide claim provisions

In case of death of the Annuitant or death of the last survivor in a Joint Life policy due to suicide within 12 months from the Date of Commencement of Policy under the Policy or from the date of Revival of the Policy, as applicable, the Nominee or beneficiary of the Annuitant shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the Surrender Value available as on the date of death whichever is higher, provided the Policy is in force.

At the time of payment under suicide exclusion mentioned above, any outstanding Loan and interest of the Annuitant shall be recovered from the claim proceeds under the Policy.

6. Maturity Benefit

There is no maturity benefit under the Policy.

7. Save the Date:

The Annuitant will be given this option at the Date of Inception of Policy. At the time of buying the Policy, the Annuitant can choose to receive the annuity on any one date, to coincide with any special date. Please note:

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Part D

1. Proof of Age:

The Premium having been calculated on the Age of the Annuitant(s) as declared in the Proposal Form, in case the Age is found different (lower/higher) than such Age, without prejudice to the Corporation's other rights and remedies, including those under the Insurance Act, 1938, as amended from time to time the following action shall be taken:

- If the Annuitant's correct Age is found to be different from the Age declared in the Proposal Form, the Annuity payments payable under the Policy shall be altered corresponding to the correct Age of the Annuitant from the next Annuity due date and the total of the excess paid, if any, due to difference between the original Annuity amounts paid and the corrected Annuity, from the Date of Commencement of Policy up to the date of such excess payment, shall be paid to the Corporation with interest at such rate as fixed by the Corporation from time to time. The difference arising out of incorrect annuities paid in the past along with interest shall be collected from the Annuitant or would be adjusted from the following Annuity payments.
- If the correct Age is such as would have made the Annuitant uninsurable under the Policy, then the Policy shall be cancelled and the Premium paid may be refunded after deducting the charges for stamp duty, taxes and Annuity paid (if any).

2. Forfeiture in certain events:

In case any condition herein contained or endorsed hereon shall be contravened, or in case it shall hereafter appear that any untrue or incorrect averment is contained in the proposal and declaration herein mentioned, or in the statements referred to therein, have not been truly and fairly stated or that any material information has been withheld, then and in every such case this Policy shall be void and all claims to any benefit in virtue of this Policy shall be subject to the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. **[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Appendix – III for reference]**

3. Surrender

In case of Limited Premium/ Regular Premium, the Policy will acquire a Surrender Value after completion of first policy year provided one full year premium has been received. In case of Single Premium, the Policy will acquire Surrender Value as soon as the Premium is paid.

The SSV shall become payable after completion of first policy year provided one full year premium has been received. The policy acquires GSV after the payment of premium for at least two consecutive years.

On Surrender of the Policy during the Deferment Period, higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV) shall be payable to the Annuitant(s).

On Surrender of the Policy during the Post Deferment Period, Special Surrender Value (SSV) shall be payable to the Annuitant(s) who have opted for the Annuity Option with Return of Premium.

The Surrender benefit will be payable immediately on Surrender and on payment of the Surrender Value, the Policy stands terminated. Any change in the Surrender Value calculation method shall be applicable only after prior approval of the IRDAI.

Calculation of the Surrender Value is as follows:

During the Deferment Period

Surrender Value payable shall be higher of Guaranteed Surrender Value and Special Surrender Value as explained below:

Guaranteed Surrender Value = Guaranteed Surrender Value Factor * Total Premiums Paid (excluding loading for Modal Premium, if any)

Special Surrender Value = (F1 factor * Special Surrender Value payable immediately at the end of the Deferment Period*)

SSV is calculated basis the premiums paid till date (i.e. the special surrender value payable during the deferment period would be pro-rated based on paid up-factor).

Further, in case of Option 1 and Option 2, the special surrender value during deferment period will be –

$F1 \text{ factor} \times (F2 \text{ (A) factor less } 1) \times \text{Yearly Annuity}^{**} \times \text{Paid Up Factor}$ where, F2 (A) factor will be dependent on entry age plus deferment period less 1. For joint life, the F2 (A) factor applicable will be for the minimum of the primary and secondary life.

Post Deferment Period

Surrender Value will not be payable during the Post Deferment Period under "Life Annuity without Return of Premium" and "Joint Life Last Survivor Annuity without Return of Premium" options.

For other options, Surrender Value shall be equal to Special Surrender Value. Special Surrender Value will be as defined below:

Option	Annuity Option	Special Surrender Value
Option 1	Life Annuity without Return of Premium	Nil
Option 2	Joint Life Last Survivor Annuity without Return of Premium	Nil
Option 3	Life Annuity with 100% Return of Premium	$F2 \text{ (A) factor} \times \text{Yearly Annuity}^{**} \times \text{Paid Up Factor} + F3 \text{ (A) factor} \times \text{Total Premiums Paid (excluding loading for Modal Premiums)}$

Option	Annuity Option	Special Surrender Value
Option 4	Joint Life Last Survivor Annuity with Return of Premium	$F2 \text{ (A) factor} \times \text{Yearly Annuity}^{**} \times \text{Paid Up Factor} + F3 \text{ (A) factor} \times \text{Total Premiums Paid (excluding loading for Modal Premiums)}$ For joint life, the F2 (A) & F3 (A) factors applicable will be for the minimum of the primary and secondary annuitant.
Option 5	Life Annuity with 50% Return of Premium	$F2 \text{ (A) factor} \times \text{Yearly Annuity}^{**} \times \text{Paid Up Factor} + F3 \text{ (A) factor} \times \text{Total Premiums Paid} \times 50\%$ (excluding loading for Modal Premiums)
Option 6	Life Annuity with Return of Premium on CI or Permanent Disability due to Accident or Death	$F2 \text{ (A) factor} \times \text{Yearly Annuity}^{**} \times \text{Paid Up Factor} + F3 \text{ (A) factor} \times \text{Total Premiums Paid (excluding loading for Modal Premiums)}$
Option 7	Life Annuity with Step up increase after every 5 years with Return of Premium	$F2 \text{ (B) factor} \times \text{Yearly Annuity}^{**} \times \text{Paid Up Factor} + F3 \text{ (A) factor} \times \text{Total Premiums Paid (excluding loading for Modal Premiums)}$
Option 8	Life Annuity with Return of Premium on attainment of age 80 years	Special Surrender Value till 80 years = $F2 \text{ (A) factor} \times \text{Yearly Annuity}^{**} \times \text{Paid Up Factor} + F3 \text{ (B) factor} \times \text{Total Premiums Paid (excluding loading for Modal Premiums)}$ Special Surrender Value after 80 years = Nil

i. Where **Paid up Factor** = (Number of premiums paid / Number of premiums payable)

F1, F2 and F3 factors vary by Annuity option chosen at Date of Inception of Policy. Please refer Annexure VI

**Yearly Annuity shall be the first annual annuity payable Post Deferment Period

The maximum Special Surrender Value shall not exceed the amount of Death Benefit payable under the chosen option.

In case of Frequency of Annuity Payment other than annually in arrears, the Surrender Benefit shall be paid after deducting any Annuity pay-outs made during the Policy Year

The GSV factors and SSV factors are as attached in Annexure V Note that the SSV factors are not guaranteed and may be changed in future subject to prior approval of the Authority.

4. Discontinuance of due Premiums

a. Lapsation of Policy

If at least one full Policy Years Premiums have not been paid within the Grace Period allowed before completion of first policy year, then the Policy will Lapse with effect from the date of such unpaid Premium. Lapsation of the Policy shall immediately and automatically extinguish all the rights and benefits which the Annuitant is entitled to under the Policy.

b. Paid Up Status

After completion of first policy year provided one full year premium has been received by the Company and further Premiums have not been paid due to any reason, the Policy will automatically be converted into Paid Up. Once the Policy becomes Paid Up, all the benefits under the Policy would be reduced and calculated as given below.

The Paid Up Benefits are defined as below:

	Annuity Option	Death Benefit during Deferment period	Death Benefit post Deferment period
Death Benefit	Life Annuity without Return of Premium*	Total Premiums Paid up to date of death; plus, Accrued Guaranteed Additions	There is no Death Benefit payable.
	Joint Life Last Survivor Annuity without Return of Premium*	In case of death of either one of the Joint lives, no death benefit is payable. In case of death of both the Primary and Secondary lives during Deferment Period, Death Benefit payable shall be as follows: Total Premiums Paid up to date of death; plus, accrued Guaranteed Additions if any	There is no death benefit payable.

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	Life Annuity with Return of Premium*	Total Premiums Paid up to date of death; plus Accrued Guaranteed Additions	Death Benefit payable shall be higher of: 1. Total Premiums Paid plus Accrued Guaranteed Additions; less Total annuity paid out till date of intimation of death; and 2. Total Premiums Paid
	Joint Life Last Survivor Annuity with Return of Premium*	In case of death of either one of the Joint lives, no death benefit is payable. In case of death of both the Primary and Secondary lives during Deferment Period, Death Benefit payable shall be as follows: Total Premiums Paid up to date of death; plus, accrued Guaranteed Additions if any	On death of last survivor Death Benefit payable is higher of: 1. Total Premiums Paid plus Accrued Guaranteed Additions less Total annuity paid out till date of intimation of death; and 2. Total Premiums Paid
Death Benefit	Life Annuity with 50% Return of Premium*	Total Premiums Paid up to date of death; plus Accrued Guaranteed Additions	Death Benefit payable shall be higher of 1. 50% of Total Premiums Paid; plus Accrued Guaranteed Additions; less Total annuity paid out till date of intimation of death; and 2. 50% of Total Premiums Paid
	Life Annuity with Return of Premium* on Critical Illness or Permanent Disability due to Accident or Death	Total Premiums Paid up to date of death; plus, Accrued Guaranteed Additions	Death Benefit payable shall be higher of: 1. Total Premiums Paid; plus, Accrued Guaranteed Additions; less Total annuity paid out till date of intimation of death; 2. Total Premiums Paid;
	Life Annuity with Step up increase after every 5 years	Total Premiums Paid up to date of death; plus, Accrued Guaranteed Additions	Death Benefit payable shall be higher of: 1. Total Premiums Paid; plus, Accrued Guaranteed Additions; less Total annuity paid out till date of intimation of death; 2. Total Premiums Paid;
	Life Annuity with Return of Premium* on attainment of age 80 years	Total Premiums Paid up to date of death; plus Accrued Guaranteed Additions	Before Attainment of Age 80: Death Benefit payable shall be higher of: 1. Total Premiums Paid; plus, Accrued Guaranteed Additions; less Total annuity paid out till date of intimation of death; 2. Total Premiums Paid; After Attainment of Age 80: No Death benefit is payable.
	Annuity Benefit	Reduced Paid-up annual annuity benefit = Annual Annuity amount * Paid up Factor Further, Guaranteed Additions will not accrue in case the Premiums of the Policy are not fully Paid Up.	
Surrender	Surrender Value shall be higher of Guaranteed Surrender Value and Special Surrender Value as provided in Part D Section 3.		

Paid up Factor = (Number of Premiums paid / Number of Premiums payable)

In case the Paid-up Annuity amount calculated as above is less than the minimum annuity pay-outs shall be in accordance with the IRDAI (Minimum limits for Annuities and other benefits) Regulations, 2015, the Policy will cease and a Surrender Value will be paid to you as a lump sum at the end of the Revival Period of 5 years from the due date of first unpaid Premium.

5) Revival

Revival shall be as per the Company's Board approved underwriting policy.

The effective date of Revival is the date on which the below conditions are satisfied and the risk is accepted by the Company. The Revival of the Policy may be on terms different from those applicable to the Policy before it lapsed. The Revival will take effect only after it is specifically communicated by the Company.

A Policy which has lapsed or Paid Up may be revived for full benefits under the Policy subject to the following conditions:

1. The application for Revival is made within the Revival Period
2. Satisfactory evidence of insurability of the Annuitant is produced.
3. Payment of an amount equal to all unpaid Premiums together with interest at such rate as the Company may charge for such Revival, as decided by the Company from time to time, subject to prior approval from the IRDAI. The revival interest rate will be calculated on the 1st of April every year and will be derived as average of last six months 10 year G.Sec* yield of the immediate last financial year plus 2%. The revival rate of interest for FY 24-25 is 9.32% p.a.
4. On revival of a lapsed or paid-up Policy, the benefits under the Policy which prevailed before the date of lapse or paid-up will be reinstated.
5. In addition, on revival of a paid-up Policy, the difference between the paid-up benefits already paid out during the revival period and the original benefits payable will also be paid to the Policyholder
6. The revival will only be effective when the Company has specifically communicated the same in writing to the Policyholder.
7. Terms and conditions as may be specified by the Company from time to time

*The source of 10 year G-sec is the Clearing Corporation of India Ltd (ccilindia.com) Negotiated Dealing System – Order Matching (NDS-OM) Platform.

(i) If the Policy is in Lapsed status (Before the Policy acquired Surrender Value):

1. If a Policy in lapsed status is not revived within the Revival Period, the Policy shall be terminated, and no benefits shall be payable.
2. If a Policy in Lapsed status is revived within the Revival Period, all benefits will be restored.
3. In case of death of the Annuitant during the Revival Period, no benefit is payable to the Nominee(s)/legal heirs

(ii) If the Policy is in Paid Up status (After the Policy acquires Surrender Value):

1. If a Policy in Paid Up status is not revived within the Revival Period, the Policy shall continue in Paid Up status. The benefits under a Paid -Up Policy shall be reduced to Paid Up benefits. For details, refer to Part D, Section 4(b).
2. If a Policy in Paid Up status is revived within the Revival Period, all benefits will be restored..

6. Loan

Loan can be availed any time after six months from the Date of Commencement of Policy.

- a) Facility of Loan is available only under Annuity variants with ROP option.
- b) The loan amount will not exceed 70% of the surrender value. Further, the maximum amount of loan that can be granted under the policy after the deferment period shall be such that the effective annual interest amount payable on loan does not exceed 50% of the annual annuity amount payable under the policy.
- c) Under joint life option, the loan can be availed only by the primary annuitant and on death of the primary annuitant, it can be availed by the secondary annuitant.
- d) The loan shall carry interest at the rate specified by the Company at the time of advancing the loan. The loan interest rate will be equal to the 10-year G-Sec* rate prevailing on 1st of April each year plus 3% and will remain applicable for new as well as existing loans for that financial year. The interest rate in a policy loan is not guaranteed and would be reviewed by the Company on 1st of April every year.
- e) The loan interest will be recovered from the annuity amount payable under the policy. The loan interest will accrue as per the frequency of annuity payment under the policy and it will be due on the date of annuity.
- f) The loan outstanding shall be recovered from the claim proceeds under the policy. However, the annuitant has the flexibility to repay the loan principal at any time during the currency of the annuity payments.
- g) In case the Policy results in a claim before the repayment of the loan in full with interest, the Company shall be entitled to recover the outstanding loan and interest thereon from claims payable under the Policy.
- h) In case the outstanding loan amount including interest exceeds the surrender value, the policy is foreclosed after giving intimation and reasonable opportunity to the policyholder to continue the policy.

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For inforce and fully paid up policies, the policy cannot be foreclosed on the ground of outstanding loan amount including interest exceeds the surrender value

*The source of 10-year G-sec is The Clearing Corporation of India Ltd (ccilindia.com) Negotiated Dealing System – Order Matching (NDS-OM) Platform.

The current rate of interest chargeable on policy loans is 10.18% p.a. for FY 24-25.

Any change in basis of determination of interest rate for policy loan can be done only after prior approval of the Authority.

7. NPS

This product can be offered to subscribers of National Pension Scheme (NPS) in accordance with applicable laws and guidelines (as may be amended from time to time) and subject to prior approval of the Authority

8. Free Look Period:

The Policyholder has a period of 30 days from the date of receipt of the Policy Document to review the terms and conditions of the Policy and if Policyholder disagrees with any of the terms and conditions of the Policy, there is an option to return the original Policy along with a letter stating reasons for objection. The Policy will accordingly be cancelled and the Policyholder shall be entitled to a refund of the Premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the Company on medical examination of the proposer, if any and the stamp duty charges. All rights under this Policy shall stand extinguished immediately on cancellation of the Policy under the free look option.

If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-

For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account (eIA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

9. Advance Premium

For monthly premium payment mode policies, the Company may accept 3 months Premium in advance only on the Date of Commencement of Policy.

In case of advance Premium;

1. Collection of advance Premium shall be allowed within the same financial year for the Premium due in that financial year.
2. The Premium so collected in advance shall only be adjusted on the Premium due date.

10. Termination

The Policy will terminate on the earliest of the following:

- a) At the end of Revival Period in case of lapsed Policy as mentioned in Part D Section 4(a), or
- b) On the date the Company pays the Surrender Value, or
- c) On complete payment of the Death Benefit or Survival Benefit, as applicable, or
- d) Acceptance of free look request by the Company, or
- e) On refund of eligible Premiums/Surrender Value under suicide clause as per Section 5 of Part C above on suicide of the Annuitant/Secondary Annuitant (in a Joint Life Policy).
- f) On the date when the loan amount with accrued interest exceeds the Surrender Value in case where all due premiums are unpaid.

11. Policy alterations / Modifications

Policy alterations or modifications is not allowed

12. Riders

No riders are allowed under the Policy.

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PART E
Part E is not applicable to this Policy



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Part F

General Terms and Conditions

1. Fraud And Misstatement

Fraud and 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 – III for reference]**

2. Claims

The Company would require the following primary documents in support of a claim at the stage of claim intimation under the Policy:

For Death Benefit (other than death due to Accident/natural death): The original Policy (entire booklet), Copy of Death Certificate of the Life Insured, Claimant's Statement, KYC Documents and personalized cancelled cheque of the Claimant or Beneficiary, and Copy of medical records pertaining to treatment taken by the insured such as admission notes, discharge / death summary, test report etc. available, if any.

For Death Benefit (death due to Accident/Unnatural death): First Information Report (FIR) and Post Mortem report is required in addition to the documents required for Death Benefit (other than death due to Accident/ natural death) as mentioned above.

The Company is entitled to call for additional documents, if in the opinion of the Company such additional documents are warranted to process the claim.

Easy ways of claim intimation

- Walk in to your nearest Bharti-AXA Life Branch
- Call us Toll Free: 1800-102-4444*
- E-mail us:lifecclaims@bharti-axa.com
- Have us call you*
- Submit online claim through our website www.bharti-axa.com

*Claims intimated through these modes will be considered as verbal intimation. Claim will be formally registered only when written intimation (in form of physical claims form or through email or online through our website) is received at branch or directly to Claims team at Head Office.

3. 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.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in appendix – I for reference]

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

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in appendix – II for reference]

4. Issuance of Duplicate Policy:

The Policyholder can request for a duplicate copy of the Policy at Bharti AXA Life offices. While making an application for duplicate Policy the Policyholder is required to submit a notarized original indemnity bond. No additional charges may be applicable for issuance of the duplicate Policy.

5. Taxation:

The tax benefits, if any, on the Policy may be available as per the prevailing provisions of the tax laws as amended from time to time in India. If required by the relevant legislations prevailing from time to time, the Company will withhold taxes from the benefits payable under the Policy. The Company reserves the right to recover statutory levies including applicable taxes by way of adjustment of the Premiums paid by the Policyholder.

6. Normal requirements for benefit payable:

- For annuities in payment: The Existence Certificate in the format prescribed by the Company is to be submitted by the Annuitant / Primary Annuitant / Secondary Annuitant as and when required by the Company. In case of Joint Life Last Survivor Annuity with Return of 100% of Premium on death of the last survivor, after the death of the Primary Annuitant, the Existence Certificate of the surviving Secondary Annuitant will be required. The Annuity payments shall be released only on receipt of the Existence Certificate.
- On death of the Annuitant(s): The normal documents which the claimants shall submit while lodging the claim in case of death of the Annuitant / Primary Annuitant / Secondary Annuitant shall be the claim form, as prescribed by the Company, accompanied with original Policy Document, NEFT mandate from the claimant for direct credit of the claim amount to the bank account, proof of title, proof of death, whichever is applicable, to the satisfaction of the Company. If the Age is not admitted under the Policy, the proof of Age of the Annuitant shall also be submitted. Intimation of death along with death certificate must be notified within 90 days from the date of death, in writing to the office of the Company where the Policy is serviced for any claim to be admissible. However, delay in intimation of the genuine claim by the claimant, may be condoned by the Company, on merit and where delay is proved to be for reasons beyond his/her control.

7. Legislative Change:

The Terms and conditions under this Policy are subject to variation in accordance with the relevant Legislation & Regulations.

8. Notices

Any notice to be given to the Policyholder under the Policy will be issued by post or electronic mail or telephone facsimile transmission to the latest

address/es/fax number/email of the Policyholder available in the records of the Company.

Any change in the address of the Policyholder should be informed to the Company so as to ensure timely communication of notices and to the correct address.

Kindly refer to Part G section 1 of the Bond for intimating about the change in existing details.

9. Currency and Place of Payment

All payments to or by the Company will be in Indian rupees and shall be in accordance with the prevailing Exchange Control regulations and other relevant laws in force in India.

10. Mode of communication

The Company and the Policyholder may exchange communications pertaining to the Policy either through normal correspondence or through electronic mail and the Company shall be within its right to seek clarifications / to carry out the mandates of the Policyholder on merits in accordance with such communications. While accepting requests / mandate from the Policyholder through electronic mail, the Company may stipulate such conditions as deemed fit to give effect to and comply with the provisions of Information Technology Act 2000 and/ or such other applicable laws in force from time to time.

11. Governing Laws & Jurisdiction

The terms and conditions of the Policy Document shall be governed by and shall be subject to the laws of India. The parties shall submit themselves to the jurisdiction of the competent court/s of law in India in respect of all matters and disputes which may arise out of in connection with the Policy Document and / or relating to the Policy.

1. Customer Service

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

- The nearest branch office
- The Advisor through whom the Policy was bought
- The Customer Service Representative of The Company at toll free no. 1800 102 4444
- Email: service@bharti-axa.com
- WhatsApp us 'Hi' at 02248815768
- 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.bharti-axa.com
- Call us at our toll free no. 1800 102 4444
- Email us at complaints.unit@bharti-axa.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@bharti-axa.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:

Integrated Grievance Management System (IGMS)

TOLL FREE NO:155255 / 1800 4254 732

Email ID: complaints@irdai.gov.in

You can also register your complaint online at <http://www.igms.irdai.gov.in/>

Address for communication for complaints by paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy 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, if it pertains to the following:

- Delay in settlement of claim
- Partial or total rejection of claim
- Dispute with regard to premium
- Misrepresentation of policy terms and conditions
- Legal construction of the policy in so far as dispute related to claim
- Grievance relating to policy servicing
- Issuance of policy which is not in conformity with proposal form
- Non- issuance of your insurance document and
- Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the

IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned hereinabove.

The complaint should be made in writing duly signed by the complainant or through his legal heirs, Nominee(s)/legal heirs in case of death of the Nominee(s) or assignee, and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. As per provision 14(3) of the Insurance Ombudsman Rules, 2017, the complaint to the Ombudsman can be made, within a period of one year provided it is not simultaneously under any litigation:

- Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer; or
- the complainant had not received any reply within a period of one month after the Insurer received his representation; or
- the complainant is not satisfied with the reply given to him by the insurer.

For informative purpose and for your ready reference, the relevant clauses of the applicable law are reproduced below:

Section 41 of the 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 13 of the Insurance Ombudsman Rules, 2017 (as amended from time to time): Duties and Powers of Insurance Ombudsman

- 1) The Ombudsman shall receive and consider complaints or disputes relating to—
 - i. Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999.
 - ii. Any partial or total repudiation of claims by the life insurer, General insurer or the health insurer;
 - iii. Disputes over premium paid or payable in terms of insurance policy;
 - iv. Misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
 - v. Legal construction of insurance policies insofar as the dispute relates to claim;
 - vi. Policy servicing related grievances against insurers and their agents and intermediaries;
 - vii. Issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
 - viii. Non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and
 - ix. Any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time, or the regulations, circulars, guidelines or instructions issued by IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).
- 2) The Ombudsman shall act as counselor and mediator relating to matters specified in sub-rule (1) provided there is written consent of the parties to the dispute.
- 3) The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.
- 4) The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under Clause provided herein below.

Section 14 of the Insurance Ombudsman Rules, 2017 (as amended from time to time): Manner in which complaint to be made

- 1) Any person who has a grievance against the Company, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company complained against or the residential address or place of residence of the complainant is located.
- 2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the Company against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
- 3) No complaint to the Insurance Ombudsman shall lie unless—

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- a. the complainant makes a written representation to the Company named in the complaint and—
 - i. either the Company had rejected the complaint; or
 - ii. the complainant had not received any reply within a period of one month after the Company received his representation; or
 - iii. the complainant is not satisfied with the reply given to him by the Company;
 - b. The complaint is made within one year—
 - i. after the order of the Company rejecting the representation is received; or
 - ii. after receipt of decision of the Company which is not to the satisfaction of the complainant;
 - iii. after expiry of a period of one month from the date of sending the written representation to the Company if the Company fails to furnish reply to the complainant.
- 4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- 5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.



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List of Ombudsman (For the updated list You may refer to IRDAI website)

Address & Contact Details of Ombudsmen Centres

Council for Insurance Ombudsmen (Monitoring Body for Offices of Insurance Ombudsman)
3rd Floor, Jeevan Seva Annexe, S V Road, Santacruz (West), Mumbai – 400054.
Tel no: 022-26106671/6889/980. Email id: inscoun@cioins.co.in website: www.cioins.co.in

If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal)

Please visit our website for details to lodge complaint with Ombudsman.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU – 560 078.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, BHOPAL (M.P.)- 462 003.	Tel.: 0755-2769201/2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009.	Tel.: 0674- 2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, CHANDIGARH-160 017.	Tel.: 0172- 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018.	Tel.: 044-24333668 /24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, NEW DELHI-110 002.	Tel.: 011- 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, S.S. Road, GUWAHATI-781001 (ASSAM).	Tel.: 0361- 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004.	Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, JAIPUR – 302 005	Tel.: 0141-2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan

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ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, ERNAKULAM-682 015.	Tel.: 0484-2358759/2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700072.	Tel.: 033-22124339/22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001.	Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054.	Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt. Gautam Buddh Nagar U.P-201301.	Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, PATNA-800 001.	Tel.: 0612- 2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, PUNE – 411 030.	Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

BEWARE OF SPURIOUS/FRAUD 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.

Note: In case of dispute in respect of interpretation of these terms and conditions and special provisions/conditions the English version shall stand valid.

YOU ARE REQUESTED TO EXAMINE THIS POLICY DOCUMENT, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.

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Appendix I: Section 38 - Assignment and Transfer of Insurance Policies

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

01. This Policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be affected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the Policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance Policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the Policy

Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the Policy
 - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment), 2014 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment), 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Insurance Law (Amendment), 2014.]

Appendix II: Section 39 - Nomination by Policyholder

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

01. The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
02. Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

03. Nomination can be made at any time before the Maturity of the Policy.
04. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
05. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment), 2014 (i.e 26.12.2014).
16. If Policyholder dies after Maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) 2014, a nomination is made in favor of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment), 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Insurance Law (Amendment), 2014.]

Appendix III: 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.

01. No Policy of Life Insurance shall be called in question on **any ground whatsoever** after expiry of 3 years from
 - a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of revival 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 revival 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

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- 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:
- The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - 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.

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Appendix IV: List of Critical Illnesses

1. Cancer of Specified Severity

- A malignant tumour 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 leukaemia, lymphoma and sarcoma.
- II. The following are excluded –
- All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours 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 Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial infarction

(First Heart Attack of specific severity)

- The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - 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.
- II. The following are excluded:
- Other acute Coronary Syndromes
 - Any type of angina pectoris
 - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

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

4. Open Heart Replacement or Repair of Heart Valves

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

5. Coma of Specified Severity

- A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - 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.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

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

7. Stroke resulting in permanent symptoms

- Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and 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.
- II. 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.

8. Major Organ/Bone Marrow Transplant

- 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.
- II. The following are excluded:
- Other stem-cell transplants
 - Where only islets of langerhans are transplanted

9. Permanent Paralysis of Limbs

- Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease with Permanent Symptoms

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

Definition of Permanent Disability due to Accident

The following will be covered under Permanent Disability due to Accident – Permanent Disability will be established if the life assured is unable to perform 3 out of the 6 following activities of daily work:

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- i. Mobility: The ability to walk a distance of 200 meters on flat ground.
- ii. Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
- iii. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- iv. Lifting: The ability to pick up an object weighing 2 kg at table height and hold for 60 seconds before replacing the object on the table.
- v. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- vi. Blindness – permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

For the purpose of PD to apply, the disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empaneled medical practitioner.

Annexure V a - Guaranteed Surrender Value Factors

GSV - Limited/Regular Pay

Policy Year / Deferment Period	5	7	10
1	0%	0%	0%
2	30%	30%	30%
3	35%	35%	35%
4	90%	50%	50%
5	90%	50%	50%
6		90%	50%
7		90%	50%
8			70%
9			90%
10			90%

GSV - Single Pay

Policy Year / Deferment Period	3	5
1	75%	75%
2	90%	75%
3	90%	75%
4		90%
5		90%
6		
7		
8		
9		
10		

Annexure V (b) : Special Surrender Value Factors

F1 Factors

Period to Annuity Starts	F1 Factors
0	100%
1	93%
2	87%
3	80%
4	75%
5	70%
6	65%
7	60%
8	56%
9	52%
10	49%
11	45%
12	42%
13	39%
14	36%
15	34%

F2 (A) Factors % of Yearly Annuity

Age*	F2 (A) Factors	Age*	F2 (A) Factors
45	1305%	81	724%
46	1298%	82	699%
47	1290%	83	674%
48	1282%	84	649%
49	1274%	85	623%
50	1265%	86	598%
51	1256%	87	574%
52	1247%	88	549%
53	1236%	89	525%
54	1226%	90	502%
55	1215%	91	479%
56	1203%	92	457%
57	1191%	93	435%
58	1179%	94	415%
59	1165%	95	395%
60	1151%	96	376%
61	1137%	97	358%
62	1122%	98	341%
63	1106%	99	324%
64	1090%	100	309%
65	1073%	101	295%
66	1056%	102	282%
67	1037%	103	269%
68	1019%	104	258%
69	999%	105	248%
70	979%	106	238%
71	958%	107	229%
72	937%	108	220%
73	915%	109	212%
74	893%	110	204%
75	870%	111	196%
76	847%	112	186%
77	823%	113	171%
78	799%	114	147%
79	774%	115	100%
80	749%	116	0%

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F3 (A) Factors % of Total Premiums Paid

Age*	F3 (A) Factors	Age*	F3 (A) Factors
45	9.29%	81	51.19%
46	9.80%	82	53.01%
47	10.34%	83	54.83%
48	10.91%	84	56.66%
49	11.51%	85	58.47%
50	12.13%	86	60.28%
51	12.79%	87	62.07%
52	13.48%	88	63.83%
53	14.21%	89	65.56%
54	14.97%	90	67.26%
55	15.77%	91	68.92%
56	16.60%	92	70.53%
57	17.48%	93	72.08%
58	18.39%	94	73.59%
59	19.35%	95	75.03%
60	20.34%	96	76.41%
61	21.38%	97	77.72%
62	22.47%	98	78.96%
63	23.60%	99	80.14%
64	24.77%	100	81.25%
65	25.99%	101	82.28%
66	27.26%	102	83.25%
67	28.57%	103	84.15%
68	29.93%	104	84.99%
69	31.33%	105	85.77%
70	32.78%	106	86.48%
71	34.27%	107	87.14%
72	35.81%	108	87.76%
73	37.39%	109	88.33%
74	39.01%	110	88.87%
75	40.66%	111	89.40%
76	42.35%	112	89.95%
77	44.07%	113	90.60%
78	45.82%	114	91.50%
79	47.59%	115	93.03%
80	49.38%	116	100.00%

F3 (B) Factors of Total Premium Paid for Life Annuity with Return of Premium at Age 80

Age*	F3 (A) Factors	Age*	F3 (A) Factors
45	12.08%	81	0.00%
46	12.81%	82	0.00%
47	13.58%	83	0.00%
48	14.40%	84	0.00%
49	15.27%	85	0.00%
50	16.19%	86	0.00%
51	17.16%	87	0.00%
52	18.20%	88	0.00%
53	19.29%	89	0.00%
54	20.45%	90	0.00%
55	21.68%	91	0.00%
56	22.99%	92	0.00%
57	24.37%	93	0.00%
58	25.84%	94	0.00%
59	27.39%	95	0.00%
60	29.04%	96	0.00%
61	30.78%	97	0.00%
62	32.64%	98	0.00%
63	34.61%	99	0.00%
64	36.70%	100	0.00%
65	38.92%	101	0.00%
66	41.28%	102	0.00%
67	43.79%	103	0.00%
68	46.47%	104	0.00%
69	49.32%	105	0.00%
70	52.37%	106	0.00%
71	55.63%	107	0.00%
72	59.13%	108	0.00%
73	62.88%	109	0.00%
74	66.92%	110	0.00%
75	71.29%	111	0.00%
76	76.03%	112	0.00%
77	81.19%	113	0.00%
78	86.83%	114	0.00%
79	93.03%	115	0.00%
80	100.00%	116	0.00%

*During Deferment Period: Age = Entry Age plus Deferment Period less 1
Post Deferment Period: Age = Current Age