PART A

Welcome to Axis Max Life Insurance

Date [Date of Issuance of Policy]
To <Name of the Policyholder>
<Address>
Branch<_____>
Contact No: <_____>
G.O. Name: <G O Name>
Email Id: <Email address>

Welcome

Dear Mr/Ms. <Name of the Customer>,

Thank You for choosing us as Your life insurance partner. We are committed to financially protect You and Your loved ones because for them BHAROSA TUM HO .

We request You to go through enclosed Rider contract for Axis **Max Life Accidental Death and Dismemberment Rider (**A **N**on- Linked Non-Participating Individual Pure Risk Health Insurance Rider) with Rider document number <rider document number>**.**

Please also refer to the Customer Information Sheet for key information about Your Rider.

What to do in case of errors

On examination of the Rider, (enclosed herewith), if You notice any mistake or error, proceed as follows:
1. Contact our customer helpdesk or Your agent immediately at the details mentioned below.
2. We will rectify the mistake/error and send an updated Rider to You

Cancelling the Policy

You have a period of 30 (Thirty) days beginning from the date of receipt of the Rider document to review the terms and conditions of the Rider. If You disagree with any of the terms or conditions of the Rider document, or otherwise, and have not made any claim,, You have the option to cancel the Rider by sending a written request to Us, by stating the reasons for such objections.

Upon receipt of Your request and if no claim has been made under the Rider, , the Rider will terminate and all rights, benefits and interests under the Rider will cease immediately. You will be entitled to refund of the Rider Premiums received by Us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any, irrespective of the reasons mentioned.

Long term protection

We are committed to giving You honest advice and offering You long-term savings, protection and retirement solutions backed by the highest standards of customer service. We will be delighted to offer You any assistance or clarification You may require about Your Policy or claim-related services at the address mentioned below.

We value your association with us and assure you the best of our service, always.

Yours Sincerely,
Axis Max Life Insurance Limited

[Signature]
[Name of signing authority]
[Designation of signing authority]

Agent's name/ Intermediary name:
Mobile/Landline Telephone Number:
Address:

Axis Max Life Insurance Limited
Plot No. 90C, Sector 18, Udyog Vihar, Gurugram- 122015, Haryana, India
Phone: 4219090 Fax: 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1860 120 5577
Regd Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533
Visit Us at: https://www.axismaxlife.com E-mail: service.helpdesk@axismaxlife.com
IRDAI Registration No: 104, Corporate Identity Number: U74899PB2000PLC045626

PREAMBLE TO THE RIDER

AXIS MAX LIFE INSURANCE LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533

Axis Max Life Accidental Death and Dismemberment Rider

(A Non-Linked Non Participating Individual Pure Risk Health Insurance Rider)

UIN: 104B027V05

Axis Max Life Insurance Limited has entered this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule below.

We agree to pay the benefits under the Rider on the happening of the insured event, while the Policy and Rider is in force subject to the terms and conditions stated herein.

Signed by and on behalf of
Axis Max Life Insurance Limited

Place of Issuance: Gurugram, Haryana

POLICY SCHEDULE

Policy | **Type of Policy**

Policy UIN …… | **Office**

Rider Name – Axis Max Life Accidental Death and Dismemberment Rider | **Type of Rider** – A Non-Linked Non Participating Individual Pure Risk Health Insurance Rider

Rider UIN - 104B027V05

Policy No.: **Client ID:** **Date of Proposal:**	
Policyholder/: **PAN:** **Relationship with Life Insured:** **Date of Birth:** **Address (For all communication purposes):**	**Age Admitted: Yes/No** **Gender:** **Contact No.:** **Email:**
Life Insured: **Date of Birth:** **Age:** **Address:**	**Age Admitted: Yes/No** **Gender:**

Nominee (s)Name	Relationship of Nominee(s) with Policyholder	Date of Birth Of Nominee	Gender	Age	% share

Appointee (if Nominee is minor): **Name:**	**Relationship with Nominee:**
Date of Commencement of Risk under Rider: **Date on which Survival Benefit is payable: N/A**	**Premium Payment mode:**
Premium Payment Method:	**Bill Draw Date:** **Bank Name:** **Bank Account Number:**
Agent's name/ Intermediary name: **Email:** **Address:** **Details of Sales Personnel (for direct sales only):**	**Agent's code/ Intermediary code:** **Agent's/ Intermediary License No.:** **Contact Number:**

List of coverage	Maturity Date	Insured Event	Rider Sum Assured (INR)	Rider Term	Rider Premium Payment Term	Annualised Premium A (INR)	Underwriting Extra Premium B (INR)	GST**and any other taxes, cesses & levies C (INR)	Modal Factors D	Total Rider Premium along with applicable taxes, cesses and levies payable as per Premium payment mode selected E= [(A+B+C)*D] (INR)	Due Date when Rider Premium is payable/Date when the Last Premium is payable
Rider (s)	Dd/mm/yy	As per Section 2 of Part C									

****GST includes IGST, SGST, CGST, UGST (whichever is applicable) and applicable cesses**

PART B

DEFINITIONS APPLICABLE TO YOUR RIDER

The words and phrases listed below will have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The terms used in this Rider but not defined will derive their meaning from the Policy.

1. "**Accident**" or "**Accidental**" means a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. "**Age**" means the Life Insured's age on last birthday as on the Date of Commencement of Risk under Rider or on the previous Policy Anniversary, as the case may be;
3. "**Annualised Premium"** is the amount mentioned in the Schedule, and means Premium amount payable in a Year excluding Underwriting Extra Premium, loadings for modal premiums and taxes, , ;
4. "**Claimant**" means You (if You are not the Life Insured), Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificates in case Nominee(s) or assignee(s) is/are not alive at the time of claim;
5. "**Date of Commencement of Risk under Rider**" means the date as specified in the Schedule, on which the coverage under this Rider commences;
6. **"Exit Value"** means an amount payable on surrender of this Rider in accordance with Clause 1 of Part D;
7. **"Force Majeure Event"** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any government or other authority or any circumstance beyond Our control;
8. "**Grace Period**" means the time granted by the insurer from the due date of payment of Premium, without any penalty or late fee, during which time the rider is considered to be in-force with the risk cover without any interruptions as per terms and conditions of the Rider. The Grace Period for payment of Premium for all types of life insurance policies shall be 15 (Fifteen) days from the due date of the unpaid Rider Premium where the Policyholder pays the Premium on monthly basis and 30 (Thirty) days from the due date of unpaid Rider Premium for all other cases:
9. "**Injury**" means Accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner;
10. "**IRDAI**" means the Insurance Regulatory and Development Authority of India;
11. **"Lapsed Rider"** means a Rider for which the Rider Premium has not been received till the expiry of Grace Period;
12. "**Life Insured**" means the person named in the Schedule, on whose life the Rider is effected;
13. **"Limb"** means the whole hand at or above the wrist or the whole foot at or above the ankle**;**
14. **"Limited Premium Payment Variant"** means a variant under this Rider, wherein the Rider Premium Payment Term is less than the Rider Term;
15. "**Loss of Sight**" means total, permanent and irreversible loss of all vision as a result of illness or Accident (as applicable). The diagnosis must be clinically confirmed by an ophthalmologist. The blindness must not be correctable by aides or surgical procedure and supporting medical records must preserved for an uninterrupted period of at least six months;
16. "**Loss of Use**" means total, permanent and irreversible loss of all functional use of a Limb or organ and supporting medical records must preserved for an uninterrupted period of at least six months;
17. "**Maturity Date**" means the date specified in the Schedule, on which the Rider Term expires;
18. **"Medical Practitioner**" means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured or You or their spouse or is not a close family member, relative (by blood), or a Medical Practitioner employed by You/Life Insured;
19. "**Modal Factor**" means the applicable factor specified in the Schedule, which is used to determine the Premium, and will be as follows: i) for annual Premium payment mode – (1.00); ii) for semi-annual Premium payment mode - (0.52); iii) for quarterly Premium payment mode - (0.265); iv) for monthly Premium payment mode - (0.09);
20. "**Nominee**" means nominee nominated by You in accordance with Section 39 of Insurance Act, 1938 as amended from time to time, to receive the benefits under the Rider and whose name is mentioned in the Schedule;
21. "**Policy**" means the Policy to which this Rider is attached and forms part of;
22. "**Revival**" means restoration of the Rider, which was discontinued due to the nonpayment of Premium, by the insurer with all the benefits mentioned in the Rider document, upon the receipt of all the Premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the Rider, upon being satisfied as to the continued insurability of the insured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with board approved underwriting Policy.
23. **"Regular Premium Payment Variant"** means where the Rider Premium Payment Term is same as Rider Term;

24. **"Revival Period"** means a period of 5 (Five) consecutive years from the due date of the first unpaid Rider Premium,;

25. "**Rider"** means this insurance cover (s) added to the base product for additional Rider Premium and includes the customer information sheet;

26. "**Rider Premium**" means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Rider, excluding applicable taxes, cesses and levies, if any;

27. **"Rider Premium Payment Term"** means the term as specified in the Schedule during which the Rider Premium under the Rider is to be paid by You;

28. "**Rider Sum Assured**" **or** "**Sum Assured under Health Cover**" means an amount as specified in the Schedule, which is absolute amount of benefit which is guaranteed to become payable on happening of insured health related contingency in accordance with the terms and conditions of the Rider under health cover;

29. "**Rider Term**" means the term of this Rider as specified in the Schedule;

30. "**Schedule**" means the policy schedule and any endorsements attached to and forming part of the Policy and Rider and if any updated Schedule is issued, then, the Schedule latest in time;

31. **"Total Premiums Paid"** means the total of all Premium Paid under the Rider, excluding any extra Premiumand taxes if collected explicitly;

32. **"Underwritng Extra Premium**" means an additional amount mentioned in the Schedule and charged by Us, as per Underwriting Policy, which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including medical examination report of the Life Insured;

33. **"Underwriting Policy"** means an underwriting policy approved by Our board of directors;

34. "**We**", "**Us**" or "**Our**" means Axis Max Life Insurance Limited; and

35. "**You**", "**Your**" or "**Policyholder**" means the policyholder as named in the Schedule, who is the policyholder under the base Policy.

PARTC

RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT

1. ELIGIBILITY FOR RIDER BENEFITS

1.1. This Rider has been written on a single life basis.

1.2. The minimum Age of the Life Insured on the Date of Commencement of Risk under Rider should be 18 (Eighteen) years.

1.3. The maximum Age of the Life Insured on the Date of Commencement of Risk under Rider cannot exceed 65 (Sixty-Five) years.

1.4. The maximum Age of the Life Insured on the Maturity Date cannot exceed 75 (Seventy Five) years.

1.5. This Rider can be attached with the Policy at any time subject to minimum Rider Term of 5 (five) years from the Date of Commencement of Risk under Rider which will not be more than 57 (Fifty-Seven) years.

2. RIDER BENEFITS

This Rider offers the benefits set out below. These are payable in addition to the benefits of the base Policy.

2.1. **Accidental Death Benefit**

We will pay the Rider Sum Assured if the Life Insured dies due to an Accident (and independent from any other physical or mental illness) within 180 days of the Accident and before expiry of Rider Term provided that the Accident occurred when this Rider and the base Policy were in force.

2.2. **Accidental Dismemberment Benefit**

We will pay the Rider Sum Assured if the Life Insured suffers one or more of the following impairments due to an Injury (and independent from all other causes) within 180 days of the Accident and before expiry of Rider Term provided that the Accident occurred when this Rider and the base Policy were in force:

2.2.1. Irrecoverable Loss of Sight in both eyes; or

2.2.2. Amputation or Loss of Use of both hands at or above the wrists; or

2.2.3. Amputation or Loss of Use of both feet at or above the ankles; or

2.2.4. Amputation or Loss of Use of one hand at or above the wrist and one foot at or above the ankle.

3. PREMIUM

3.1. You may pay the Rider Premiums in annual, semi-annual, quarterly or monthly payment modes, as specified in the Schedule provided that the Rider Premium payment mode under this Rider shall always be same as the Premium payment mode of the Policy and can only be changed with the change of Premium payment mode of the Policy. The Rider Premium will change, if the Rider Premium payment mode is changed by You.

3.2. This Rider will be renewed in accordance with the terms of the base Policy. Subject to Section 1.5 of Part C, the Rider can be added or removed from the Policy at any time during the Policy Year. If this Rider is added in between 2 (Two) Policy Anniversaries, then for the first applicable Policy Year when the Rider is added, You will be required to pay the proportionate Rider Premium for the remaining period of that Policy Year. The addition of the Rider shall take effect only after We have approved the same in accordance with Our Underwriting Policy and communicated Our decision to You in writing.

3.3. You shall have a choice between the Limited Premium Payment Variant and Regular Premium Payment Variant for Premium payments. The Premium payment variant can only be chosen at the Date of Commencement of Risk under Rider and cannot be changed subsequently.

3.4. You can pay Rider Premiums at any of Our offices or through Our website https://www.axismaxlife.com or by any other means, as informed by Us. Any Rider Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.

3.5. The receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.

4. LAPSATION OF RIDER

4.1. If the Rider Premium is not received by the end of the Grace Period, the Rider will lapse and no benefits under the Rider will be payable.

4.2. If the base Policy lapses or goes into non-forfeiture mode the Rider will lapse and no benefits under the Rider will be payable.

5. SURVIVAL BENEFIT

No survival benefits are payable under this Rider.

PART D

SERVICING CONDITIONS APPLICABLE TO THE RIDER

1. EXIT VALUE

1.1 The Rider can be surrendered even without surrendering the Base Policy.

1.2 Rider shall automatically terminate if the base Policy is surrendered. In such cases only Exit Value, if any, under the Rider, shall be payable.

1.3 The Policy shall acquire Exit Value, subject to the following criteria:
a. For Limited Premium Payment Variant: Upon completion of Premium Payment Term on receipt of all due Premiums.
b. Regular Premium Payment Variant: No surrender benefit is applicable or payable.

1.4 The Exit Value shall be determined basis the formula given below:

70% x (Sum of Total Premium Paid, Underwriting Extra Premium and loadings for modal premiums, if any) x (unexpired Rider Term/ Rider Term).

2. LOANS

2.1 You are not entitled to any loans under this Rider

3. REVIVAL OF THE RIDER

3.1 As per base Policy.

3.2. The Rider cannot be revived beyond the Rider Term.

4. PAYMENT OF RIDER BENEFITS

4.1. The benefits under this Rider will be payable only on submission of satisfactory proof of the Life Insured's death/ Dismemberment to Us. The benefits under this Rider will be payable to the Claimant.

4.2. Once the benefits under this Rider are paid to the Claimant, the same will constitute a valid discharge of Our liability under this Rider.

5. EXCLUSIONS APPLICABLE TO THIS RIDER

The following exclusions are applicable to the benefits payable under this Rider:

5.1. **Suicide Exclusion**: We will return the Total Premium Paid, Underwriting Extra Premiums and loadings for modal premiums paid, if any received by Us under this Rider if the death of the Life Insured is directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by suicide or attempted suicide by the Life Insured, whether sane or insane within 12 (Twelve) months from the Date of Commencement of Risk under Rider or the date of revival of the Rider.

5.2. **Other Exclusion**s: We will not be liable to make any payment under this Rider if the Injury/death of the Life Insured is directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by any of the following:

5.2.1. The Life Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Medical Practitioner;

5.2.2. Injuries resulting from war (declared or un-declared), invasion, civil war, riots, revolution or any warlike operations;

5.2.3. Participation by the Life Insured in a criminal or unlawful act with criminal intent;

5.2.4. Service in military / para military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict;

5.2.5. Participation by the Life Insured in any flying activity other than as a bona fide passenger (whether paying or not), pilots or cabin crew in a licensed scheduled aircraft;

5.2.6. 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; or

5.2.7. The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

6. TERMINATION OF THE RIDER

6.1. This Rider shall terminate upon the happening of the first of the following events:

6.1.1. on the date on which We receive free look cancellation request;

6.1.2. the Life Insured's death;

6.1.3. on payment of a claim under Rider or the date of intimation of repudiation of the claim by Us (in case of death of the Life Insured);

6.1.4. on the expiry of the Revival Period, if the Lapsed Rider has not been revived;

6.1.5. on the expiry of the Rider Term;

6.1.6. on the Maturity Date or the date on which the base Policy has matured, expired, surrendered, terminated or cancelled for any reason;

6.1.7. on the Policy Anniversary following or coinciding with Life Insured attaining Age of 75 years;

6.1.8. on receipt of Your written request for cancellation of this Rider after the completion of the free look period; or

6.1.9. On cancellation/ termination of this Rider by Us on grounds of misrepresentation, fraud, non-disclosure or non-cooperation by You and/or the Life Insured. Upon such termination of the Rider, the Rider Premium received by Us will be refunded.

7. FREE LOOK PERIOD

7.1 You have a period of 30 (Thirty) days beginning from the date of receipt of the Rider document to review the terms and conditions of the Rider. If You disagree with any of the terms or conditions of the Rider document, or otherwise, and have not made any claim, You have the option to cancel the Rider by sending a written request to Us, by stating the reasons for such objections. Upon receipt of Your request and if no claim has been made under the Rider, the Rider will terminate and all rights, benefits and interests under the Rider will cease immediately. You will be entitled to refund of the Rider Premiums received by Us, after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any, irrespective of the reasons mentioned.

PART E

RIDER CHARGES

APPLICABLE FEES/ CHARGES UNDER THIS RIDER

This Rider is a non-linked non-participating individual pure risk health insurance Rider therefore, Part E is not applicable to this Rider.

PART F

GENERAL TERMS & CONDITIONS OF THE RIDER

1. TAXES

1.1. All Premiums received, benefits payable, and/or funds accumulated under the Policy or as may be maintained by Us for policyholders are subject to applicable taxes, cesses, and levies, including but not limited to Goods and Services Tax (GST) and Income Tax, as applicable, which shall be entirely borne by You and will always be paid by You at the time of Premium payment, receipt of benefits and/or fund payout, as applicable.

1.2. Notwithstanding anything contained in this Policy or otherwise, We hereby reserve the right to claim, deduct, reduce and/or set-off a sum equivalent to any tax, interest, penalty, and/or other payments, as maybe imposed by any legislation, regulation, order, judgment, or otherwise, from any benefits payable to You, your nominee, or assignee or from the funds accumulated under the Policy or funds maintained by Us.

1.3. Tax benefits may be available as per prevailing tax laws. Tax laws, their interpretation and/or application, including benefits arising thereunder are subject to change. You are advised to consult your tax advisor regarding the tax benefits and liabilities applicable to you.

2. GRACE PERIOD

2.1. The Rider Premium is due and payable by the due date specified in the Schedule. If the Rider Premium is not paid by the due date, You may pay the same during the Grace Period without any penalty or late fee.

2.2. The insurance coverage continues during the Grace Period. However, if the overdue Rider Premium is not paid even in the Grace Period and the Life Insured dies or suffers Accidental dismemberment as per Section 2.2 of Part C, then, We will pay the benefit after deducting the said overdue Rider Premium.

3. CLAIM PROCEDURE

3.1. A Claimant claiming benefits under this Rider must notify Us in writing within 90 (Ninety) days from the date of the death by an Accident or dismemberment of the Life Insured. Failure to do so may invalidate a claim under this Rider. We may at Our discretion condone the delay in notifying a claim, if it is proved by the Claimant under this Rider that the delay was due to a reason beyond control, subject to such conditions as We may prescribe at that time.

3.2. We will require the following documents in case of death by an Accident or dismemberment of the Life Insured:

3.2.1. claimant's statement in the prescribed form (death claim application form -form A);

3.2.2. original Rider document;

3.2.3. a copy of police complaint/ first information report (only in the case of death by accident or unnatural death or suicidal death of the Life Insured);

3.2.4. a copy of duly certified post mortem report, autopsy and a copy of the final police investigation report /charge sheet along with viscera/ histopathology report (wherever applicable) (only in the case of death by accident or unnatural death or suicidal death of the Life Insured);

3.2.5. original/ attested copy of death certificate issued by the local/municipal authority authority (only in the case of death of the Life Insured).

3.2.6. discharge summary / indoor case papers in case death happened due to medical reasons in a hospital;

3.2.7. medical booklet / CGHS card details in case of defence and central government personnel;

3.2.8. body transfer certificate / embassy documents / postmortem report whichever applicable in case of death in foreign country;

3.2.9. complete passport copy in case of death in foreign country;

3.2.10. identity proofs of the Claimants bearing their photographs and signatures (only in case of death of the Life Insured)

3.2.11. other life / health insurance details with claim history details;

3.2.12. employer's certificate with complete leave records (Form E);

3.2.13. copy of bank passbook / cancelled cheque of the claimant;

3.2.14. ITR for last 3 years / GST certificate in case of self-employed;

3.2.15. in case of a medical/natural death of the Life Insured, the attending physician's statement (Form C) and the medical records (admission notes, discharge/death summary, test reports, etc.);

3.2.16. NEFT mandate form attested by bank authorities; "

3.2.17. Bank statement of last 2 years of the Life Insured;

3.2.18. certificate by a Medical Practitioner confirming dismemberment of the Life Insured;

3.2.19. identity proof of the Claimant including nominee(s) bearing their photographs and signatures (only in the case of the

death of the Life Insured); and

3.2.20. any other documents/information required by Us for assessing and approving the claim request.

3.3. A Claimant can download the claim request documents from Our website https://www.axismaxlife.com or can obtain the same from any of Our branches.

3.4. "Subject to provisions of Section 45 of the Insurance Act 1938 as amended from time to time. We shall pay the benefits under this Rider subject to Our satisfaction:

3.4.1. that the benefits have become payable as per the terms and conditions of this Rider; and

3.4.2. of the bonafides and credentials of the Claimant.

3.5. Subject to Our sole discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements set out in Section 3.1 of Part F.

3.6. The Claimant is required to intimate Us along with necessary documents as mentioned above, regarding a claim under the Policy, at the earliest possible time either in person or through online mode or Our distribution channel or authorized call centre. For any support or guidance in relation to claims, please contact us at Helpline No. – 1860 120 5577, Email: service.helpdesk@axismaxlife.com

3.7.

3.8. For any support or guidance in relation to claims, please contact us at Helpline No. – 1860 120 5577, Email: service.helpdesk@axismaxlife.com

4. DECLARATION OF THE CORRECT AGE

4.1. Declaration of the correct Age and/ or gender of the Life Insured is important for Our underwriting process and calculation of Premiums payable under the Rider. If the Age and/or gender declared in the Proposal Form is found to be incorrect at any time during the Rider Term or at the time of claim, We may revise the Premium with interest and/or applicable benefits payable under the Rider in accordance with the premium and benefits that would have been payable, if the correct Age and/ or gender would have made the Life Insured eligible to be covered under the Rider on the Date of Commencement of Risk under the Rider.

5. FRAUD, MIS-STATEMENT AND FORFEITURE

5.1. Fraud, mis-statement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – (1) for reference]*

6. NOMINATION

6.1. As per base Policy.

7. ASSIGNMENT

7.1. As per base Policy.

8. TRAVEL RESTRICTION

8.1 There are no restrictions on travel under this Rider.

9. RIDER CURRENCY

9.1. As per base Policy.

10. ELECTRONIC TRANSACTIONS

10.1. As per base Policy.

11. AMENDMENT

11.1. As per base Policy.

12. REGULATORY AND JUDICIAL INTERVENTION

12.1. As per base Policy.

13. FORCE MAJEURE

13.1. As per base Policy.

14. COMMUNICATION AND NOTICES

14.1. As per base Policy.

15. GOVERNING LAW AND JURISDICTION

15.1. As per base Policy.

16. TRANSLATION

16.1 In the event of any conflict or discrepancy between any translated version and the English language version of this Policy contract, the English language version of this Policy contract shall prevail.

PART G

GRIEVANCE REDRESSAL MECHANISM AND OMBUDSMAN DETAILS

1) DISPUTE REDRESSAL PROCESS UNDER THE RIDER

1.1. All consumer grievances and/or queries may be first addressed to Your agent or Our customer helpdesk as mentioned below:

a. Axis Max Life Insurance Limited, Plot 90C, Sector 18, Udyog Vihar, Gurugram- 122015, Haryana, India, Helpline No. – 1860 120 5577, Email: service.helpdesk@axismaxlife.com; or

b. To any office of Axis Max Life Insurance Limited.

1.2. If Our response is not satisfactory or there is no response within 14 (Fourteen) days:

1.2.1. the complainant or his legal heirs may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:

Greivance Rederessal Offier,
Axis Max Life Insurance Limited
Plot No. 90C, Sector 18, Udyog Vihar, Gurugram- 122015, Haryana, India
Helpline No. – 1860 120 5577 or (0124) 4219090
Email: manager.services@axismaxlife.com;

1.2.2. the complainant may approach the Grievance Cell of the IRDAI on the following contact details:

IRDAI Grievance Call Centre (Bima Bharosa Shikayat Nivaran Kendra)
Toll Free No:155255 or 1800 4254 732
Email ID: complaints@irdai.gov.in
Website:- bimabharosa.irdai.gov.in

1.2.3. the complainant can also register Your complaint online at http://www.igms.irdai.gov.in/

1.2.4. the complainant can also register Your complaint through fax/paper by submitting Your complaint to:
Policyholder Protection & Grievance Redressal Department
(PPGR)Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500 032
India
Ph: (040) 20204000

1.3. If the complainant is not satisfied with the redressal or there is no response within a period of 1 (One) month or within 1 year after rejection of complaint by Us, the complainant or his legal heirs or nominee, or assignee may approach Insurance Ombudsman at the address mentioned in Annexure A or on the IRDAI website www.irdai.gov.in, or on Council of Insurance Ombudsmen website at www.cioins.co.in, if the grievance pertains to:

1.3.1. delay in settlement of a claim beyond the time specified by Us;

1.3.2. any partial or total repudiation of a claim by Us;

1.3.3. dispute over Premium paid or payable in terms of the Policy; or

1.3.4. misrepresentation of Policy terms and conditions at any time in the Policy document or Policy contract;

1.3.5. dispute on the legal construction of the Policy in so far as such dispute relate to a claim;

1.3.6. policy servicing by Us, our agents or intermediaries;

1.3.7. issuance of insurance Policy, which is not in conformity with the proposal form submitted by You;

1.3.8. non issuance of any Policy after receipt of the Premium.

1.3.9. Any other matter resulting from non-observance of or non-adherence to the provisions of any regulations made by the IRDAI with regard to protection of policyholders' interests or otherwise, or of any circulars, Guidelines or instructions issued by the IRDAI or of the terms and conditions of the policy contract, in so far as they relate to issues mentioned in this para 1.3 above.

1.4. As per Rule 14 of the Insurance Ombudsman Rules, 2017, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year after receipt of Our rejection of the representation or after receipt of Our decision which is not to Your satisfaction or if We fail to furnish reply after expiry of a period of one month from the date of receipt of the written representation of the complainant, provided the complaint is not on the same matter, for which any proceedings before any court, or consumer forum or arbitrator is pending.

Annexure A: List of Insurance Ombudsman

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: bimalokpal.bengaluru@cioins.co.in. (State of Karnataka)

BHOPAL- Office of the Insurance Ombudsman,1st Floor, Jeevan Shikha, 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: bimalokpal.bhopal@cioins.co.in (States of Madhya Pradesh and Chhattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in (State of Odisha.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: bimalokpal.chandigarh@cioins.co.in [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

CHENNAI- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

DELHI- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonepat and Bahadurgarh)

KOCHI- Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: bimalokpal.ernakulam@cioins.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

GUWAHATI - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: bimalokpal.guwahati@cioins.co.in (States of 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 (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

JAIPUR- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: bimalokpal.jaipur@cioins.co.in (State of Rajasthan)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: bimalokpal.kolkata@cioins.co.in (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW- Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in (Following Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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 400054. Tel : 022- 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

NOIDA - Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, 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 - 800001 Tel No: 0612-2547068, Email id : bimalokpal.patna@cioins.co.in (State of Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)