CUSTOMER INFORMATION SHEET/KNOW YOUR RIDER

This document provides key information about your Rider. You are also advised to go through your Rider document.

Sl No	Title	Description (Please refer to applicable Clause Number in next column)	Certificate of Insurance (COI)
1	Name of Insurance	**Axis Max Life Group Accidental Death Benefit Premier Rider**	Header
2	Rider COI number	[Add Rider number]	Schedule
3	Type of Insurance Product / Policy	Benefit Rider	Header
4	Sum Insured (Basis)	Member Rider Sum Assured - [Add sum assured]	Rider schedule
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	**I. ACCIDENTAL DEATH BENEFIT** Subject to the terms and condition of the Rider, the following benefits will be paid, **1.** During the Rider Period of Coverage, upon the Accidental Death of a Member, We shall pay the Rider Sum Assured to any person to whom the benefits are payable under the Base Policy, subject to the Base Policy and this Rider remaining in force. 2. Payment of the Rider Sum Assured point 1. above, shall constitute a valid discharge of Our liability under this Rider in relation to such a Member and upon such payment, the insurance coverage under this Rider for such a Member shall automatically terminate. 3. We may increase or decrease the Rider Sum Assured with respect to a Member during the Rider Period of Coverage subject to: i. receipt of a written request from the Master Policyholder/ Member; ii. receipt of an additional Rider Premium for such increased Rider Sum Assured; iii. submission of evidence of good health and occupation details to Us; iv. Our board approved underwriting policy and compliance with the applicable terms and conditions of this Rider. 4. At any time during the Rider Term, the Rider Sum Assured will not exceed three times of the Sum Assured under the Base Policy. 5. During the Rider Period of Coverage, if the Master Policyholder/ a Member, as the case may be, intends to decrease the Rider Sum Assured, then, such a Member is required to intimate Us directly or through the Master Policyholder, as the case may be**,** through a written request. On receipt of such a request, We will only refund the Rider Premium received for the decrease in the Rider Sum Assured for the unexpired Rider Period of Coverage to the Master Policyholder/Member, as the case may be.	Clause 1

6	Exclusions (what the policy does not cover)	Benefits under this Rider will be payable, except if the Accidental Death of the Member is caused directly or indirectly, voluntarily or involuntarily by any of the following: i. natural death of the Member; ii. intentional self-inflicted Bodily Injury, suicide or attempted suicide by the Member, whether sane or insane at that time; iii. the Member being under the influence of drugs, alcohol, narcotics or psychotropic substance, unless taken in accordance with the lawful directions and perscription of a Medical Practitioner; iv. the Member's failure to seek or follow the Medical Advice; v. war, invasion, act of foreign enemy, hostilities (whether war be declared or undeclared), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes; vi. participation by the Member in any naval or military or air force operation during peace time; vii. participation by the Member in a criminal or unlawful act with criminal intent; viii. participation by the Member in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable; ix. any Bodily Injury incurred by the Member before the Date Commencement of Risk of Rider; x. the Member engaging in or taking part in professional sports 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; sky diving; or xi. nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.	Clause 5
7	Waiting period • Time period during which specified diseases/treatments are	This is not Applicable	

8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit). ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insure). iii. Deductible (It is a specified amount: - up to which an	During the Rider Period of Coverage, the Rider Sum Assured will not exceed three times of the Sum Assured under the Base Policy. During the Rider Period of Coverage, if a Member intends to decrease the Rider Sum Assured, then, such a Member is required to intimate Us directly or through the Master Policyholder, through a written request. On receipt of such a request, We will only refund the Rider Premium received for the decrease in the Rider Sum Assured for the unexpired Rider Period of Coverage to such a Member. Not Applicable Not Applicable	Clause 1
9	Claims/Claims Procedure	**Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigations, if any, whichever is later.** **1.** For processing a claim request under this Policy, We will require all of the following documents: i. Claimant's statement in the prescribed form; ii. original Certificate of Insurance; iii. original/ attested copy copy of death certificate issued by the local/municipal authority; iv. identity proof of the Member and the Nominee(s) bearing their photographs and signatures v. copy of bank passbook / cancelled cheque of the Claimant with name and account number printed vi. a copy of police complaint/ first information report vii. a copy of duly certified post mortem report-autopsy/viscera report and a copy of the final police investigation report /charge sheet viii. body transfer certificate / embassy documents / post-mortem report whichever applicable ix. Copy of passport x. any other documents/information required by Us for assessing and approving the claim request. 2. Claimant can download the claim request documents from Our website https://www.axismaxlife.com or can obtain the	Clause 15

10	Policy Servicing	Helpline No. – 1860 120 5577 or (0124) 4219090 Email: service.helpdesk@axismaxlife.com **Contact Details of the Insurer:** Chief Customer Officer Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - www.axismaxlife.com	
11	Grievances/ Complaints	Grievance Redressal Officer, Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India Helpline No. – 1860 120 5577 or (0124) 4219090 Email: manager.services@axismaxlife.com; **Link for details of Grievance Redressal Officer or registering the grievance with the insurer's portal** https://www.axismaxlife.com/customer-service/grievance-redressal **Contact details of Ombudsman** Refer Annexure A for the Ombudsman details	Annexure A

12	Things To remember	**Free Look cancellation:** You and/or the Member, except for the Rider / Certificate of Insurance with tenure of less than a year, have the option to cancel the Certificate of Insurance, if You/Member disagree with any of the Rider contract/ Certificate of Insurance terms and conditions or otherwise by sending a written request to Us, stating the reason for objection. This request must be sent to Us within the Free look period of 30 (Thirty) days beginning from the date of receiving the Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of the Certificate of Insurance. a. In cases where Premium is paid by You: Free look cancellation can only be exercised by You and once exercised, the Rider shall terminate forthwith and all rights, benefits and interests under the Rider including the cover in respect of all existing Members shall cease immediately. You will be entitled to a refund of the Premiums paid less the proportionate risk premium for the period of cover, the expenses incurred on medical examination of the member(s), if any and stamp duty paid, if any. No new Members will be enrolled under the Rider. b. In cases where Premium is paid by the Member: Free look cancellation can be exercised by You as well as the Member. i. In case Free look cancellation is exercised by You, the Rider shall terminate forthwith and all of Your rights, benefits and interests under the coverage shall cease immediately. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance as applicable. No new Members will be enrolled under the Rider.	Clause 10
13	Your Obligations	• If the Premium is not received by the expiry of the Grace Period, the Policy will automatically lapse and no benefits will be payable under the Policy • Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. • Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. • Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time	Clause 12 Clause 8 Clause 7

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:
Date: (Signature of the Policyholder)

Note:

1. For the rider related documents including the Customer Information sheet please refer to https://www.axismaxlife.com
2. In case of any conflict between the terms contained in this document and COI, the terms and conditions mentioned in the COI shall prevail. However, in case of any conflict between the terms contained in the COI and rider contract, the terms and conditions mentioned in the rider contract shall prevail.
3. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

Annexure A: List of Insurance Ombudsman

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Building, Tilak Marg, Relief Road, Ahmedabad- 380 001. Tel.:- 079-25501201/02 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 – 560078. Tel.: 080-26652048/26652049 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, Arera Hills, Bhopal-462 011. Tel.:- 0755-2769201/2769202/2769203 Email: bimalokpal.bhopal@cioins.co.in (States of Madhya Pradesh and Chhattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751009. Tel.:- 0674-2596461/2596455/2596429/2596003. 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 - 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-110002. Tel.:- 011– 46013992/ 23213504/ 23232481 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, Near. Panbazar, S.S. Road, Guwahati- 781001(ASSAM) Tel.:- 0361-2632204/ 2602205/ 2631307 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. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122/ 23376991 / 23376599 / 23328709 / 23325325 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 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- 226001. 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 (List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.)

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 Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region.)

THANE - Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane – 400604 Email id: bimalokpal.thane@cioins.co.in (Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T".)