Welcome to Axis Max Life Insurance

<Date>
<Name of the Policyholder>
<Address 1>
<Address 2>
<City> - <Pin Code><State>
G. O. Name: <G O Name>
Contact: <Contact number>
Email id: <Email address>

Welcome

Dear <Name of the Policyholder>,

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 Benefit Premier Rider** (A Non Linked Non Participating Group Pure Risk Health Insurance Rider) with Rider number <*rider number*>.

What to do in case of errors

On examination of the Rider, 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. Return the Rider to us for rectifying the same.

Freelook Cancellation

You and/or the Member, have the option to cancel the Rider/Certificate of Issuance, if You/Member disagree with any of the Rider terms and conditions or otherwise by sending a written request to Us, stating the reason for such objection. This request must be sent to Us within the Free look period of 30 (Thirty) days beginning from the date of receipt of Rider/Certificate of Insurance, to review the terms and conditions of the Rider/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 and all rights, benefits and interests under the Policy 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 Policy.

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 Policy shall terminate 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 Policy.

   ii. In case the free look option is exercised by the Member, Upon receipt of request, if no claim has been made under the Certificate of Insurance, the Certificate of Insurance shall terminate and all rights, benefits and interests shall cease immediately. The Member shall be entitled to a refund of the paid less the proportionate risk Premiums paid for the period of cover, the expenses incurred on medical examination of the Member(s), if any and stamp duty paid, if any.

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 Rider/ Certificate of Insurance 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 Ltd.

<NAME>
<DESIGNATION>

Agent's name / Intermediary name:
Contact 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
Visit Us at: https://**www.axismaxlife.com** E-mail: **service.helpdesk@axismaxlife.com**
IRDAI Registration No: 104 Corporate Identity Number: U74899PB2000PLC045626

RIDER PREAMBLE

AXIS MAX LIFE INSURANCE LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533

Axis Max Life Accidental Death Benefit Premier Rider

(A Non Linked Non Participating Group Risk Health Insurance Rider Pure)

UIN – 104B024V04

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

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

Axis Max Life Insurance Limited

Place of Issuance: Gurugram, Haryana

RIDER SCHEDULE

I. DETAILS OF RIDER

Rider Name: Axis Max Life Group Accidental Death Benefit Premier Rider
Type of Rider: A Non Linked Non Participating Group Pure Risk Health Insurance Product
UIN: 104N024V04
Base Policy:
Type of Base Policy:
Base Policy UIN:
Base Policy Number:
Proposal No.:
Date of Proposal:
Date of Commencement of Risk under Base Policy:
Office Address:
Rider No.:
Details of Insured as at the Effective Date of Coverage/ Annual Date of Renewal of Rider:

Date of Commencement of Risk of Rider:
Policy Term:
Premium Payment Variant:
Expiry Date of Rider:
Premium Payment Mode: Annual/ Half Yearly/ Quarterly/ Monthly/ NA
Premium Due Dates:
Master Policyholder:
PAN:
Address (For all communication purposes):
Contact Number:
Email:
Type of group:

II. DETAILS OF MEMBERS

Benefit Applicable	Number of initial Members	Rider Sum Assured (INR)	Total initial Premium (INR) A	Applicable taxes, cesses & levies (INR) B	Applicable Modal Factor C	Total initial Premium and applicable taxes cesses & levies payable as per premium payment mode selected (INR) D = [(A+B)*C]
Accidental Death Benefit	[▪]	[▪]	[▪]	[▪]		[▪]

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.:** **Mobile/Landline Telephone Number:**

AXIS MAX LIFE INSURANCE LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533

AXIS MAX LIFE GROUP ACCIDENTAL DEATH BENEFIT PREMIER RIDER

A Non Linked Non-Participating Group Pure Risk Health Insurance Rider

UIN –[104B024V04]

TERMS AND CONDITIONS (RIDER)

1. THE CONTRACT

1.1 This Rider contract containing these terms and conditions ("**Rider**") forms part of and supplements the Policy referred to in the Schedule/ endorsement hereto ("**Base Policy**") issued by Axis Max Life Insurance Limited ("**Us**"). The proposal including the Proposal Form and other particulars (if any) together with the Rider Premium deposit, declarations and written instructions received from the Master Policyholder and/ or the Members, subject to Our acceptance of the same, forms the basis of this Rider.

1.2 We agree to provide the Accidental Death Benefit under this Rider, provided this Rider and the Base Policy have not been discontinued or terminated.

1.3 In addition to these terms and conditions, this Rider shall also be governed by the terms and conditions of the Base Policy and any other riders attached to the Base Policy. In the case of a Non Employer-Employee Group covered under the Base Policy and this Rider, the important terms and conditions of the Base Policy and this Rider are specified in the Certificate of Insurance issued to the Member.

1.4 If there is any inconsistency between the provisions of the Base Policy and this Rider, the provisions of this Rider shall prevail with respect to the matters dealt with in this Rider.

1.5 The Age of the Member on the Rider Entry Date should be between 18 (Eighteen) years and 65 (Sixty Five) years (both inclusive).

1.6 The maximum Age of the Member to be eligible for the Accidental Death Benefit under this Rider is 66 (Sixty Six) years.

2. DEFINITIONS AND INTERPRETATIONS

2.1 Definitions

The words and phrases listed below shall have the meanings attributed to them, wherever they appear in this Rider, unless the context otherwise requires:

(i) "**Accident**" means a sudden, unforeseen and involuntary event caused by external, visible and violent means;

(ii) "**Accidental Death**" means death which is caused by Bodily Injury resulting from an Accident and which occurs due to the said Bodily Injury solely, directly and independently of any other causes and which occurs within 180 (One Hundred Eighty) daysof the occurance of such Accident but before the expiry of the cover;

(iii) "**Accidental Death Benefit**" means the Rider Sum Assured payable by Us on the happening of the Accidental Death of the Member;

(iv) **"Annual Date of Renewal of Rider**" means the date on which this Rider is due for renewal, as specified in the Schedule and the Certificate of Insurance;

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

(vi) **"Company", "We", "Us", "Our"** means Axis Max Life Insurance Limited;

i. **"Date of Commencement of Risk of Rider**" means the date, as specified in the Schedule and in the Certificate of Insurance, on which the coverage under this Rider commences;

ii. "**Eligible Member**" or **"Member"** means the Member who has met the eligibility requirements as specified in this Rider to participate in insurance under this Rider;

iii. "**Expiry Date of Rider**" means the date as specified in the Schedule and the Certificate of Insurance on which the coverage under this Rider expires and this Rider terminates;

iv. "**Grace Period**" (other than for single premium policies) means the time granted by Us from the due date of payment of Premium, without any penalty or late fee, during which time the Certificate of Insurance is considered to be in-force with the risk cover without any interruption, as per the terms & condition of the Certificate of Insurance. The Grace Period for payment of the Premium for all types of life insurance policies shall be 15 days where Member pays the premium on a monthly mode and 30 days in all other cases.

v. **"Illness**" means a sickness or disease or pathological condition leading to the impairment of normal physiological function, which manifests itself during the Rider Term and requires medical treatment;

vi. "**Medical Advise**" means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription;

vii. "**Medical Practitioner**" shall mean a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or by 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 Practioner is not the Member covered under this Rider or their spouse is not a close family member of the Member relative (by blood) or a Medical Practitioner employed by Member covered under this Rider;

viii. "**Rider**" means the insurance cover(s) added to a base product for additional Rider Premium or charge;

ix. "Rider Entry Date" means:

x. in relation to the existing Eligible Members, the Date Commencement of Risk of Rider; and

xi. in relation to new Members admitted to this Rider after the Date Commencement of Risk of Rider ("**New Members**"), the date on which they become eligible and their names are entered in the Register of Members, provided:

xii. the said date is intimated to Us in writing by the Master Policyholder within 30 (Thirty) days;

xiii. We have received the Rider Premium; and

xiv. We have agreed to add the New Member based on Our underwriting decision.

xv. "**Rider Period of Coverage**" means the period from the respective Rider Entry Date, during which the insurance coverage on the life of a Member continues under this Rider;

xvi. "**Rider Premium**" means the amount payable to Us by the Master Policyholder and/or the Member, as the case may be, on the due dates, and in the manner, as specified in the Schedule and recorded in the Register of Members by the Master Policyholder and in the Certificate of Insurance, to secure the Accidental Death Benefit payable under this Rider;

xvii. **"Rider Sum Assured" or "Sum Assured under Health Cover"** means an 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 policy under health cover as specified in Schedule and the Certificate of Insurance and recorded in the Register of Members by the Master Policyholder, which is payable on the Accidental Death of a Member by Us;

xviii. **"Rider Term**" means the term as specified under Section 6.1 subject to a maximum period of 1 (One) year from the Date Commencement of Risk of Rider, as specified in the Schedule; and

xix. **"You" or "Your" "Master Policyholder"** means the Master Policyholder as named in the Schedule who has taken Rider from Us.

2.2 Interpretations

i. References to the masculine or the singular will include references to the feminine and the plural, and vice versa.

ii. References to any statute or statutory enactment shall include re-enactment or amendment to the same.

iii. Section headings are for ease of reference only and have no interpretive value.

iv. Reference to days, unless context otherwise requires, means calender days only.

v. Words and expressions used in this Rider and not defined herein, but defined in the Base Policy shall have, where the context so permits, the meaning assigned to them in the Base Policy.

3. ACCIDENTAL DEATH BENEFIT

3.1 During the Rider Period of Coverage, upon the Accidental Death of a Member, We shall pay the Rider Sum Assured to the person to whom the benefits are payable under the Base Policy, subject to the Base Policy and this Rider remaining in force.

3.2 Payment of the Rider Sum Assured in accordance with Section 3.1 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.

3.3 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 policyand

v. compliance with the applicable terms and conditions of this Rider.

3.4 At any time during the Rider Term, the Rider Sum Assured will not exceed three times of the Sum Assured under the Base Policy.

3.5 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.

4. MATURITY BENEFIT & SURVIVAL BENEFIT

4.1 No maturity & survival benefits are payable under the Rider.

5. RIDER PREMIUM & RENEWAL

5.1 The Master Policyholder/Members can pay the Rider Premiums in annual, semi-annual, quarterly or monthly payment modes, in accordance with the Premium payment mode choosen in the Base Policy, as specified in the Schedule and recorded in the Register of Members by the Master Policyholder and the Certificate of Insurance.

5.2 All Rider Premiums are subject to applicable taxes cesses and levies, which shall be entirely borne by the Master Policyholder and/or the Member, as the case may be and will be paid along with the Rider Premiums. If any imposition (tax or otherwise) is levied on Us by any statutory or administrative body under this Rider, We reserve the right to claim the same from the Master Policyholder and/or the Members. Alternatively, We have the right to deduct the amount from the Rider Premiums paid or payable by the Master Policyholder/Members or from the Accidental Death Benefit payable by Us under this Rider.

5.3 In the case of a Non Employer-Employee Group covered under the Base Policy and this Rider and if the Base Policy is terminated by the Master Policyholder during the Policy Term, then, the insurance coverage on the life of the Members who are covered under this Rider as on the date of such termination will continue till their respective Expiry Date of Rider, unless, We receive a written request from such existing Members for discontinuance of such insurance coverage under this Rider and the Base Policy. On receipt of such written request from a Member for discontinuance of insurance, We will only refund the proportionate Rider Premium received by Us for the unexpired Rider Period of Coverage.

5.4 In the case of an Employer-Employee Group covered under the Base Policy and this Rider, on termination of the Base Policy and this Rider, by either of the parties, the Rider Premium received by Us for the unexpired Period of Coverage will be refunded to the Master Policyholder or to the Member, as the case may be, by Us and the insurance coverage under this Rider and the Base Policy will cease from the date of termination of the Base Policy and this Rider.

5.5 In the case of an Employer-Employee Group, if any Member ceases to be a Member of such a group after the Date Commencement of Risk of Rider, then, the Rider Premium received for the unexpired Rider Period of Coverage for such a Member will be refunded by Us and the insurance coverage on the life of such a Member under this Rider shall terminate from the date such a Member ceases to be a member of the said group.

5.6 In the case of a Non Employer-Employee Group, if any member ceases to be a Member of such a group after the Date Commencement of Risk of Rider, then, the insurance coverage on the life of such a Member will continue till their respective Expiry Date of Rider, unless, We receive a written request from such a Member for termination of the insurance coverage under this Rider. On receipt of such a written request from a Member for termination of insurance, We will only refund the proportionate Rider Premium received by Us for the unexpired Rider Period of Coverage.

5.7 This Rider will be renewed by Us in accordance with the terms and conditions of this Rider and the renewal terms of the Base Policy and on receipt of the due Rider Premium by Us.

6. RIDER PERIOD OF COVERAGE

6.1 This Rider shall run concurrently with the Base Policy, unless terminated in accordance with Section 6 below.

7. TERMINATION

7.1 This Rider shall terminate at the Member level and for the entire group at the Master Policyholder level on the Expiry Date of Rider or on the happening of the following events during the Rider Term, as the case may be, whichever is earlier:

i. if the lapsed Base Policy is not revived in accordance with the provisions of the Base Policy or has expired or cancelled or terminated in any manner for whatever reason;

ii. on the death of a Member due to any cause;

iii. in relation to a Member, on the Policy Anniversary date on which the Member attains the Age of 66 (Sixty Six) years;

iv. on receipt of the Master Policyholder's written intimation or on receipt of a Member's (only in the case of a Non Employer-Employee Group) written intimation on termination of membership of a Member who is insured under the Base Policy. Subject to Sections 4.3, 4.4, 4.5 and 4.6, if any Member ceases to be a Member of the group covered under the Base Policy, after the Date Commencement of Risk of Rider, the Rider Premium received for the unexpired Rider Period of Coverage for such a Member after deducting , the expenses incurred on medical examination of the member(s), if any and stamp duty paid will be refunded by Us, provided We have received a written request from the Master Policyholder or the Member, as the case may be, in relation to such termination; or

v. upon the Master Policyholder (in the case of an Employer-Employee Group) giving 3 (Three) month's prior written notice to Us for termination of this Rider. Upon termination of this Rider, the Master Policyholder and/or the Member, as the case may be, 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; or

vi. upon Us serving a 3 (Three) months prior notice of cancellation, in writing to the Master Policyholder due to misrepresentation, fraud, non disclosure or non-cooperation by the Master Policyholder. Upon cancellation by Us of this Rider, the Master Policyholder and/or the Member, as the case may be, will be entitled to a refund, 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, subject to Secton 45 of the Insurance Act, 1938 as amended from time to time.

8. CHANGE OF OCCUPATION

8.1 The Master Policyholder/the Member is required to inform Us of any change in the occupation, profession, or hobbies of the Members, occurring during the Rider Term within 30 (Thirty) days from the date of such change, in the format as specified in Annexure I to this Rider. Based on the information provided by the Master Policyholder/ the Member and subject to our underwriting decision, if We are of the view that the change in the occupation, profession, or hobbies of the Members represent a sub-standard risk or poses a higher risk to Us, then, we reserve the right to charge extra Rider Premium or to terminate this Rider. Upon termination of this Rider, We will refund the Rider Premium received by Us for the unexpired Rider Period of Coverage. If the Master Policyholder/the Member fails to provide Us with the written notice of such change, then, We may decline the Accidental Death Benefit in case of Accidental Death of the Member, if such death occurs due to the changed occupation, profession or hobbies, subject to Section 45 of the Insurance Act.

9. EXCLUSIONS

9.1 Benefits under this Rider will be payable in accordance with Section 3 of this Rider, 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.

10. EXERCISE OF BENEFIT UNDER THIS RIDER AND CONDITIONS IN RELATION TO SUCH EXERCISE

10.1 Exercise of Benefit under this Rider

i. Any person claiming benefit under this Rider must notify Us in writing within 30 (Thirty) days from the date of Accidental Death of such a Member. Upon receipt of satisfactory proof of the Member's Accidental Death from such a person by Us, We shall process the claim request under this Rider. Failure to do so may invalidate a claim under this Rider. We may at Our sole discretion condone the delay in notifying a claim, if it is proved by the Master Policyholder or any person to whom the benefits are payable under the Base Policy that the delay was due to a reason beyond control, subject to such conditions as We may prescribe at the time.

ii. Subject to satisfaction of the conditions specified in this Rider, including submission of proof satisfactory to Us as to the occurrence of the Accidental Death of the Member and on submission of the documents as required to be submitted to Us in the event of the death of the Member under the Base Policy, We will provide the Accidental Death Benefit under this Rider.

11. GENERAL PROVISIONS

11.1 Assignment

As per base Policy.

11.2 Nomination

As per base Policy.

11.3 Lapsation and Reinstatement of this Rider

i. If the Rider Premium is not paid on the due dates within the Policy Term, then, the Accidental Death Benefit payable under this Rider shall lapse in accordance with the terms and conditions of the Base Policy.

ii. At any time after this Rider has lapsed, the Master Policyholder may request for revival or reinstatement of this Rider. Upon such request, We may at Our discretion reinstate this Rider, subject to the reinstatement terms and conditions as specified under the Base Policy.

11.4 Free Look Period

The Master Policyholder has a period of 30 (Thirty) days beginningfrom the date of receipt of the base policy alongwith this Rider to review the terms and conditions of this Rider. If the Master Policyholder disagrees to any of the terms or conditions of this Rider, the Master Policyholder has an option to return the Base Policy alongwith this Rider to Us by stating the reasons for such disagreement. Upon receipt of the request, if no claim has been made under the Base Policy alongwith this Rider by the Master Policyholder, this Rider shall terminate immediately and all rights, benefits and interests under this Rider shall cease immediately. We will only refund the Rider Premium (incluvise of extra Rider Premiums and excluding taxes, if any), after deducting the proportionate risk Rider Premium for the period of insurance coverage, charges of stamp duty paid and the expenses incurred on medical examination of the Members, if any.

The Member has a period of 30 (Thirty) days beginningfrom the date of receipt of cetificate of insurance to review the terms and conditions of this Rider. If the Member disagrees to any of the terms or conditions of the Certificate of Insurance, the Member has an option to cancel the Certificate of Insurance to Us through the Master Policyholder by stating the reasons for such disagreement. Upon receipt of the request, if no claim has been made under the Certificate of Insurance by Us , this Rider shall terminate immeditedly and all rights, benefits and interests under this Rider shall cease immediately. We will only refund the Rider Premium (incluvise of extra Rider Premiums and excluding taxes, if any), after deducting the proportionate risk Rider Premium for the period of insurance coverage, charges of stamp duty paid and the expenses incurred on medical examination of the Members, if any.
If the Master Policyholder/ the Member intends to continue the Base Policy without this Rider, then, the

Master Policyholder/Member should specify the same in writing while returning the Base Policy alongwith this Rider/Certifcate of Insurance. Accordingly, We will send to the Master Policyholder/ Member a new Base Policy/ Certificate of Insurance, as the case may be, wherein the terms of the Base Policy will only be provided.

11.5 Declaration of Correct Age

i. Declaration of the correct Age of the Member is important for Our underwriting process, before issuance of this Rider and/or Certificate of Insurance. If the Age declared in the Proposal Form, the Register of Members and/or Member enrollment form is found to be incorrect anytime during the Rider Period of Coverage or at the time of claim, We may at Our discretion:
   a. in the case of an Employer–Employee Group, where the Rider Premiums have been paid by the Master Policyholder, cancel this Rider and refund the Rider Premium (inclusive of extra Rider Premiums and excluding taxes, if any) for the unexpired Rider Period of Coverage after deducting the Accidental Death Benefits that has already been paid, applicable stamp duty and expenses incurred on the medical examination of the Members, if any; or
   b. in any other case where the Rider Premiums have been paid by a Member, cancel the coverage for such a Member under this Rider and refund the Rider Premium (inclusive of extra Rider Premiums and excluding taxes, if any) for the unexpired Rider Period of Coverage after deducting the applicable stamp duty and expenses incurred on the medical examination of the Members, if any; or
   c. adjust the Rider Premium payable by the Master Policyholder/ the Member or the Accidental Death Benefit payable to any other person as specified in the Base Policy, based on the true Age of the Member.

11.6 **Fraud, Misrepresentation and Forfeiture**

Same as per Base Policy.

11.7 **Translation**

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.

11.8 **Claim Procedure**

11.8.1. 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.

11.8.2. Notwithstanding anything contained in this Policy, in case Master Policyholder is a Regulated Entity, the following shall apply:

11.8.2.1. We may make the payment of outstanding loan balance amount to You by deducting from the claim proceeds payable under the Policy, in accordance with IRDAI guidelines as amended from time to time provided the Members provide authorisation to do so. The Members may provide the said authorisation either on the Entry Date or at a later date;

11.8.2.2. You shall provide us details of the credit account statement with respect to the Members as per the guidelines issued by IRDAI from time to time;

11.8.2.3. We reserve the right to:

i) audit or cause an audit into the accuracy of the credit account statements of the Members in respect of which claims will be settled, on completion of every financial year and shall audit or cause an audit into the accuracy of the credit account statement of the deceased Members furnished by You; or

ii) You shall provide a certification from Your internal statutory auditors that the outstanding loan balance being shown in the credit account statement/claim discharge form is correct as per the conditions governing the credit account/loan account.

11.8.3. In case of absence of authorization or in cases of Master Policyholder being other than Regulated Entities, the entire claim amount shall be payable to the nominee/ beneficiary.

11.8.4. 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 and offices.

11.8.5. Subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time, we shall pay the benefits under this Policy subject to Our satisfaction:

11.8.5.1. that the benefits have become payable as per the terms and conditions of this Policy; and
11.8.5.2. of the bonafides and credentials of the Claimant.

11.8.6. Subject to Our 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 mentioned in this Policy.

11.8.7. 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.

11.9. Communication & Notices

i. Our contact details are mentioned in the Schedule and the Certificate of Insurance. For any updates, please visit Our website https://www.axismaxlife.com. The Master Policyholder and/or the Member, as the case may be, should mention the correct Policy number for all communication made to Us.

ii. All notices meant for Us must be in writing and delivered to Our address as mentioned below, or such other address as We may notify from time to time.

Grievance Redressal Officer
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

iii. All notices meant for the Master Policyholder/ Member will be in writing and will be sent by Us to the Master Policyholder's/ Member's address as shown in the Schedule/ Certificate of Insurance or as intimated to Us from time to time by post, fax or e-mail/electronic mode or hand delivery or courier. If the Master Policyholder/ Member change address, or if the address of the Nominee changes, the Master Policyholder/ Member/ Nominee must notify Us immediately and should ensure that the updated information has reached Us. Failure in timely notification of change of address could result in a delay in processing of benefits payable under the Policy.

ANNEXURE I

Form for Intimation of Change of Occupation/ Profession/ Hobby

Name of Master Policyholder					
Policy Number					
S.No	**Name of the Member**	**Certificate of Insurance Number**	**Current occupation/ profession/ hobby**	**New occupation/ profession/ hobby**	**Date of commencement of new occupation/ profession/ hobby**