CUSTOMER INFORMATION SHEET/KNOW YOUR RIDER

Customer Information Sheet reference no. _____

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

<table>
<tr><th>SI No</th><th>Title</th><th>Description
(Please refer to applicable Clause Number in next column)</th><th>Certificate of Insurance (COI) Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product / Policy</td><td>Axis Max Life Group Critical Illness Secure (Accelerated Benefits) Rider</td><td>Header</td></tr>
<tr><td>2</td><td>Rider COI number</td><td>[Add Rider COI number]</td><td>Schedule</td></tr>
<tr><td>3</td><td>Type of Insurance Product / Policy</td><td>Benefit Rider</td><td>Schedule</td></tr>
<tr><td>4</td><td>Sum Insured (Basis) (Along with amount)</td><td>Member Rider Sum Assured - [Add sum assured]</td><td>Schedule</td></tr>
<tr><td>5</td><td>Policy Coverage (What the policy covers?) (Policy Clause Number/s)</td><td>
a. Accelerated Critical Illness Benefit
i. In case the member is Diagnosed with a Critical Illness after completion of the Waiting Period during the Rider Term, We shall on receipt of a written request, from the member or the Master Policyholder, pay the applicable Rider Sum Assured as specified in the Certificate of Insurance, to the Member, subject to the Rider and the base Policy being in force.
ii. The benefit payable under the base Policy will be reduced to the extent of the amount already paid under the accelerated Critical Illness benefit under this Rider. The reduced base sum assured as specified in the Sum Assured Schedule appended with this Certificate of Insurance in Annexure I will continue until end of the base coverage term, provided the base Policy is in force.
iii. The accelerated Critical Illness benefit does not provide for additional benefit but only accelerates the benefit payable under the base Policy.
iv. We will make payment under this Rider only once during the lifetime of a Member.
v. For any claim to be valid under this Rider, the incidence of the condition must be the first occurrence in the lifetime of the said the Member.
vi. For all exclusions, the Member will not be entitled to any accelerated Critical Illness benefit.
vii. Coverage options
The following Critical Illness coverage options are available under this Rider:
<table>
<tr><th>S. No.</th><th>Critical Illness Coverage Option</th><th>Critical Illness Covered</th></tr>
<tr><td>1.</td><td>Silver Option</td><td>If this option is chosen, 10 Critical Illnesses listed under Silver Option shall be covered under this Rider.</td></tr>
<tr><td>2</td><td>Gold Option</td><td>If this option is chosen, 20 Critical Illnesses listed under Gold Option shall be covered under this Rider.</td></tr>
</table>
- The Member shall have the option to choose the coverage option only out of the Critical Illness coverage option opted by the Master Policyholder in the Rider. For instance, if Gold option has been chosen by the Master Policyholder then only Gold option is available to the insured Members. However, if both Silver and Gold options are chosen by the Master Policyholder than Members may choose any one of the Critical Illness coverage option.
</td><td>Clause 2.1.1 to 2.1.7</td></tr>
</table>

6	Exclusions (what the policy does not cover)	I. Exclusions applicable to this rider The following exclusions are applicable to the benefits payable under this Rider: **a.** No Critical Illness benefit shall be payable if the Critical Illness is diagnosed within 90 (Ninety) days from the Date of Commencement of Risk under Rider ("**Waiting Period**"). In such case the accelerated Critical Illness benefit will terminate and We will refund the Premium paid corresponding to the rider benefit. **b.** No Critical Illness benefit shall be payable in respect of any Critical Illness that was Diagnosed before the Date of Commencement of Risk under Rider. II. Other Exclusions We shall not be liable to make any payment under this Rider if the covered Critical Illness of the Member results directly or indirectly from any one of the following clauses: i) Any Pre-existing disease, which would mean any condition, aliment, injury or disease: - That is/are diagnosed by a physician within 36 months prior to the effective date of this Rider i.e. Date of Commencement of Risk under Rider; or, - For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of this Rider i.e. Date of Commencement of Risk under Rider. ii) External congenital Anomaly which is in the visible and accessible parts of the body; iii) The member delays medical treatment in order to circumvent the Waiting Period; iv) intentional self-inflicted injury(ies), attempted suicide whether the Member is sane or insane; v) alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Medical Practitioner; vi) war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes; vii) Taking part in any naval, military or air force operation during peace time; viii)participation by the Member in a criminal or unlawful act with criminal intent; ix) 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; x) Disability due to post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded; xi) Nuclear contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature. III. If any of the exclusions is found at underwriting stage then the Rider will not be offered. However, if any exclusion is accepted as per Underwriting Policy, the claim will not be rejected on ground of that exclusion.	Clause 2.1.8 Clause 2.1.8.3 Clause 2.1.8.4
7	Waiting period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage.	90 (Ninety) days from the Date of Commencement of Risk under Rider or the date of revival of the Rider, whichever is later	Clause 2.1.8.1

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 insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)	Not Applicable	
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.** **Brief procedure** 1. We must be notified in writing in respect of a claim for benefits under this Rider preferably within 90 (Ninety) days from the date of Diagnosis of the Critical Illness of the Member. We may at Our discretion condone the delay in notifying a claim, if it is proved by a person claiming benefits under this Rider that the delay was due to a reason beyond his control, subject to such conditions as We may prescribe at the time. Master Policyholder should facilitate Member to file a claim as per the procedure and documents prescribed by Us. 2. For processing a claim request under this Rider, We will require all of the following documents: 2.1 Claimant's statement in the form prescribed by Us; 2.2 certificate issued by Medical Practitioner/physician's statement certifying the Critical Illness; 2.3 discharge summary / indoor case papers in case death happened due to medical reasons in a hospital; 2.4 medical booklet / CGHS card details in case of defence and central government personnel; 2.5 identity proof of the Member and the Nominee(s) bearing their photographs and signatures; 2.6 copy of bank passbook / cancelled cheque of the Claimant / Life assured with name and account number printed' 2.7 Hospital treatment records of the Member; and 2.8 any other documents/information required by Us for assessing and approving the claim request. 3. 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. 4. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause of Critical Illness and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall only pay the benefits under this Rider subject to Our satisfaction: 4.1 that the benefits have become payable as per the terms and conditions of this Rider; and 4.2 of the bonafides and credentials of Claimant.	Clause 12

10	Policy Servicing	**Helpline number** 1860-120-5577 (Call charges apply) or 0124- 4219090 **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 – https://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	Clause 26
12	Things To remember	**Freelook Cancellation:** You have a period of 30 (Thirty) days beginning from the date of receipt of the Policy/Certificate of Insurance to review the terms and conditions of the Policy/Certificate of Insurance. If You/ Member disagree with any of the terms or conditions of the Certificate of Insurance, You/ Member have an option to cancel the Rider Certificate of Insurance by sending a written request to Us by stating the reasons for such disagreement: **Where free look cancellation is exercised by You**, the Policy shall terminate immediately and all rights, benefits and interests under shall cease immediately. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance. No new Member will be enrolled under the Policy/Rider. **Where free look cancellation is exercised by Member**, Certificate of Insurance shall terminate immediately and all rights, benefits and interests shall cease immediately. We will only refund the Rider Premiums received by Us for that Member, after deducting the proportionate risk Rider Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any. **Policy renewal:** 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.	Clause 1.9 Clause 9
13	Your Obligations	• Please disclose all pre-existing disease/s or condition/s before buying a Rider. Non-disclosure may affect the claim settlement. • Disclosure of other material information during the Rider period. • 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.	Clause 11 Clause 14

Declaration by the Member;

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

Place:
Date: (Signature of the Member)

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 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.)