

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl. no.	Title	Description in Simple Words (Please refer to applicable Policy Clause Number in next column)	Certificate of Insurance (COI) Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	Max Life Group Saral Suraksha Plan (Micro Insurance Product) UIN- 104N114V03	COI Header
2.	COI Number	<COI Number>	COI Schedule
3.	Type of Insurance Policy	A Non-Linked Non-Participating Group Pure Risk Life Insurance Plan	COI Header
4.	Basic Policy details	• Instalment Premium: < add modal Premium> • Mode of Premium payment: <<Single Premium/ Regular Premium>> • Sum Assured on Death: As per Schedule of Sum Assured mentioned in Certificate of Insurance • Sum Assured on Maturity: Not Applicable • Policy Term: <add Policy term> in month/s • Premium Payment Term: <add PPT> year/s	COI Schedule
5.	Policy Coverage/benefits payable	• Benefits payable on Maturity: ➤ There is no Maturity Benefit under this Policy. • Benefits payable on Death: If the Policy is in force and if we have received all due Premiums, then, upon death of the Member during the Period of Coverage, We will pay the amount in accordance with the following to the Claimant: Level Cover: We will pay the Sum Assured on Death specified in the Certificate of Insurance. If the Certificate of Insurance also specifies that a Moratorium Period has been opted for by the Member, then: • if the Member has opted to make interest payments during the Moratorium Period, We will pay the Sum Assured on Death as specified in the Certificate of Insurance.	Clause 2.6 Clause 2.1

		• if the Member has opted not to make interest payments during the Moratorium Period, We will pay the Sum Assured on Death outstanding as per the Schedule of Sum Assured on Death specified in the Certificate of Insurance. Reducing Cover (available only under Single Pay Option): If the Certificate of Insurance specifies that reducing cover option is in force, then the Sum Assured on Death payable by Us shall be the Sum Assured on Death outstanding as per the Schedule of Sum Assured on Death specified in the Certificate of Insurance, irrespective of the actual loan outstanding on the date of death of such Member. Accelerated Total and Permanent Disability Due To Accident Benefit If opted by the Master Policyholder, there shall be an option to enhance protection on the payment of additional premium by covering Total and Permanent Disability caused due to Accident which when triggered will lead to acceleration of the Sum Assured on Death. The accelerated Total and Permanent Disability due to Accident benefit cover option may be chosen by the Member at inception and cannot be availed later. In the event of Total and Permanent Disability caused due to Accident during the Period of Coverage while the cover is in force, We will pay the Sum Assured on Death outstanding as per the Schedule of Sum Assured on Death specified in the Certificate of Insurance and coverage for the Member under the Policy shall immediately and automatically terminate. The accelerated Total and Permanent Disability caused due to Accident benefit cover option does not provide for additional benefit but only accelerates the entire Death Benefit payable under this Policy. Hence, accelerated Total and Permanent Disability caused due to Accident benefit cover shall always be equal to the Sum assured on Death as on the date, as per the option chosen. The exclusions applicable for the accelerated Total and Permanent Disability due to Accident are as mentioned in the Certificate of Insurance. Joint Life Cover: This option is available to the joint lives. All policy variables such as Period of Coverage, cover type, options chosen, Moratorium Period, Sum Assured on Death, etc. will be the same for both lives. If the Certificate of Insurance specifies that 2 (Two) Members are joint lives or joint borrowers on the same loan from Master Policyholder and Joint Life Cover is in force, then on first valid claim in respect of death or Total and Permanent Disability due to	Clause 2.2 Clause 2.3
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		Accident, if opted, of any one of such Member, We will pay the applicable Death Benefit or accelerated Total and Permanent Disability due to Accident benefit cover (as the case may be) in accordance with Certificate of Insurance and the cover on the other Member shall immediately and automatically cease. If both joint lives or joint borrowers die simultaneously, the claim will be considered in favor of the Nominee(s) of the elder of the two Members. However, if the claim on the older Member gets repudiated, then the claim in favour of the Nominee(s) of the other Member will be considered. The Members covered under joint life cover should be related to each other as either parent (including parent in-law), child or spouse only. Co-borrower/ Co-applicant Cover: This option is available to the co-borrowers/co-applicants only. All policy variables such as Period of Coverage, cover type, options chosen, Moratorium Period, Sum Assured on Death, etc. will be the same for all lives. Each of the borrowers/co-applicants shall have their respective Sum Assured on Death, as stated in the respective Certificates of Insurance. If the Certificate of Insurance is issued to more than one Member (but not exceeding five) on the same loan from Master Policyholder and co-borrower/co-applicant cover is in force, then on acceptance of first valid claim in respect of death or Total and Permanent Disability due to Accident, if opted, for any such Member, We will pay the applicable Death Benefit or accelerated Total and Permanent Disability due to Accident Benefit (as the case may be) in accordance with Clause 2.2 of Certificate of Insurance and the cover on the other remaining surviving Member(s) would continue up to the end of Period of Coverage or till admission of insured event whichever is earlier. In co-borrower/co-applicant cover option, Premiums shall be calculated separately in respect of all the covered Members basis their respective Sum Assured on Death Treatment in case of repudiation of claim or simultaneous occurrence of claim shall be as provided below: Claim repudiation - In case of death claim repudiation, coverage for deceased life terminates and coverage for surviving Member(s) would continue till valid claim or end of Period of Coverage, whichever is earlier. In case of repudiation claim in respect of Total and Permanent Disability due to Accident, coverage continues till valid claim or end of Period of Coverage whichever is earlier. Simultaneous claims - In case of valid simultaneous claims, respective Sum Assured on Death for all affected lives shall be paid.	Clause 2.4 Clause 2.4
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	For unaffected lives, insurance coverage continues till valid claim or end of Period of Coverage, whichever is earlier. If in case of the Lender-Borrower Group, the loan is jointly availed, then, the borrowers/co-borrowers must individually satisfy the eligibility conditions mentioned herein to become a Member. If, any borrower does not satisfy the eligibility criteria mentioned herein, We will only admit such borrower, who satisfies the eligibility criteria, to this Policy and provide the insurance cover to such person. • Survival Benefits excluding that payable on maturity: ➤ No survival benefits are payable under the Policy • Surrender Benefits: Unexpired Risk Premium Value is payable only in case of Single Pay Variant. On Surrender of the Policy by Master Policyholder, the Members will be provided an option, to continue the insurance coverage as an individual Member cover or to exit from the Policy and take Unexpired Risk Premium Value, if any. If a Member either exits from the group, forecloses the loan or transfers loan to another financial institution, cover will continue till the end of the Period of Coverage for which the Premium has been received unless a specifically Surrender request is received from the Member. On foreclosure of loan or transfer/shifting of loan to another financial institution by the Member, Member has the option to continue the cover or discontinue the cover and take the Unexpired Risk Premium Value. If a Member Surrenders the cover under the Certificate of Insurance due to foreclosure of loan, prepayment of loan, or transfer/shifting of loan to another financial institution by the Member or any other reason, then We will pay the Unexpired Risk Premium Value which is calculated as follows and the Member's cover under the Policy shall cease immediately: Unexpired Risk Premium Value = 70% of the Total Premiums Paid in respect of Member * Term Factor * Sum Assured on Death Factor Where, Term Factor = Unexpired Period of Coverage in months (ignoring days) divided by original Period of Coverage (in months) Sum Assured on Death Factor = Outstanding Sum Assured on Death as per Certificate of Insurance divided by Maximum Sum	Clause 2.6 Clause 3
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		Assured on Death until the date of Surrender as per Certificate of Insurance • Options to policyholders for availing benefits, if any, covered under the policy. ➤ This is not applicable. • Other benefits/options payable, specific to the policy, if any: ➤ This is not applicable. • Lock-in period for Linked Insurance products: ➤ This is not applicable.	
6.	Options available (in case of Linked Insurance Products)	This is not applicable.	
7.	Option available (in case of Annuity product)	• Type of immediate annuity, for example Life annuity with Return of Purchase price etc. ➤ It is not applicable • Proportion of annuity amount guaranteed for variable pay-out option. ➤ Not Applicable • Any other option ➤ Not Applicable	
8.	Riders opted, if any	➤ No Rider	
9.	Exclusions (events where insurance coverage is not payable), if any.	Brief list of the applicable exclusions, if any: • Suicide Exclusion Notwithstanding anything stated herein, in case the Member commits suicide, whether major or minor, within 12 (Twelve) months from the Effective Date of Coverage or from the date of revival, as applicable, all risks and benefits under the Policy in respect of such Member will automatically cease and no benefits will be payable. In such an event, the Claimant will be entitled to refund of the Total Premiums Paid including loadings for modal premiums paid in respect of the Member, without interest till the	Clause 6

		date of death or the surrender value applicable as on the date of death, whichever is higher, provided the policy is inforce.	
10.	Waiting /lien Period, if any	Number of Days Not Applicable	
11.	Grace period	Number of Days: 15 days where the premium is paid on monthly mode and 30 days in all other cases.	Clause 1.11
12.	Free Look Period	Number of days: 30 days beginning from the date of receipt of the Certificate of Insurance	Clause 1.10
13.	Lapse, paid-up and revival of the Policy	Lapsed Policy: It means a Policy for which the Premium has not been received during the Grace Period. Revival Period: It means the period of five consecutive complete years from the date of first unpaid Premium. If the Premium is not received by the end of the Grace Period, the Certificate of Insurance will lapse and no benefits will be payable to the Member. The insurance coverage continues during the Grace Period and in case of any valid claim, then, We will pay the benefits after deducting the due Premium(s). A lapsed Member cover (where the Premium is borne by the Members) may be revived during the Revival Period within the Period of Coverage in accordance with Our Underwriting Policy, If a lapsed Policy or Member cover (where the Premium is borne by the Members) is not revived during the Revival Period within the Period of Coverage, the Policy will terminate without value, on the expiry of the Period of Coverage or Revival Period, whichever is earlier.	Clause 1.13 Clause 4
14.	Policy Loan, if applicable	Not Applicable	
15.	Claims/Claims Procedure	• Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigation, if any, whichever is later. • Brief procedure Within 30 days of the Death of the Member, the documents as mentioned in the Policy / Certificate of Insurance and reiterated below are required to be submitted. The same may be submitted either with the Master Policyholder or can be sent to us at Max Life Insurance Company Limited, Operations Centre, Claims Unit, Plot no. 90C, Sector 18, Udyog Vihar Gurugram 122015, Haryana, India or any other office of the Company.	Clause 7

		• Helpline number ➤ 1860-120-5577 (Call charges apply) or 0124- 4219090 • Contact Details of the Insurer: ➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - https://www.axismaxlife.com • Link for downloading claim form and list of documents required including bank account details: ➤ https://www.axismaxlife.com/downloads ➤ We will require the following documents in case of claim under this Policy: Documents for death claims - Claimant's statement in the prescribed form; - original Certificate of Insurance; - original/ attested copy of death certificate issued by the local/municipal authority; - identity proof of the Member and the Nominee(s) bearing their photographs and signatures - copy of bank passbook / cancelled cheque of the Claimant with name and account number printed - any other documents or information required by Us for assessing and approving the claim request Additional documents in case of death due to medical reason:- - attending physician's statement and hospital treatment certificate (if any); - discharge summary / indoor case papers in case death happened due to medical reasons in a hospital; Additional documents in case of Accidental Death/Murder/Suicide cases and any unnatural death:- - a copy of police complaint/ first information report - a copy of duly certified post mortem report- autopsy/viscera report and a copy of the final police investigation report /charge sheet Additional documents in case of death in foreign country:- - body transfer certificate / embassy documents / post-mortem report whichever applicable	
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		ii. Copy of passport Claim documents for Accelerated Total and Permanent Disability (caused due to Accident) Benefit Cover: i. Claimant's statement in the prescribed form; ii. original Certificate of Insurance; iii. attending physician's statement and hospital treatment certificate, if any; iv. all medical records / hospital records; v. a copy of police complaint/ first information report; vi. a copy of duly certified medico legal certificate; vii. identity proof of the Claimant including photograph and signature; viii. copy of bank passbook / cancelled cheque of the Claimant / Life assured with name and account number printed; and ix. any other documents or information required by Us for assessing and approving the claim request.	
16.	Policy Servicing	• Turn Around Time (TAT) : up to 15 days • Helpline number ➤ 1860-120-5577 (Call charges apply) or 0124- 4219090 • Contact Details of the Insurer: ➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - https://www.axismaxlife.com • Link for downloading applicable forms and list of documents required including bank account details: ➤ https://www.axismaxlife.com/downloads ➤ We will require the following documents in case of policy servicing : • Application in the prescribed form; • original Certificate of Insurance (if any); • identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Policyholder or Life Insured (bearing their photographs and signatures); • NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook; • any other documents or information required by Us for assessing and approving the claim request.	

17.	Grievances /Complaints	• Contact Details of Grievance Redressal Officer of the insurer: ➤ Grievance Redressal Officer, Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India • Link for 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	
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Declaration by the Member

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

Place:

(Signature of the Member)

Date:

Note:

- For the product related documents including the Customer Information sheet please refer to the <https://www.axismaxlife.com/group-insurance-plans/max-life-group-saral-suraksha.html>.
- 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 policy contract, the terms and conditions mentioned in the policy contract shall prevail.
- 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, Sonapat 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, Sonapat 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, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 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 Buddha 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 Buddha 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.)