

## CUSTOMER INFORMATION SHEET (CIS) /KNOW YOUR RIDER

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

SI No	Title	Description (Please refer to applicable Clause Number in next column)	Certificate of Insurance (COI) Clause Number
1	Name of Insurance Product / Policy	Axis Max Life Group Total and Permanent Disability (Accident) Premier Rider A Non-Linked Non Participating Group Pure Risk Health Insurance Rider	Header
2	Rider COI number	[Add Rider COI number]	Schedule
3	Type of Insurance Product / Policy	Benefit Rider (where an insurance rider pays a fixed amount under the rider on the occurrence of the covered event)	Header
4	Sum Insured (Basis) (Along with amount)	Member Rider Sum Assured - [Add sum assured]	Schedule
5	Policy Coverage (What the policy covers?) (Rider Clause Number/s)	<b>Total and Permanent Disability Benefit</b>  We shall pay the Rider Sum Assured specified in the Schedule to the Member if the Member suffers Total and Permanent Disability (without prejudice to any other cause resulting into Total and Permanent Disability) provided this Rider and the Base Policy are in force. For the avoidance of doubt, the Rider Sum Assured shall be payable after 6 (Six) months from the date of such disability resulting into Total and Permanent Disability even if the Rider Term has expired irrespective of the fact whether the Rider is renewed or not.	Clause 2.1
6	Exclusions (what the policy does not cover)	We will not be liable to make any payment under this Rider if the Total and Permanent Disability of the Member is directly or indirectly by any of the following:  <ol style="list-style-type: none"> <li>1 intentional self-inflicted bodily injury, attempted suicide, whether sane or insane;</li> <li>2 Member being under the influence of drugs, alcohol, narcotics or psychotropic substances, unless taken in accordance with lawful directions and prescription of a Medical Practitioner;</li> <li>3 war, invasion, act of foreign enemy, hostilities (declared or un-declared), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riots, civil commotions or strikes;</li> <li>4 participation by the Member in a criminal or unlawful act with criminal intent;</li> <li>5 participation by the Member in any flying activity other than as a bona fide fare paying passenger, in a recognized airline or as pilot and cabin crew of a</li> </ol>	Clause 3

		<p>commercial airline, on regular routes and on a scheduled timetable;</p> <p>6 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; or</p> <p>7 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.</p> <p>Mater Policyholder/ Member shall inform Us of any change in the occupation or profession of the Member(s) as per Annexure I of Certificate of Insurance, occurring during the Rider Term. In case of any change in the occupation, failing to inform us will not result in rejection of claim even if the new occupation is amongst the list of excluded occupations or professions. However, in case of change in the occupation, We reserve the right to charge an amount equal to additional Rider premium payable by You.</p>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>Time period during which specified diseases/treatments are not covered</li> <li>It is counted from the beginning of the policy coverage.</li> </ul>	Not Applicable	
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by</p>	Not Applicable	

	<p>policyholder/insuree).</p> <p>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)</p> <p>iv. Any other limit (as applicable)</p>		
9	<p>Claims/Claims Procedure</p>	<p><b>Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigations, if any, whichever is later</b></p> <p><b>Brief procedure</b></p> <ol style="list-style-type: none"> <li>1. We must be notified in writing in respect an Accident within 30 (Thirty) days of its occurrence and in respect of a claim preferably within 90 (Ninety) days from the date of Diagnosis of the Total and Permanent Disability 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. Member Policyholder should facilitate Member to file a claim as per the procedure and documents prescribed by Us.</li> <li>2. For processing a claim request under this Rider, We will require all of the following documents: <ol style="list-style-type: none"> <li>2.1 Claimant's statement in the form prescribed by Us;</li> <li>2.2 employer's certificate, if applicable;</li> <li>2.3 attending physician's statement and hospital treatment certificate, if any;</li> <li>2.4 all medical records / hospital records;</li> <li>2.5 a copy of police complaint/ first information report;</li> <li>2.6 a copy of duly certified medico legal certificate;</li> <li>2.7 identity proof of the Claimant including photograph and signature;</li> <li>2.8 copy of bank passbook / cancelled cheque of the Claimant / Life assured with name and account number; and</li> <li>2.9 any other documents/information required by Us for assessing and approving the claim request.</li> </ol> </li> <li>3. Claimant can download the claim request documents</li> </ol>	<p>Clause 14</p>

		<p>from Our website <a href="http://www.axismaxlife.com">www.axismaxlife.com</a> or can obtain the same from any of Our branches and offices.</p> <p>4. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause of Total and Permanent Disability 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:</p> <p>4.1 that the benefits have become payable as per the terms and conditions of this Rider; and</p> <p>4.2 of the bonafides and credentials of Claimant.</p>	
10	Policy Servicing	<p><b>Helpline number</b></p> <p>1860-120-5577 (Call charges apply) or 0124- 4219090</p> <p><b>Contact Details of the Insurer:</b></p> <p>Chief Customer Officer Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - <a href="http://www.axismaxlife.com">www.axismaxlife.com</a></p>	
11	Grievances/ Complaints	<p>Grievance Redressal Officer of the insurer, 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: <a href="mailto:manager.services@axismaxlife.com">manager.services@axismaxlife.com</a>;</p> <p><b>Link for details of Grievance Redressal Officer or registering the grievance with the insurer's portal</b></p> <p><a href="https://www.axismaxlife.com/customer-service/grievance-redressal">https://www.axismaxlife.com/customer-service/grievance-redressal</a></p> <p><b>Contact details of Ombudsman</b></p> <p>Refer Annexure A for the Ombudsman details</p>	Clause 29
12	Things To remember	<p><b>Free Look cancellation:</b> The Member, except for the Certificate of Insurance with tenure of less than a year, have the option to cancel the Certificate of Issuance if the Member disagree with any of the Rider/ Certificate of Issuance 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 Freelook period of (30) (Thirty) days beginning from the date of receiving the Rider document/ Certificate of Issuance to review the terms and conditions.</p> <p><b>a. In cases where Premium is paid by Master Policyholder:</b> Freelook cancellation can only be exercised by Master Policyholder 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. Master Policyholder 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</p>	Clause 12

		<p>examination of the member(s), if any and stamp duty paid, if any. No new Members will be enrolled under the Rider.</p> <p>b. <b>In cases where Premium is paid by the Member:</b> Freelook cancellation can be exercised by Master Policyholder as well as the Member.</p> <p>i. <u>In case freelook cancellation is exercised by Master Policyholder,</u> the Rider shall terminate forthwith and all of Master Policyholder's 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.</p> <p>ii. <u>In case the freelook option is exercised by the Member,</u> Upon receipt of request, if no claim has been made under the Certificate of Insurance, the Certificate of Insurance shall terminate forthwith and all rights, benefits and interests shall cease immediately. The Member shall be entitled to a refund of the Premiums 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.</p> <p><b>Rider renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your Rider shall not be denied, provided the Rider is not withdrawn.</p>	Clause 10
13	Your Obligations	<ul style="list-style-type: none"> <li>• Please disclose all pre-existing disease/s or condition/s before buying a Rider. Non-disclosure may affect the claim settlement.</li> <li>• Disclosure of other material information during the Rider period.</li> <li>• Please inform Us of any change in the occupation or profession of the Member as per Annexure I of the Certificate of Insurance, occurring during the Rider Term</li> <li>• If the Premium is not received by the expiry of the Grace Period, the Rider will automatically lapse and no benefits will be payable under the Rider.</li> <li>• Fraud, mis-statement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.</li> </ul>	<p>Clause 3.2</p> <p>Clause 5</p> <p>Clause 16</p>

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 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, 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-110002. Tel:- 011– 46013992/ 23213504/ 23232481 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, 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, 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 (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 Uttarakhnad 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, Vasant Rao 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".)