

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

Customer Information Sheet Reference No. _____

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 <i>(Please refer to applicable Policy Clause Number in next column)</i>	Policy Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	Axis Max Life Secure Earnings & Wellness Advantage Plan UIN- 104N136V03	Policy Preamble
2.	Policy Number	<Policy Number>	Policy Schedule
3.	Type of Insurance Policy	(A Non-Linked Non-Participating Individual Life Insurance Savings Plan)	Policy Preamble
4.	Basic Policy details	• Instalment Premium: <Amount> • Mode of Premium payment: <Annually/Half Yearly/quarterly/Monthly/Single> • Plan Variant: <Elite Variant/Lite Variant> • Sum Assured: <add SA> • Maturity Benefit: <add Maturity benefit> • Policy Term: <add Policy term> • First Year Wellness Discount: <Yes/No> • Premium Payment Term: <add PPT>	Policy Schedule
5.	Policy Coverage/benefits payable	➤ Benefits: • Death Benefit	

		➤ If the Life Insured dies during the Policy Term, provided all due Premiums have been paid and the Policy is in force and is not a Lapsed Policy or in Reduced Paid Up Mode, on the date of Death of the Life Insured, We will pay the lump sum death benefit as follows: a. For Elite Variant, higher of: ▪ Sum Assured on Death; ▪ 105% (One Hundred Five percent) of (Total Premiums Paid plus loadings for modal premiums plus Underwriting Extra Premium (if any) plus discount (if any)) under the Policy, as on the date of death of the Life Insured; or ▪ Accrued Benefit as on the date of death of the Life Insured. b. For Lite Variant, higher of: ▪ Sum Assured on Death; ▪ 105% (One Hundred Five percent) of (Total Premiums Paid plus loadings for modal premiums plus Underwriting Extra Premium (if any) plus discount (if any)) under the Policy, as on the date of death of the Life Insured; or ▪ 100% (Hundred percent) of (Total Premiums Paid plus loadings for modal premiums plus Underwriting Extra Premium (if any)) plus discount (if any) as on the date of death of Life Insured plus accrued Wellness Booster (if any) plus accrued Loyalty Booster.	Clause 1.1 of Part C
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		• Maturity Benefit: ➤ If the Life Insured has survived until the Maturity Date, provided the Policy is in-force and has been fully paid and is not a Lapsed Policy on the Maturity Date, we will pay the following applicable Maturity benefit to You: a. For Elite Variant - Maturity benefit payable shall be equal to Sum Assured on Maturity. Additionally, an amount equal to the following shall be payable on maturity: i. Accrued Loyalty Booster (if any), plus ii. Accumulated Saving Boosters (if any), plus iii. Accrued Wellness Booster (if any), less iv. Total withdrawals availed under the Health Care Benefit option, (if any). Note: Loyalty Booster shall be added to the maturity benefit post payment of each Premium as per the chosen Premium payment frequency. b. For Lite Variant - Maturity benefit payable shall be equal to: i. Sum Assured on Maturity, plus ii. Accrued Loyalty Booster (if any), plus iii. Accrued Wellness Booster, if any. Note: At the end of each Policy Year during the Premium Payment Term, if all due Premiums have been paid, an annual Loyalty Booster shall be added to the	Clause 1.2 of Part C
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		maturity benefit. • Other benefits ➤ During the Premium Payment Term and provided the Policy is in-force and the Life Insured is alive, if the Life Insured is hospitalised, following benefits shall be payable to You depending on the type of the Hospitalisation: i. Fixed Daily Hospitalisation Cash Benefit: Subject to the conditions as specified below, if the Life Insured is hospitalised during the Premium Payment Term for Elite Variant and during Policy Term for Lite Variant for a minimum, continuous and complete period of 24 hours, We will pay the following Fixed Daily Hospitalisation Cash Benefit amount for each day of Hospitalisation from the first day of Hospitalisation, provided all due Premiums have been paid: <table><tr><th>Hospitalisation Type</th><th>Benefit Payable</th></tr><tr><td>Non – ICU (Intensive Care Unit)</td><td>Benefit amount shall be equal to 1% of the Sum Assured for each day of Hospitalisation</td></tr><tr><td>ICU (Intensive Care Unit)</td><td>Benefit amount shall be equal to 2% of the Sum Assured for each day of Hospitalisation in the</td></tr></table>	Hospitalisation Type	Benefit Payable	Non – ICU (Intensive Care Unit)	Benefit amount shall be equal to 1% of the Sum Assured for each day of Hospitalisation	ICU (Intensive Care Unit)	Benefit amount shall be equal to 2% of the Sum Assured for each day of Hospitalisation in the	Clause 1.3 Of Part C
Hospitalisation Type	Benefit Payable								
Non – ICU (Intensive Care Unit)	Benefit amount shall be equal to 1% of the Sum Assured for each day of Hospitalisation								
ICU (Intensive Care Unit)	Benefit amount shall be equal to 2% of the Sum Assured for each day of Hospitalisation in the								

			Intensive Care Unit (ICU)	
		➤ The Conditions for the Fixed Daily Hospitalisation Cash Benefit: a. The Fixed Daily Hospitalisation Cash Benefit amount per day shall be 1% percentage of the Sum Assured as on the Date of Commencement of the Risk, and shall remain constant throughout the Premium Payment Term for Elite Variant and during Policy Term for Lite Variant. b. Fixed Daily Hospitalisation Cash Benefit is payable with a maximum limit of 30 days per Policy Year. c. The specified number of days per Policy Year is inclusive of days hospitalised in non-ICU and ICU. d. The Fixed Daily Hospitalisation Cash Benefit for Elite variant will cease on the earlier of (i) claiming total of 300 days of Hospitalization or (2) at the end of Premium Payment Term; and for Lite variant it will cease on the earlier of (i) claiming total of 300 days of Hospitalization or (2) at the end of Policy Term. e. This Fixed Daily Hospitalisation Cash Benefit shall be payable subject to the following: i. This Benefit is payable only after a continuous and complete 24 hours of Hospitalization during the Premium Payment Term for Elite variant and during the Policy		

		Term for Lite variant of the Life Insured for each claim. ii. The Hospitalization must be for the Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner. iii. We will not be liable to pay the daily Fixed Daily Hospitalisation Cash Benefit amount for more than the maximum number of days as specified, during the Premium Payment Term for Elite Variant and during Policy Term for Lite Variant. iv. A Waiting Period for Fixed Daily Hospitalisation Cash Benefit has been completed prior to the Hospitalization related to Illness. No benefit shall be payable for any Hospitalisation due to Illness during the Waiting Period for Fixed Daily Hospitalisation Cash Benefit. Such a Waiting Period for Fixed Daily Hospitalisation Cash Benefit is not applicable to claims arising due to Accident provided the Accident occurs after the Date of Commencement of Risk or Policy Revival date as the case may be. v. More than one claim can be considered in respect of the Life Insured under the Fixed Daily Hospitalisation Cash Benefit during the Premium Payment Term for Elite Variant and during Policy Term for Lite Variant, subject to the maximum number	
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		of days specified. On exhaustion of the maximum number of days allowed, the cover under the Fixed Daily Hospitalisation Cash Benefit will terminate in relation to such Life Insured. vi. Once claim is considered admissible as per the terms and condition under the Fixed Daily Hospitalisation Cash Benefit, You will be eligible for the fixed daily amount from the first day of Hospitalisation, provided that the Life Insured is hospitalised for a continuous period of 24 hours. vii. Fixed Daily Hospitalisation Cash Benefit amount is a fixed per-day benefit and will be calculated on the basis of the number of continuous and completed days of Hospitalization. Fixed Daily Hospitalisation Cash Benefit will be paid as a lumpsum amount, irrespective of actual Hospitalisation expenses. viii. Any procedure / treatment which leads to Hospitalisation of less than 24 hours is not covered. f. The applicable exclusions to the Fixed Daily Hospitalisation Cash Benefit are as detailed in Annexure B. ii) Fixed Surgical Care Benefit: Subject to the conditions as specified below, if the Life Insured is hospitalised during the Premium Payment Term for Elite Variant and	
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during the Policy Term for Lite Variant for a minimum continuous and complete period of 24 hours for undergoing Medically Necessary Treatment through surgery in India and actually undergoes that surgery while Hospitalised, We will pay the following Fixed Surgical Care Benefit amount to You for the following types of surgery, provided all due Premiums have been paid:

Surgery Type	Benefit payable
Major Surgery	Benefit amount shall be equal to the 10% of the Sum Assured
Minor Surgery	Benefit amount shall be equal to the 5% of the Sum Assured

- This Fixed Surgical Care Benefit shall be payable subject to the following:
- You can claim multiple times under this Policy during the Premium Payment Term irrespective of any previous claims paid by Us. However, in no circumstance shall We pay more than the following limits:
 - 20% of Sum Assured in any one Policy Year; and
 - 100% of Sum Assured during the Premium Payment Term for Elite

		Variant and during Policy Term for Lite Variant. b. The Fixed Surgical Care Benefit for Elite Variant will cease to be available on the earlier of (i) claiming 100% of the Sum Assured; or (ii) at the end of Premium Payment Term and for Lite Variant it will cease on the earlier of (i) claiming 100% of chosen Sum Assured or (ii) at the end of Policy Term. c. Liability to make any payment under the Surgical Care Benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Life Insured for each claim. d. The surgery must be for Medically Necessary Treatment of any Illness or Injury due to an Accident and is commenced and continued on the written advice of the treating Medical Practitioner. e. We will not be liable to pay the daily Fixed Surgical Care Benefit amount for more than the maximum limit as specified, during the Premium Payment Term for Elite Variant and during Policy Term for Lite Variant. f. A Waiting Period for Fixed Surgical Care Benefit has been completed prior to the Hospitalization for surgery related to Illness. No benefit shall be payable for any Fixed Surgical Care Benefit claim due to Illness during the Waiting Period for Fixed Surgical Care Benefit. The Waiting Period for Fixed Surgical Care Benefit will not be applicable to claims arising due to Accident provided the Accident occurs after the Date of Commencement of Risk of the Policy or Policy Revival date, as the case may	
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		be. g. More than one claim can be considered in respect of the Life Insured under this Fixed Surgical Care Benefit during the Premium Payment Term for Elite Variant and during Policy Term for Lite Variant, subject to the maximum limit specified. On exhaustion of the maximum limit allowed, the cover under the Fixed Surgical Care Benefit will terminate in relation to such Life Insured. h. The Fixed Surgical Care Benefit amount shall be paid based on the surgery resulting in highest claim amount in case of more than one surgery is performed on the Life Insured during the same Hospitalisation. i. The Fixed Surgical Care Benefit is a fixed lumpsum benefit, irrespective of actual surgery expenses. j. Any procedure / treatment which leads to Hospitalisation of less than 24 hours is not covered. k. The applicable exclusions to the Fixed Surgical Care Benefit are as detailed in Annexure C. ➤ 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)	This is not applicable	

	product)		
8.	Riders opted, if any	Axis Max Life Accidental Death and Dismemberment Rider (UIN 104B027V05): which provides additional benefits in case of death or dismemberment of the Life Insured due to an accident. Axis Max Life Term Plus Rider (UIN 104B026V04): which provides additional lump sum benefit in case of death of the Life Insured. Axis Max Life Critical Illness and Disability Rider (UIN 104B033V02): which provides additional lump sum benefit in case of critical illness diagnosis.	
9.	Exclusions (events where insurance coverage is not payable), if any.	Brief list of the applicable exclusions, if any: ➤ SUICIDE EXCLUSION • In case of death due to suicide of the Life Insured whether minor/major within 12 (Twelve) months from the Date of Commencement of Risk under the Policy or from the date of Revival of this Policy, as applicable, all risks and benefits under this Policy shall cease and the Policy shall terminate immediately and We shall only pay the following to the Claimant, provided that the Policy is in force: • Higher of the Surrender Value as on the date of death or the sum of (Total Premiums Paid plus loadings for modal premiums and Underwriting Extra Premium, if any, exclusive of taxes, cesses and levies, paid to Us till the date of death), if the Policy has acquired a Surrender Value; or	Clause 5 under Part F

		• Total Premiums Paid plus loadings for modal premiums and Underwriting Extra Premium, if any exclusive of taxes, cesses and levies. Received by Us on the date of death, if the Policy has not acquired a Surrender Value. ➤ EXCLUSIONS APPLICABLE TO FIXED DAILY HOSPITALISATION CASH BENEFIT As per Annexure B ➤ EXCLUSIONS APPLICABLE TO FIXED SURGICAL CARE BENEFIT: As per Annexure C	Clause 6A of Part F Clause 6B of Part F
10.	Waiting /lien Period, if any	Waiting Period for Fixed Daily Hospitalisation Cash Benefit and Fixed Surgical Care Benefit is 90 days effective from the Date of Commencement of Risk or Policy Revival date	
11.	Grace period	Number of Days: < 15/30 >	Clause 17 of Part B
12.	Free Look Period	Number of days: 30 days beginning from the date of receipt of the Policy document.	Clause 8 of Part D
13.	Lapse, paid-up and revival of the Policy	• Grace Period: ➤ the time granted by Us from the due date for the payment of Premium, without any penalty or late fee or interest, during which time the Policy is considered to be in force with risk cover without any interruption, as per the terms and conditions of the Policy. The Grace Period is a period of 15 (Fifteen) days from the due date of the first unpaid Premium for monthly Premium payment mode and 30 (Thirty) days	Clause 17 of Part B

		from the due date of the first unpaid Premium for annual, semi-annual or quarterly premium payment modes • Lapse Period ➤ The Policy which has not acquired the Surrender Value and where due Premium has not been received for at least the first Full Policy Year will be considered as Lapsed Policy • Revival Period: ➤ It means a period of 5 (Five) consecutive years from the due date of the first unpaid Premium. • Reduced Paid Up Benefits: ➤ If this Policy has acquired a Surrender Value as specified under Clause 1 of Part D, in the event of non-payment of the due Premiums by You to Us and on the expiry of the Grace Period, this Policy will not become a Lapsed Policy and will continue under Reduced Paid Up Mode unless revived. If this Policy is under Reduced Paid Up Mode, the benefits payable shall be as follows: • Reduced Paid Up Death Benefit If the Life Insured dies during Policy Term, We will pay the applicable Reduced Paid Up Death Benefit to the Claimant which will be: i. For Elite Variant: Equal to higher of the following:	Clause 9 of Part D Clause 58 of Part B Clause 2 of Part C Clause 2.1 of Part C
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		• Reduced Paid Up Factor multiplied by Sum Assured on Death; or • 105% (One Hundred Five percent) of sum of Total Premiums Paid plus Underwriting Extra Premiums plus loadings for modal premiums (if any) plus discount (if any) as on the date of death of Life Insured • Accrued Benefit as on date of death of Life Insured ii. For Lite Variant: Equal to higher of the following: • Reduced Paid Up Factor multiplied by Sum Assured on Death; or • 105% (One Hundred Five percent) of sum of Total Premiums Paid plus Underwriting Extra Premiums plus loadings for modal premiums (if any) plus discount (if any) as on the date of death of Life Insured • 100% (Hundred percent) of (Total Premiums Paid plus loadings for modal premiums plus Underwriting Extra Premium (if any) plus discount (if any)) plus Accrued Wellness Booster (if any) plus accrued Loyalty Booster (if any) as on the date of death of life insured. ➤ The Death Benefit during the entire Policy Term when the Policy is under	
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		Reduced Paid Up Mode will not be less than 105% of sum of Total Premiums Paid, Underwriting Extra Premium paid (if any) and loadings for modal premiums paid (If any) as on the date of death of the Life Insured • Reduced Paid Up Maturity Benefit: ➤ If the Life Insured has survived until the Maturity Date, We will pay the applicable Reduced Paid Up Sum Assured on Maturity which will be: i. For Elite Variant: it will be equal to: • Reduced Paid Up Factor multiplied by Sum Assured on Maturity; plus • Accrued Loyalty Booster (if any); plus • Applicable Saving Boosters (if any); plus • Accrued Wellness Booster (if any). Note – Growth Rate applicable under the Savings Booster shall be equivalent to the Growth Rate multiplied with the Reduced Paid Up Factor. ii. For Lite Variant: it will be equal to • Reduced Paid Up Factor multiplied by Sum Assured on Maturity; plus • Accrued Loyalty Booster (if any);	Clause 2.2 of Part C Clause 2.3 of Part C
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		plus • Accrued Wellness Booster (if any). • Reduced Paid Up Surrender Benefit ➤ The Surrender Value of Reduced Paid Up Policy will be determined using the methodology and Special Surrender Value scales as mentioned in Clause 1 of Part D. The Surrender Value of Reduced Paid Up Mode Policy will also be determined using the methodology mentioned in Clause 1 of Part D of policy document. The Policy which has acquired the Surrender Value shall lapse if the Reduced Paid Up benefit under the Policy is less than Rs. 2500/-. In case the Reduced Paid Up benefit of the Policy is less than Rs. 2500/-, the Policy may be terminated after expiry of Revival Period by paying the applicable Surrender Value. • Reduced Paid Up Fixed Daily Hospitalisation Cash Benefit and Reduced Paid Up Fixed Surgical Care Benefit ➤ After the Policy has become the Reduced Paid Up Mode Policy, the applicable Reduced Paid Up Fixed Daily Hospitalisation Cash Benefit and Reduced Paid Up Fixed Surgical Care Benefit will be applicable.	Clause 2.4 of Part C
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14.	Policy Loan, if applicable	➤ Once this Policy has acquired the Surrender Value, then, You will be eligible for grant of loans from Us wherein: Once the Policy acquires a Surrender Value, you are eligible for a loan. 1. Loans are available only during the Policy Term. 2. The minimum loan amount is INR 10,000, with a maximum of 75% of the Surrender Value. 3. Upon loan approval, the Policy will be assigned to us until the loan, including interest and fees, is repaid. Upon repayment, the Policy will be reassigned to you. 4. All benefits and withdrawals under the Health Care Benefit Option will first be adjusted to any outstanding loan and accrued interest. Payouts from the Fixed Daily Hospitalization Cash Benefit and Fixed Surgical Care Benefit will not be adjusted against the loan. 5. Loan interest will be compounded annually at the rates set by us at the time of the loan. 6. The loan interest rate is the applicable RBI Bank Rate plus 3.0 % (currently 9.75% p.a.), based on the RBI Bank Rate of 6.75% as of March 31, 2024. This rate is reviewed annually and is effective from July 1 to June 30. Any changes will require IRDAI approval. 7. Inforce or fully paid-up policies will not be foreclosed for non-payment of the loan, even if the outstanding balance exceeds the Surrender Value.	Clause 2 of Part D
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		8. For Reduced Paid-Up Mode Policies, if the outstanding loan and interest exceed the Surrender Value, the Policy will terminate immediately. If the outstanding loan exceeds 95% of the Surrender Value or if the remaining Policy Term is 6 months or less, we will notify you for repayment.	
15.	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. ➤ Notice of Claim – All cases of death claim must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay is proved to be for reasons beyond the control of the Claimant. ➤ Please note that all claims will be payable to the nominee/legal heir of the Policyholder. ➤ Claim forms as required by us must be completed and furnished to us, at the Claimant's expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to	

		require any additional proof and documents in support of the claim. • Helpline number /Call Centre number ➤ 1860-120-5577 (Call charges apply) or 0124- 4219090 • Contact Details of the Insurer: ➤ Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - 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 request under this Policy: ➤ Death Claim documents a) Claimant's statement in the prescribed form (death claim application form - Form A); b) Original Policy document; c) copy of police complaint/ first information report (in the case of	Clause 1.1. of Part G Clause 2 of Part F
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		death by Accident or unnatural death or suicidal death of the Life Insured); d) all medical/ Hospital records, in case of Hospitalisation, (including diagnostic records); e) copy of duly certified post mortem report , autopsy/viscera report and a copy of the final police investigation report/charge sheet (in the case of death by Accident or unnatural death or suicidal death of the Life Insured); f) original/ attested copy of death certificate issued by the local/municipal authority only in the case of death of the Life Insured) g) discharge summary / indoor case papers in case death happened due to medical reasons in a hospital; h) medical booklet / CGHS card details in case of defence and central government personnel; i) body transfer certificate / embassy documents / postmortem report whichever applicable in case of death in foreign country; j) complete passport copy in case of death in foreign country; k) identity proof of the Claimants bearing their photographs and signatures (only in case of death of the Life Insured);	
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		l) other life / health insurance details with claim history details; m) employer certificate with complete leave records (Form E); n) copy of bank passbook / cancelled cheque of the Claimant; o) ITR for last 3 years' / GST certificate in case of self-employed; p) in case of a medical/natural death of the Life Insured, the attending physician's statement (Form C) and the medical records (admission notes, discharge/death summary, test reports, etc.); q) NEFT mandate form attested by bank authorities r) Bank statement of last 2 years of the Life Insured and; and s) any other document or information on required by Us for assessing and approving the claim request. ➤ Maturity Benefit claim documents: (a) NEFT Form (if not provided earlier); (b) cancelled cheque or copy of passbook with pre-printed name and bank account number, for payout through NEFT (if not provided earlier); (c) self-attested copy of identity proof of the Claimants bearing their photographs and signatures; and (d) any other document or information required by Us.	
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		➤ Fixed Daily Hospitalisation Cash Benefit or Fixed Surgical Care benefit documents: (a) NEFT Form (if not provided earlier); (b) cancelled cheque or copy of passbook with pre-printed name and bank account number, for payout through NEFT (if not provided earlier); (c) copy of discharge summary; (d) Id proof of Claimant; (e) copy of claim settlement letter (from other insurer) (If available); (f) copy of Hospital bill receipt; (g) additional document such as indoor case papers, first consultation paper and Hospital registration certificate; (h) any other document or information required by Us. • 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 or offices. • A Claimant may contact the TPA at the details mentioned on Our website https://www.axismaxlife.com for any claims relating to Fixed Daily Hospitalisation Cash Benefit and Fixed Surgical Care Benefit	
16.	Policy Servicing	• Turn Around Time (TAT): Up to 15 days	

		• Helpline number/Call Centre number ➤ 1860-120-5577 (Call charges apply) or 0124- 4219090 • Contact Details of the Insurer: ➤ Axis Max Life Insurance 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 under this Policy regarding the servicing of the Life Insured: • Application in the prescribed form; • original Policy document (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 request;	
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17.	Grievances /Complaints	• Contact Details of Grievance Redressal Officer of the insurer: • Grievance Redressal Officer, Axis Max Life Insurance 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	As per Annexure A
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Declaration by the Policyholder

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

Place: _____ (Signature of the Policyholder)
Date: _____

Note:

- For the product related documents including the Customer Information sheet please refer to the <https://www.axismaxlife.com/health-insurance-plans/secure-earnings-wellness-advantage-plan>
- In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.
- Sum Assured on Death is subject to underwriting, for actual Sum Assured details & updated UIN number (in case of modification), please refer to the Policy document.
- 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: io.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: io.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: io.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: io.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: io.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: io.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: io.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: oiio.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 Pan Bazar, S.S. Road, Guwahati- 781001 (ASSAM) Tel.:- 0361-2632204/ 2602205/ 2631307 Email: oiio.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: oiio.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: oiio.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: oiio.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: oiio.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: oiio.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: oio.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 : oio.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: oio.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, Vasantao Naik Mahamarg, Thane (West), Thane – 400604 Email id: oio.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".)

Annexure B

EXCLUSIONS APPLICABLE TO FIXED DAILY HOSPITALISATION CASH BENEFIT

No benefit shall be payable for any claim under Fixed Daily Hospitalisation Cash Benefit in respect of a Life Insured, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Date of Commencement of Risk under the Policy.
2. Any Hospitalization for treatment of Pre-Existing Diseases or its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the Date of Commencement of Risk in the Policy.

In case of enhancement of Sum Assured the exclusion shall apply afresh to the extent of Sum Assured increase.

Coverage under the Policy after the expiry of 36 months for any Pre-Existing Diseases is subject to the same being declared in the Proposal Form and accepted by Us.

3. Any procedure/ treatment which is carried out as a day care treatment, or which requires less than 24 continuous hours of Hospitalization.
4. Any admission for treatment arising from or traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except surgical management of ectopic pregnancy. Any admission for treatment arising from or traceable to miscarriage (unless due

to an Accident) and lawful medical termination of pregnancy during the Policy Term.

5. Any treatment performed solely due to cosmetic or aesthetic reasons, weight reduction, change of sex, and lasik Surgery unless not for cosmetic purpose.

6. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under emergency care due to an Accident.

7. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.

8. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

9. Any unproven/experimental treatment: Hospitalization for or due to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

10. Any alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and healthcare providers.

11. Any treatment received outside India unless specifically covered and specified in the Policy.

12. Routine medical, dental, eye and ear examinations are not covered unless specifically covered and specified in the Policy.

13. Circumcision unless medically necessary.

14. Any Hospitalization primarily for diagnostics and evaluation purposes only are excluded.

15. Any Hospitalization necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving

16. Any Hospitalization directly arising from or consequent upon any Life Insured committing or attempting to commit a breach of law with criminal intent.

17. Hospitalization in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to You are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

18. Any Hospitalization for treatment of Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

19. Any Hospitalization for treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

20. Any Hospitalization due to intentional self-injury, suicide or attempted suicide.

21. Any Hospitalization due to participation by the Life Insured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

22. Any Hospitalization arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.

23. Any Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical

compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

24. Any Hospitalization outside India.

25. Any Hospitalization related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery.

26. Any Hospitalization for treatment of congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Insured.

27. Any Hospitalization for Diagnosis or treatment related to sleep disorder or sleep apnea syndrome or general debility convalescence.

28. Any Hospitalization due to deliberate exposure to exceptional danger (except in an attempt to save human life).

Annexure –C

Exclusions for Fixed Surgical Care Benefit

No benefit shall be payable for any claim under the Fixed Surgical Care benefit in respect of a Life Insured, directly or indirectly caused by, arising from or in any way attributable to any of the following:

1. Pre-Existing Diseases

a) Expenses related to the treatment of a Pre-Existing Diseases (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the Date of Commencement of Risk under the Policy.

b) In case of enhancement of Sum Assured the exclusion shall apply afresh to the extent of Sum Assured increase.

c) If the Life Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Product) Regulations, 2024 as amended from time to time then Waiting Period for the Fixed Surgical Care Benefit same would be reduced to the extent of prior coverage.

d) Coverage under the Policy after the expiry of 36 months for any Pre-Existing Diseases is subject to the same being declared at the time of Proposal Form and accepted by Insurer.

2. Specified disease/procedure waiting period

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the Date of Commencement of Risk under the Policy or Revival of the Policy. This exclusion shall not be applicable for claims arising due to an Accident.

b) In case of enhancement of Sum Assured the exclusion shall apply afresh to the extent of Sum Assured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the Date of Commencement of Risk under the Policy or declared and accepted without a specific exclusion.

i. 24 Months waiting period for:

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident
18. Calculi in urinary system, Gall Bladder, biliary and pancreatic system and salivary duct excluding malignancy.
19. Varicose Veins and Varicose Ulcers
20. Internal Congenital Anomalies

ii. 36 Months waiting period for:

1. Treatment for joint replacement unless arising from Accident
2. Age-related Osteoarthritis & Osteoporosis leading to any surgery including joint replacement
3. Investigation & Evaluation
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded.
4. Rest cure, rehabilitation and respite care

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5. Obesity/ Weight Control

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted is upon the advice of the Medical Practitioner

2) The Surgery/procedure conducted should be supported by clinical protocols

3) The Life Insured has to be 18 years of Age or older; and

4) Body Mass Index (BMI):

- a) greater than or equal to 40 or
- b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

- i. Obesity-related cardiomyopathy
- ii. Coronary heart disease
- iii. Severe Sleep Apnea
- iv. Uncontrolled Type2 Diabetes

6. Change-of-gender treatments:

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

7. Cosmetic or plastic Surgery:

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

8. Hazardous or Adventure sports:

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

9. Breach of law

Expenses for treatment directly arising from or consequent upon any Life Insured committing or attempting to commit a breach of law with criminal intent.

10. Excluded Providers

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to You are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

11. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

12. Any treatment in an establishment that is not a Hospital. This includes:

a. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

b. Out-patient treatment.

c. Domiciliary hospitalization or treatment.

d. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

13. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

14. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Any Surgery arising under alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by

Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers.

16. Sterility and Infertility

Expenses related to sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational surrogacy
- d) Reversal of sterilization

17. Maternity

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b) Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Term.

18. Any expenses related to intentional self-injury, suicide or attempted suicide.

19. Participation by the Life Insured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

20. Expenses arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power

21. Expenses arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

22. Treatment taken outside India

23. Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.

24. All expenses related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery.

25. Congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Insured.

26. Non-allopathic treatment or treatment related to any unrecognized systems of medicine.

27. Any treatment related to sleep disorder or sleep apnea syndrome or general debility convalescence.

28. Deliberate exposure to exceptional danger (except in an attempt to save human life).

29. All preventive care, vaccination including inoculation and immunizations (except in case of post bite treatment) and tonics.

30. Expenses related to any admission, Surgery and treatment primarily due to hormone replacement therapy and any complications arising therefrom

31. Dental, orthodontics, periodontics, endodontics or any preventative dentistry no matter who gives the treatment.

32. Ear or body piercing and tattooing or treatment needed as a result of any of these.