

PART A**Welcome to Axis Max Life Insurance**

Date [Date of Issuance of Policy]
To <Name of the Policyholder>
<Address 1>
<Address 2>
<City> - <Pin Code>
<State>
G. O. Name: <G O Name>
Policy no.: <Policy number>
Telephone: <Telephone number>
Email id: <Email address>

Welcome Dear <Name of the Policyholder>,
Thank you for choosing Axis Max Life Insurance (formerly known as Max Life Insurance) us as Your Bharosemand partner. We are committed to financially protect You and Your loved ones because for them **BHAROSA TUM HO** .

We request You to go through enclosed Policy contract for Axis **Max Life Saral Pension** (A Non-linked, Non-Participating Single Premium, Individual Immediate Annuity Plan) with Policy number <policy number>

Please also refer to the Customer Information Sheet referncee no. for key information about your Policy.

What to do in case of errors On examination of the Policy (enclosed herewith), if You notice any mistake or error, proceed as follows:

1. Contact our customer helpdesk or Your agent immediately at the details mentioned below.
2. We will rectify the mistake/error and send an updated Policy to You.

Free look Cancellation You have the option to cancel the Policy if You disagree with any of the Policy terms and conditions or otherwise by sending a written request to Us, stating the Your objection. This request must be sent to Us within the Free Look Period of 30 days beginning from the date of receiving the Policy.

Upon receipt of Your request, if no claim has been made under the Policy, the Policy will terminate immediately and all rights, benefits and interests under the Policy will cease immediately. You will be entitled to refund of the Purchase Price /Premium received by Us after deducting the proportionate risk premium for the period of cover, stamp duty paid and the expenses, if any, incurred on medical examination along with Annuity paid, if any to you, irrespective of the reasons mentioned. However, if this Policy is purchased out of proceeds of a deferred pension plan of any other insurance company then the proceeds from cancellation will be transferred back to that insurance company.

Long term protection We are committed to giving You honest advice and offering You long-term savings, protection and retirement solutions backed by the highest standards of customer service. We will be delighted to offer You any assistance or clarification You may require about Your policy or claim-related services at the address mentioned below.

We value your association with us and assure you the best of our service, always.

Yours Sincerely,
Axis Max Life Insurance Limited

Suhail Ghai
Chief Digital Officer & Head Operations, Digital Technology

Agent's name/ Intermediary name and Code:

Mobile/Landline Telephone Number:

Address:

Axis Max Life Insurance Limited

Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, 122015, Haryana, India

Phone 4219090 Fax 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1860 120 5577

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

Visit Us at: <https://www.axismaxlife.com> E-mail: service.helpdesk@axismaxlife.com

IRDAI Registration No: 104 Corporate Identity Number: U74899PB2000PLC045626

POLICY PREAMBLE

Axis MAX LIFE INSURANCE LIMITED

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

Axis Max Life Saral Pension

A Non-linked, Non-Participating Single Premium, Individual Immediate Annuity Plan

UIN – 104N119V04

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

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

Axis Max Life Insurance Limited

Place of Issuance: Gurugram, Haryana

POLICY SCHEDULE
Policy: Axis Max Life Saral Pension

Type of Policy: A Non-linked, Non-Participating Single Premium, Individual Immediate Annuity Plan

UIN - 104N119V04
Office:

Policy No.:						Client ID:																																									
Date of Proposal:																																															
Policyholder:						Age Admitted: Yes/No																																									
PAN:						Gender:																																									
Relationship with Annuitant(s):						Contact No.:																																									
Date of Birth:						Email:																																									
Address (For all communication purposes):																																															
Primary Annuitant:						Age Admitted: Yes/No																																									
Date of Birth:						Gender:																																									
Age:						Guardian (if Primary Annuitant is Minor):																																									
Address:																																															
[Applicable only if Joint Life Annuity option is in force]						Age Admitted: Yes/No																																									
Secondary Annuitant:						Gender:																																									
Date of Birth:						Guardian (if Secondary Annuitant is Minor):																																									
Age:																																															
Address:																																															
Nominee(s):						Appointee (if Nominee of Primary Annuitant is Minor)																																									
<table border="1"> <thead> <tr> <th>Nominee (s)Name</th> <th>Relationship of Nominee(s) with Annuitant</th> <th>Date of Birth of Nominee</th> <th>Gender</th> <th>Age</th> <th>% share</th> </tr> </thead> <tbody> <tr> <td>Nominee for Annuitant 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nominee for Annuitant 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Nominee (s)Name	Relationship of Nominee(s) with Annuitant	Date of Birth of Nominee	Gender	Age	% share	Nominee for Annuitant 1												Nominee for Annuitant 2																		Name:					
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Nominee for Annuitant 1																																															
Nominee for Annuitant 2																																															
						Relationship with Nominee																																									
						Appointee (if Nominee of Secondary Annuitant is Minor)																																									
						Name:																																									
						Relationship with Nominee																																									
Date of Commencement of Policy:						Date of payment of first Annuity: _____																																									
Date of Issuance of Policy:						(Subsequent Annuity payouts shall be as per Policy terms)																																									
Premium Payment Method:						Cheque draw date:																																									
						Bank Account Number:																																									
Bank Account Details for Annuity payouts						Bank Name:																																									
						Bank Account Number:																																									

Agent's name/Intermediary name: Email: Address:	Agent's code/ Intermediary code: Intermediary License No.: Mobile/Landline Telephone Number:
Details of Sales Personnel (for direct sales only):	

Rider Name	Variant	Rider Premium Payment Term	Rider Policy Term

Annuity Option Selected	Insured Event	Death Benefit	Purchase Price (INR)	Applicable Taxes, cesses and levies	Total Premium	Annuity Amount (INR)	Mode of payment of Annuity	Annuity Payout Start Date
Single Life Annuity / Joint Life Annuity	As per Clause 1 Part C						Annually / Semi – Annually / Quarterly / Monthly	

****GST includes IGST, SGST, CGST, UGST (whichever is applicable) and applicable cesses**

PART – B**DEFINITIONS**

The definitions of terms/words used in the Policy Document are as under:

1. **“Age”** is the age as on the last birthday of the Annuitant(s) on the Date of Commencement of the Policy;
2. **“Annuitant(s)”** being person(s) on whose life this Policy has been taken and who become entitled to receive the Annuity benefits as stated in Policy Schedule;
3. **“Annuity”** means a specified amount payable under this Policy at specified regular intervals as mentioned in the Schedule and payable as per the specification under the option chosen by the Annuitant as evidenced in the Schedule of the Policy. Annuity option once chosen cannot be altered;
4. **“Appointee”** is the person to whom the proceeds/benefits secured under the Policy are payable on behalf of the Nominee if the benefit becomes payable to the Nominee and Nominee is Minor (as on the date of claim payment) / dependent person with disability (Divyangjan). Appointee is also the person to whom the proceeds/benefits secured under the Policy are payable on behalf of the dependent person with disability, if dependent person with disability is the Secondary Annuitant;
5. **“Assignee”** is the person to whom the rights and benefits are transferred by virtue of an Assignment;
6. **“Assignment”** is the process of transferring the rights and benefits to an “Assignee”. Assignment should be in accordance with the provisions of Section 38 of Insurance Act, 1938 as amended from time to time;
7. **“Assignor”** means the person who transfers the rights of the life insurance Policy to the Assignee;
8. **“Beneficiary/Claimant”** means the person(s)/ entity who is/ are entitled to receive benefits under this Policy. The Beneficiary to whom benefits shall be payable is the Annuitant/ Primary Annuitant or surviving named Secondary Annuitant or his Assignee under Section 38 of the Insurance Act, 1938 as amended from time to time or Nominees under Section 39 of the Insurance Act 1938 as amended from time to time or Proved Executors or Administrators or other legal representatives of the Annuitant(s) who should take out representation to his / her estate or limited to the monies payable under this Policy from any court of any State or territory of the Union of India, as applicable;
9. **“Company” or “Corporation”** means Axis Max Life Insurance Limited;
10. **“Date of Commencement of Policy”** is the start date of this Policy and is also the same as mentioned in the Schedule of the Policy;
11. **“Date of Issuance of Policy”** means the date as specified in the Policy Schedule;
12. **“Death Benefit”** means the benefit, agreed at the commencement of the contract, and means the amount as specified in the Policy bond and is payable on death of the Annuitant as per the terms and conditions of the Policy;
13. **“Discharge Form”** is the form to be filled by Annuitant /Claimant to claim the Surrender/Death Benefit under the Policy;
14. **“Due Date”** means a fixed date on which the Annuity is due and payable;
15. **“Endorsement”** means conditions attached/ affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Company;
16. **“Free Look Period”** is the period of 30 days from the date of receipt of the Policy Document by the Policyholder to review the terms and conditions of this Policy and where the Policyholder disagrees to any of those terms and conditions or otherwise, if no claim has been made under the Policy, he/ she has the option to cancel this Policy as detailed in Condition 5 of Part D of this Policy Document;

17. **“IRDAI”** means Insurance Regulatory and Development Authority of India earlier called as Insurance Regulatory and Development Authority (IRDA);
18. **“Joint Life Annuity”** refers to an annuity Policy taken jointly on the lives of Primary Annuitant and Secondary Annuitant, where spousal relationship exists;
19. **“Loan”** is the interest bearing repayable amount granted by the Company against the Surrender Value payable to the Policyholder;
20. **“Minor”** is a person who has not completed 18 years of age;
21. **“Mode”** refers to the frequency of Annuity payment as chosen by the Annuitant from the available modes of Annuity i.e. yearly, half-yearly, quarterly, and monthly. The Annuity shall be payable in arrears i.e. the Annuity payment shall commence after 1 year, 6 months, 3 months and 1 month from the Date of Commencement of Policy depending on whether the mode of Annuity payment is yearly, half yearly, quarterly and monthly respectively;
22. **“Nomination”** is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time;
23. **“Nominee(s)”** means the person(s) nominated by the Policyholder (who is also the Annuitant) under this Policy and who is(are) authorised to receive the claim benefit payable under this Policy on the death of the Annuitant / Primary Annuitant / Secondary Annuitant, wherever applicable as per the Annuity option chosen;
24. **“Policy/ Policy Document”** means this document along with endorsements, if any, issued by the Company which evidences the contract of Insurance and the Customer Information Sheet between the Policyholder and the Company;
25. **“Policyholder”** is the legal owner of this Policy;
26. **“Primary Annuitant”** (applicable under Joint Life Annuity option) is the person on whose life this Policy has been taken and who is entitled to receive the Annuity benefits as stated in Policy Schedule. For Joint Life Annuity option under this Policy, the word, “Annuitant” is used for “Primary Annuitant”;
27. **“Purchase Price” or “Premium”** is the amount paid by the Policyholder as mentioned in the Schedule of this Policy Document to secure the benefits under the Policy. The term Purchase Price and the Premium are used interchangeably in this Policy Document. Purchase Price / Premium does not include any taxes which are payable separately;
28. **“Schedule”** is the part of Policy document that gives the specific details of this Policy;
29. **“Secondary Annuitant”** (applicable under Joint Life Annuity Option) is the person entitled to receive the Annuity payment, in the event of death of the Primary Annuitant;
30. **“Surrender”** means complete withdrawal / termination of the entire Policy;
31. **“Surrender Value”** means an amount, if any, that becomes payable in case of Surrender during the Policy Term, in accordance with the terms and conditions of this Policy; and
32. **“UIN”** means the Unique Identification Number allotted to this plan by the IRDAI.

PART - C

BENEFITS

The following benefits are payable under the Policy:

1. Benefits payable on survival or on death:

The benefits payable are as under:

Annuity Option	Single / Joint Life	Benefit Payable on survival	Benefit payable on death
Life Annuity with return of 100% of Purchase Price	Single life	Annuity payments will be made in arrears for as long as Annuitant is alive, as per the chosen Mode of Annuity payment.	On death of the Annuitant, the Annuity payment shall cease immediately. The Purchase Price shall be payable to Nominee(s) / legal heirs.
Joint Life last survivor Annuity with return of 100% of Purchase Price (ROP) on death of the last survivor.	Joint Life	Annuity will be paid in arrears for as long as the Primary Annuitant and/or Secondary Annuitant is alive, as per the chosen Mode of Annuity payment.	<p>On first death (of either of the covered lives): 100% of the Annuity amount shall continue to be paid as long as one of the Annuitants is alive.</p> <p>On death of the last survivor: The Annuity payments will cease immediately. The Purchase Price shall be payable to the Nominee(s) / legal heirs.</p>

2. Maturity Benefit: There is no maturity benefit under this Policy.

PART – D**CONDITIONS RELATED TO SERVICING ASPECTS**

1. **Proof of Age:** The Purchase Price having been calculated on the Age of the Annuitant(s) as declared in the proposal form, in case the Age is found different (lower/higher) than such Age, without prejudice to the Corporation's other rights and remedies, including those under the Insurance Act, 1938, as amended from time to time the following action shall be taken:
 - a. If the Annuitant's correct Age is found to be different from the Age declared in the proposal form, the Annuity payments payable under the Policy shall be altered corresponding to the correct age of the Annuitant from the next Annuity due date and the total of the excess paid, if any, due to difference between the original Annuity amounts paid and the corrected Annuity, from the commencement of the Policy up to the date of such excess payment, shall be paid to the Corporation with interest at such rate as fixed by the Corporation from time to time. The difference arising out of incorrect Annuities paid in the past along with interest shall be collected from the Annuitant or would be adjusted from the following Annuity payments.
 - b. If the correct Age is such as would have made the Annuitant uninsurable under this Policy, then this Policy shall be cancelled and the Purchase Price paid may be refunded after deducting the charges for stamp duty, taxes and Annuity paid (if any).
2. **Forfeiture in certain events:** In case any condition herein contained or endorsed hereon shall be contravened, or in case it shall hereafter appear that any untrue or incorrect averment is contained in the proposal and declaration herein mentioned, or in the statements referred to therein, have not been truly and fairly stated or that any material information has been withheld, then and in every such case this Policy shall be void and all claims to any benefit in virtue of this Policy shall be subject to the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.
3. **Surrender:** The Policy can be surrendered any time after six months from the Date of Commencement of Policy, if the Annuitant / Primary Annuitant /Secondary Annuitant, or spouse or any of the children of the Annuitant is diagnosed as suffering from any of the critical illnesses as defined Annexure-4 to the Policy Document, based on the documents produced to the satisfaction of the medical examiner of the Company. On approval of the Surrender, 95% of the Purchase Price shall be paid to the Annuitant, subject to deduction of any outstanding Loan amount and Loan interest, if any. On payment of the Surrender Value, the Policy stands terminated. For the purpose of Surrender Value calculation, the Purchase Price excludes taxes, if any. Any change in the Surrender Value calculation method shall be applicable only after prior approval of IRDAI.
4. **Loan:** Loan can be availed any time after six months from the Date of Commencement of Policy. Maximum amount of Loan that can be granted under the Policy shall be such that the effective annual interest amount payable on Loan does not exceed 50% of the annual Annuity amount payable under the Policy. Under Joint Life Annuity option, the Loan can be availed by the Primary Annuitant and on death of the Primary Annuitant, it can be availed by the Secondary Annuitant.
 - a. The interest on Loan shall be at 10-year G-Sec rate as at 1st April of the relevant financial year, as published by M/s. FBIL, plus not more than 200 bps and shall be applicable for all Loans granted during the period of twelve months, beginning 1st May of the relevant financial year. The current rate of interest rate is 8.23% p.a.
 - b. The Loan interest will be recovered from the Annuity amount payable under the Policy. The Loan interest will accrue as per the frequency of Annuity payment under the Policy and it will be due on the date of Annuity. The Loan outstanding shall be recovered from the claim proceeds under the Policy.

However, the Annuitant has the flexibility to repay the Loan principal at any time during the currency of the Annuity payments.

5. **Free Look Period:**

- a. The Policyholder has a Free Look Period of 30 days beginning from the date of receipt of the Policy Document, to review the terms and conditions of the Policy and where the Policyholder disagrees with any of those terms and conditions of the Policy or otherwise and have not made any claim, the Policyholder have the option to cancel the Policy , stating the reasons for his objection. Upon receipt of Policyholder's request, if no claim has been made under the Policy, the Policy will terminate immediately and all rights, benefits and interests under the Policy will cease immediately. Then the Policyholder shall be entitled to a refund of the Premium less a proportionate risk Premium for the period of cover, stamp duty charges and the expenses, if any, incurred on medical examination along with Annuity paid to the Policyholder, if any, irrespective of the reasons mentioned.
- b. The treatment of the Policy shall be as follows:
 - i. for standalone immediate Annuity policies: the proceeds from cancellation shall be returned to the Policyholder.
 - ii. If this Policy is purchased out of proceeds of a deferred pension plan of any other insurance company: The proceeds from cancellation will be transferred back to that insurance company.

PART E

CHARGES

Not Applicable.

PART – F**OTHER TERMS AND CONDITIONS**

- 1. Assignment:** Assignment is allowed under this plan as per section 38 of the Insurance Act, 1938, as amended from time to time. The current provisions of Section 38 are contained in Annexure-1 of this Policy Document. The notice of Assignment should be submitted for registration to the office of the Company, where the Policy is serviced. You may request for written acknowledgement of the receipt of notice of assignment or transfer assignment for a Policy along with the necessary details and documents. Additional charges, not exceeding Rs. 100/- on each occasion may be applicable for granting a written acknowledgement of the receipt of notice of assignment or transfer assignment. This option is not available in case the Policy is sold under Married Woman's Property Act, 1874.
- 2. Nomination:** Nomination is allowed as per Section 39 of the Insurance Act, 1938, as amended from time to time. The current provisions of Section 39 are contained in Annexure-2 of this Policy Document. The notice of Nomination or change of Nomination should be submitted for registration to the office of the Company, where the Policy is serviced. In registering Nomination the Company does not accept any responsibility or express any opinion as to its validity or legal effect. You may request for a cancellation or change of nomination(s) for a Policy along with necessary details of substituted nominee. Additional charges, not exceeding Rs. 100/- on each occasion may be applicable for cancellation or change of nominee. This option is not available in case the Policy is sold under Married Woman's Property Act, 1874.
- 3. Section 45 of the Insurance Act 1938:** The provisions of Section 45 of the Insurance Act 1938, as amended from time to time, shall be applicable. The current provisions are contained in Annexure-3 of this Policy Document.
- 4. Taxes:**
 - a) Statutory taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional tax Authority of India shall be as per the tax laws and the rate of tax as applicable from time to time.
 - b) The amount of any applicable taxes as per the prevailing rates, shall be payable by the Policyholder on Premiums payable under the Policy, which shall be collected separately in addition to the Premium payable by the Policyholder. The amount of tax paid shall not be considered for the calculation of benefits payable under the Policy.
- 5. Normal requirements for benefits payable:**
 - a) For Annuities in payment: The existence certificate in the format prescribed by the Company is to be submitted by the Annuitant / Primary Annuitant / Secondary Annuitant as and when required by the Company. In case of Joint Life last survivor Annuity with return of 100% of Purchase Price on death of the last survivor, after the death of the Primary Annuitant, the existence certificate of the surviving Secondary Annuitant will be required. The Annuity payments shall be released only on receipt of the existence certificate. On death of the Annuitant(s): The normal documents which the claimants shall submit while lodging the claim in case of death of the Annuitant / Primary Annuitant / Secondary Annuitant shall be the claim form, as prescribed by the Company, accompanied with original Policy document, original/ attested copy of death certificate issued by the local/municipal authority, discharge summary / indoor case papers in case death happened due to medical reasons in a hospital, medical booklet / CGHS card details in case of defence and central government personnel, body transfer certificate / embassy documents / postmortem report whichever applicable in case of death in foreign country, complete passport copy in case of death in foreign country, identity proofs of the Claimants bearing their photographs and signatures, other life / health insurance details with claim history details, employer certificate with complete leave records (Form E), 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.), NEFT mandate form attested by bank

authorities, copy of bank passbook / cancelled cheque of the Claimant, ITR for last 3 years / GST certificate in case of self employed, Bank statement of last 2 years of the Life Insured, any other documents or information required by Us for assessing and approving the claim request. NEFT mandate from the claimant for direct credit of the claim amount to the bank account, proof of title, proof of death, whichever is applicable, to the satisfaction of the Company. If the Age is not admitted under the Policy, the proof of Age of the Annuitant shall also be submitted. Intimation of death along with death certificate must be notified within 90 days from the date of death, in writing to the office of the Company where the Policy is serviced for any claim to be admissible. However, delay in intimation of the genuine claim by the claimant, may be condoned by the Company, on merit and where delay is proved to be for reasons beyond his/her control.

In case of unnatural death or death on account of or arising from an accident, the Company may call for the copies of First Information Report (FIR), Panchnama and Post Mortem report. The Company may also call for additional documents as may be required by them.

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.

The Claimant is required to intimate us along with necessary documents as mentioned above, regarding a claim under the Policy, at the earliest possible time either in person or through online mode or Our distribution channel or authorized call Centre. For any support or guidance in relation to claims, please contact us at Helpline No. – 1860 120 5577, Email: service.helpdesk@axismaxlife.com

- b) On Surrender: In case of Surrender of a Policy, the Annuitant shall submit the Discharge Form along with the original Policy document, evidence of critical illnesses as per Annexure-4 to the Policy document, NEFT mandate from the claimant for direct credit of the claim amount to the bank account besides proof of Age, if the Age is not admitted earlier. In addition to above, any requirement mandated under any statutory provision or as may be required as per law shall also be required to be submitted.

6. Legislative Changes:

The terms and conditions under this Policy are subject to variation in accordance with the relevant legislations and regulations.

7. Issuance of duplicate Policy:

The Policyholder can make an application for duplicate Policy on payment of Rs. 250/- upon loss of Policy Document along with other requirements as may be prescribed by the Company.

8. Jurisdiction:

The Policy shall be governed by the laws of India and the Indian Courts shall have jurisdiction to settle any disputes arising under the Policy.

9. Translation

In the event of any conflict or discrepancy between any translated version and the English language version of this Policy contract, the English language version of this Policy contract shall prevail.

PART – G GRIEVANCE REDRESSAL MECHANISM

1) Grievance Redressal Mechanism:

1.1. All consumer grievances and/or queries may be first addressed to your agent or our customer helpdesk as mentioned below:

- a. Axis Max Life Insurance Limited, Plot 90C, Sector 18, Gurugram, 122015, Haryana, India, Helpline No. – 1860 120 5577, Email: service.helpdesk@axismaxlife.com
- b. Any office of Axis Max Life Insurance Limited.

If our response is not satisfactory or there is no response within 14 (Fourteen) days, the complainant may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:

Grievance Redressal Officer,
Axis Max Life Insurance Limited
Plot No. 90C, Sector 18, Gurugram, 122015, Haryana, India
Helpline No. – 1860 120 5577 or (0124) 4219090
Email: service.helpdesk@axismaxlife.com

2) Grievance Redressal Mechanism of IRDAI:

In case the Policyholder/complainant is not satisfied with the response or does not receive a response from the Company within 14 days, then the customer/complainant may approach the Grievance Cell of the IRDAI through any of the following modes:

- i. Calling Toll Free Number 155255 / 1800 4254 732 (i.e. IRDAI (Bima Bharosa Shikayat Nivaran Kendra)
- ii. Sending an email to complaints@irdai.gov.in
- iii. Register the complaint online at <http://www.igms.irdai.gov.in>
- iv. Website:- bimabharosa.irdai.gov.in
- v. Address for sending the complaint through courier / letter: Policyholder Protection & Grievance Redressal Department (PPGR), Insurance Regulatory and Development Authority of India, Survey No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032, Telangana India. Ph: (040) 20204000

3) Ombudsman:

- a. If the complainant are not satisfied with the redressal or there is no response within a period of 1 (One) month, or within 1 year after rejection of complaint by Us, for redressal of claims related grievances, Claimants can also approach Insurance Ombudsman (at the address mentioned in Annexure A or on the IRDAI website <http://www.irdai.gov.in> or on Council of Insurance Ombudsmen website at <http://www.cioins.co.in>) who provides for low cost, speedy arbitration to customers.

The Ombudsman, as per Insurance Ombudsman Rules, 2017, as amended, can receive and consider complaints or disputes relating to the matters such as:

- i. Delay in settlement of claims, beyond the time specified by Us;
- ii. Any partial or total repudiation of claims by Us;
- iii. Disputes over Premium paid or payable in terms of insurance Policy;
- iv. Misrepresentation of Policy terms and conditions at any time in the Policy Document or Policy contract;
- v. Legal construction of insurance policies insofar as the dispute relates to claim;

- vi. Policy servicing related grievances against insurers and their agents and intermediaries;
- vii. Issuance of life insurance Policy, which is not in conformity with the proposal form submitted by You;
- viii. Non-issuance of any insurance document after receipt of the Premium
- ix. Any other matter resulting from non-observance or non-adherence to the provisions of any regulations made by the IRDAI with regard to protection of policyholders' interests or otherwise, or of any circulars, guidelines or instructions issued by IRDAI or of the terms and conditions of the Policy contract, in so far as they relate to issues mentioned at clauses (i) to (viii).

As per Rule 14 of the Insurance Ombudsman Rules, 2017, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year after receipt of Our rejection of the representation or after receipt of Our decision which is not to Your satisfaction or if We fail to furnish reply after expiry of a period of one month from the date of receipt of the written representation of the complainant, provided the complaint is not on the same matter, for which any proceedings before any court, or consumer forum or arbitrator is pending.

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 Email: oio.ahmedabad@cioins.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman & 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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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: oio.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 Buddha Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: oiio.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 : oiio.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: oiio.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, Vasanttrao Naik Mahamarg, Thane (West), Thane – 400604 Email id: oiio.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".) Tel No. 022-20812868/69

Annexure-1 to Policy Bond

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: 1. This Policy may be transferred/assigned, wholly or in part, with or without consideration. 2. An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer. 3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made. 4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness. 5. The transfer or assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer. 6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations. 7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice. 8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced. 9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide; b. not in the interest of the Policyholder; c. not in public interest; or d. is for the purpose of trading of the insurance Policy. 10. Before refusing to act upon endorsement, the insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment. 11. In case of refusal to act upon the endorsement by the insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the insurer. 12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to the Authority. 13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that i. the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured; or ii. the insured surviving the term of the Policy. Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position. 14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment; b. may institute any proceedings in relation to the Policy; and c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings. 15. Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act, 1938 as amended from time to time for complete and accurate details]

Annexure-2 to the Policy Bond

Section 39 - Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:1.The Policyholder of a life insurance Policy on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.2.Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the insurer. 3.Nomination can be made at any time before the maturity of the Policy. 4.Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.5.Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be. 6.A notice in writing of change or cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.7.Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.8.On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof. 9.A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will get affected to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.10.The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.11.In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.12.In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s). 13.Where the Policyholder whose life is insured nominates hia.parents or b.spouse or c.children ord.spouse and childrene.or any of them, the nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.14. If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). 15.The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act 2015.16.If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.17.The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Act, 1938 as amended from time to time, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act 1938 as amended from time to time for complete and accurate details.]

Annexure-3 to the Policy Bond

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows: 1.No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a. the date of issuance of Policy or b. the date of commencement of risk or c.the date of revival of Policy or d. the date of rider to the Policy, whichever is later. 2.On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from a. the date of issuance of Policy or b.the date of commencement of risk or c.the date of revival of Policy or d. the date of rider to the Policy, whichever is later. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based. 3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy: a.The suggestion, as a fact of that which is not true and which the insured does not believe to be true;b. The active concealment of a fact by the insured having knowledge or belief of the fact; c.Any other act fitted to deceive; and d.Any such act or omission as the law specifically declares to be fraudulent. 4.Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak. 5. No Insurer shall repudiate a life insurance Policy on the ground of fraud, if the insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries. 6.Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.7.In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.8.Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.9.The insurer can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is only a simplified version prepared for general information. You are advised to refer to the Insurance Act 1938 as amended from time to time for complete and accurate details.]

Annexure-4 to the Policy Bond**List of Critical Illnesses****1. CANCER OF SPECIFIED SEVERITY**

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
 - v. All thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3;
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has

to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

9. PERMANENT PARALYSIS OF LIMBS

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

12. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
 - iv. Dyspnea at rest.

15. END STAGE LIVER FAILURE

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
Permanent jaundice; and
Ascites; and
Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

16. LOSS OF SPEECH

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

17. LOSS OF LIMBS

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The

separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - i. Spinal cord injury;

19. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

20. THIRD DEGREE BURNS

- I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.