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 Certificate of Insurance /policy document.

Sl. no.	Title	Description in Simple Words (*Please refer to applicable Certificate of Insurance Clause Number in next column)*	Certificate of Insurance (COI) Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	**Axis Max Life Insurance & Niva Bupa Health Insurance Smart Life-N-Health Loansure Plan** **UIN- 104Y134V01**	COI Header
2.	COI Number	<COI Number>	COI Schedule
3.	Combi Variant	<< >>	COI Schedule
Part A: Life Cover			
4.	Type of Insurance Policy	A Non-Linked Non-Participating Group Combi Insurance Plan	COI Cover Letter
5.	Basic Policy details	• **Instalment Premium**: <Not Applicable> • **Mode of Premium payment**: Single Premium • **Sum Assured on Death**: As per Schedule of Sum Assured mentioned in Certificate of Insurance • **Sum Assured on Maturity**: Not Applicable • **Policy Term**: <Policy term> in month/s • **Premium Payment Term**: Single Premium	COI Schedule
6.	Policy Coverage/benefits payable	• **Benefits payable on Maturity**: ➢ There is no Maturity Benefit under this Policy. • **Benefits payable on Death**: If the policy is in force, then, upon death of the Insured Member during the period of coverage, We shall pay the death benefit as per the cover option. For more details, please refer to the COI. **Moratorium Option:** Moratorium period option is available with decreasing cover option which may be chosen in multiples of 1 month with minimum of 1 month. For more details, please refer to the COI.	Clause 4 Clause 2 Clause 2.1

		• **Survival Benefits excluding that payable on maturity**: ➢ No survival benefits are payable under the Policy • **Surrender Benefits:** During the Period of Coverage, a Member may request for the surrender by making a written request, upon which We shall pay the surrender value to the Member. For more details, please refer to the COI. • **Options to policyholders for availing benefits, if any, covered under the policy.** ➢ This is not applicable. • **Other benefits/options payable, specific to the policy, if any:** ➢ This is not applicable. • **Lock-in period for Linked Insurance products**: ➢ This is not applicable.	Clause 4 Clause 3
7.	Options available (*in case of Linked Insurance Products*)	This is not applicable	
8.	Option available (in case of Annuity product)	This is not applicable	
9.	Riders opted, if any	This is not applicable	
10.	Exclusions (events where insurance coverage is not payable), if any.	**Brief list of the applicable exclusions, if any:** • **Suicide Exclusion** If a Member commits suicide, within 12 (Twelve) months from the Effective Date of Coverage/Date of Commencement of Risk or Entry Date, as the case may be, the cover will cease and no Death Benefit shall be payable under the Policy in relation to such Member and in such event, We will refund the Premium received by Us (inclusive of extra premiums and applicable taxes, cesses and levies (if any) in respect of such Member, without interest, after deducting the expenses incurred by Us for the grant of Insurance. For more details, please refer to the COI.	Clause 5

11.	Waiting /lien Period, if any	**Number of Days** Not Applicable	
12.	Grace period	**Number of Days**: Not Applicable	
13.	Free Look Period	**Number of days**: 30 days beginning from the date of receipt of the Certificate of Insurance	Clause 6
14.	Lapse, paid-up and revival of the Policy	Not Applicable	
15.	Policy Loan, if applicable	Not Applicable	
16.	Claims/Claims Procedure	• **Turn Around Time (TAT)** For details, refer to "Service TATs in Insurance - Axis Max Life Insurance". • **Helpline number** - 1860-120-5577 (Call charges apply). • **Contact Details of the Insurer**: Axis Max Life Insurance Limited, Plot No. 90C, Urban Estate, 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	Clause 7
17.	Policy Servicing	• **Turn Around Time (TAT)** For details, refer to "Service TATs in Insurance - Axis Max Life Insurance". • **Helpline number** - 1860-120-5577 (Call charges apply). • **Contact Details of the Insurer**: Axis Max Life Insurance Limited, Plot No. 90C, Urban Estate, 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	
18.	Grievances /Complaints	• **Contact Details of Grievance Redressal Officer of the insurer:** Grievance Redressal Officer, Axis Max Life Insurance Limited, Plot No. 90C, Urban Estate, Udyog Vihar, Sector 18, Gurugram - 122015, Haryana, India. • **Helpline number:** 1860-120-5577 (Call charges apply). • **Link for registering the grievance with the insurer's portal:** https://www.axismaxlife.com/customer-service/grievance-redressal. • **Contact details of Ombudsman**: Find your nearest Ombudsman office at https://www.cioins.co.in/ombudsman	Clause 12

Part B: Health Cover			**Policy Wordings Clause Number**
4	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
5	Sum Insured	Sum Insured: As mentioned in section 6	
6	Policy Coverage	OPD Consultations	3.1

		Video Consultation: Cover Video Consultations with certified General Practioners for the Insured. Limit is:	3.1.1
		Tele Consultations: Cover Tele Consultations with certified General Practioners for the Insured. Limit is:	3.1.2
		Physical Consultations: Cover Physical Consultations with certified General Practioners for the Insured. Limit is:	3.1.3
		Video Consultations with specialists: Cover Video Consultations with Specialists for the Insured. Limit is:	3.1.4
		Tele Consultations with specialists: Cover Tele Consultations with Specialists for the Insured. Limit is:	3.1.5
		Physical Consultations with specialists: Cover Physical Consultations with Specialists for the Insured. Limit is:	3.1.6
		Diagnostic Services: Cover diagnostic services for the Insured. Limit is:	3.2
		Pharmacy Services: Cover diagnostic services for the Insured. Limit is:	3.3
		Home Health Care Services: Cover Home Health Care services for the Insured. Limit is:	3.4
		Vaccination Cover: Cover vaccination charges for the Insured. Limit is:	3.5
		Annual Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	3.6
		Daily Cash Benefit	3.7
		Daily Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more). Limit is:	3.7.1
		Daily Cash Benefit with Deductible: We will pay an amount if Insured Person is hospitalized (for 24 hours or more). Limit is:	3.7.2
		Emergency Assistance Services	3.8
		Medical referral: Tele-consultation through our Service Providers, to provide reference of doctors in the vicinity where the Insured Person is located. Limit is:	3.8.1
		Emergency medical evacuation: Covererage of ambulance services through our service providers when adequate medical facility is not available proximate to the Insured Person. Limit is:	3.8.2
		Medical repatriation: Coverage for transportation services through our service providers when medically necessary. Limit is:	3.8.3
		Compassionate visit: Cover expenses for travel of a family member or personal friend to visit Insured Person following 7 days of consecutive hospitalization. Limit is:	3.8.4
		Care and/ or transportation of minor children: Cover for one-way economy common carrier transportation to the place of residence of minor child in case of medical emergency or death of an Insured person. Limit is:	3.8.5
		Return of mortal remains: Cover for the return of mortal remains to an authorized funeral home proximate to the Insured Person’s legal residence. Limit is:	3.8.6
		Second Medical Opinion: If the Insured Person is undergoing a treatment for an illness, the Insured Person can, at the Insured Person’s choice, obtain a Second Medical Opinion during the Policy Period. Limit is:	3.9

		Hospitalization Cover	3.1
		Inpatient Care: Cover for Hospitalization following an illness or injury. Limit is:	3.10.1
		Pre-hospitalization Medical Expenses: Cover for Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.10.2
		Post-hospitalization Medical Expenses: Cover for Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.10.3
		Day Care Treatment: Cover for Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury. Limit is:	3.10.4
		AYUSH Benefit: Cover for Medical Expenses incurred on the Insured Person's Hospitalization for treatment under Ayurveda, Unani, Siddha or Homeopathy systems. Limit is:	3.10.5
		Domiciliary Hospitalization: Cover for Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization. Limit is:	3.10.6
		Organ Transplant: Cover for Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated. Limit is:	3.10.7
		Emergency Road Ambulance- Within India: Cover for expenses incurred on an ambulance during the Policy Period to transfer the Insured Person by surface transport following an Emergency. Limit is:	3.10.8
		Air Ambulance Cover: Cover for expenses incurred on an air ambulance during the Policy Period to transport the Insured Person to the nearest Hospital following an Emergency within India. Limit is:	3.10.9
		Loyalty Credits Sum Insured Enhancement: If the Insured Person's cover under the Policy is renewed with Us without a break We will increase the Base Sum Insured applicable under the Policy, for each successive renewal. Limit is:	3.10.10
		No Claim Bonus: We will add a Cumulative Bonus in the form of a No Claim Bonus as a percentage of the Sum Insured (In-patient Care) at the end of every Policy Year. Limit is:	3.10.11
		Modern Treatments: Listed procedures will be covered either in in-patient care or Daycare section. Limit is:	3.10.12
		Critical illness Cover: We will pay the amount if the Insured Person is diagnosed with any Critical Illness. Limit is:	3.11
		Accidental Death (AD): Covers death due to an accident. Limit is:	3.12.1
		Accidental Permanent Total Disability (PTD): Covered up to Accidental Cover Sum Insured. Limit is:	3.12.2
		Accidental Permanent Partial Disability (PPD): Covered up to Accidental Cover Sum Insured. Limit is:	3.12.3
		Temporary Total Disability (TTD): If customer is temporarily incapacitated due to an accident and is unable to engage in any employment or occupation of any description whatsoever, then we will pay as per limits. Limit is:	3.12.4
		Accidental Medical Reimbursement: Covers accidental hospitalization charges. Limit is:	3.12.5

		Serious Illness: We will pay an amount basis number of days of hospitalization of Insured due to illness/injury in the Policy Period. Limit is:	3.13
7	Exclusions	**Inpatient Care- Section Specific Conditions- Standard Exclusion:**	3.10.13 B
		Investigation & Evaluation (Code-Excl04)	3.10.13 B a I.
		Rest Cure, rehabilitation and respite care (Code-Excl05)	3.10.13 B a II.
		Obesity/ Weight Control (Code-Excl06)	3.10.13 B a III.
		Change-of-Gender treatments (Code-Excl07)	3.10.13 B a IV.
		Cosmetic or plastic Surgery (Code-Excl08)	3.10.13 B a V.
		Hazardous or Adventure sports (Code-Excl09)	3.10.13 B a VI.
		Breach of law (Code-Excl10)	3.10.13 B a VII.
		Excluded Providers (Code-Excl11)	3.10.13 B a VIII.
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	3.10.13 B a IX.
		Treatments received in heath 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. (Code-Excl13)	3.10.13 B a X.
		Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure (Code-Excl14)	3.10.13 B a XI.
		Refractive Error (Code-Excl15)	3.10.13 B a XII.
		Unproven Treatments (Code-Excl16)	3.10.13 B a XIII.
		Sterility and Infertility (Code-Excl17)	3.10.13 B a XIV.
		Maternity (Code-Excl18)	3.10.13 B a XV.
		Inpatient Care- Section Specific Conditions- Specific Exclusion	
		Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital	3.10.13 B b I.
		Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident	3.10.13 B b II.
		Conflict & Disaster: Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.	3.10.13 B b III.
		External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly.	3.10.13 B b IV.

		Dental/ oral treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.	3.10.13 B b V.
		Hormone Replacement Therapy: Treatment for any condition /illness which requires hormone replacement therapy	3.10.13 B b VI.
		Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home	3.10.13 B b VII.
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	3.10.13 B b VIII.
		Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviours.	3.10.13 B b IX.
		Any treatment or medical services received outside the geographical limits of India	3.10.13 B b X.
		Any expenses incurred on OPD treatment	3.10.13 B b XI.
		Trips exceeding 90(ninety) days from declared residence	3.10.13
		Critical Illness- Section Specific Conditions - Permanent Exclusions	
		Cosmetic or plastic Surgery (Code-Excl08)	3.11.1.B.i
		Change-of-Gender treatments (Code-Excl07)	3.11.1.B.ii
		Breach of law (Code-Excl10)	3.11.1.B.ii
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	3.11.1.B.iv
		Sterility and Infertility (Code-Excl17)	3.11.1.B.v
		Maternity (Code-Excl18)	3.11.1.B.vi
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	3.11.1.B.vii
		Treatments received in heath 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. (Code-Excl13)	3.11.1.B.viii
		Alternative Treatments: Any covered Critical Illnesses diagnosed and/or treated by Medical Practitioner who practices Alternative Medicine	3.11.1.B.ix
		External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly.	3.11.1.B.x
		Accidental Cover: Section specific Exclusions	3.12.7
		Death or any disablement resulting from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy	I.
		Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.	II.

		Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Policy Schedule/Certificate of Insurance	III.
		Body or mental infirmity or any disease except where such condition arises directly due to an Accident occurring during the Policy Period	IV.
		Death or disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same	V.
		Serious Illness: Section specific Exclusions- Permanent Exclusions	3.13.1.B
		Investigation & Evaluation (Code-Excl04)	1
		Rest Cure, rehabilitation and respite care (Code-Excl05)	2
		Change-of-Gender treatments (Code-Excl07)	3
		Cosmetic or plastic Surgery (Code-Excl08)	4
		Hazardous or Adventure sports (Code-Excl09)	5
		Breach of law (Code-Excl10)	6
		Excluded Providers (Code-Excl11)	7
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	8
		Treatments received in heath 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. (Code-Excl13)	9
		Unproven Treatments (Code-Excl16)	10
		Sterility and Infertility (Code-Excl17)	11
		Maternity (Code-Excl18)	12
		Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital	13
		Conflict & Disaster: Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.	14
		External Congenital Anomaly: Screening, counselling or treatment related to external Congenital Anomaly.	15
		Dental/ oral treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.	16
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	17
		General Exclusions (applicable to all Sections under the Policy unless specified otherwise):	4

		Conflict & Disaster: Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.	i
		Breach of law (Code-Excl10)	ii
		Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military, para-military or air force operation during peace time	iii
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	iv
		Inhaling any gas or fumes, accidentally or otherwise, except in the course of duty	v
		Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.	vi
		Hazardous or Adventure sports (Code-Excl09)	vii
		Investigation & Evaluation (Code-Excl04)	viii
		Unproven Treatments (Code-Excl16)	ix
		Any exclusion mentioned in the Policy Schedule/Certificate of Insurance or the breach of any specific condition mentioned in the Policy Schedule/Certificate of Insurance.	x
		Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Policy Schedule or Certificate of Insurance.	xi
8	Waiting period - Time period during which specified diseases/treatments are not covered. -It is counted from the beginning of the policy coverage.	**Inpatient Care- Section Specific Conditions – Waiting Periods**	
		Pre-existing Diseases (Code–Excl01)	3.10.13.1
		Specified disease/procedure waiting period (Code- Excl02)	3.10.13.2
		30-day waiting period (Code- Excl03):	3.10.13.3
		Critical Illness- Section Specific Conditions – Waiting Periods	
		Pre-existing Diseases (Code–Excl01)	3.11.1.1
		30-day waiting period (Code- Excl03):	3.11.1.2
		Survival Period:	3.11.1.3
		Serious Illness: Section specific Exclusions- Waiting Periods	3.13.1.A
		Pre-existing Diseases (Code–Excl01)	a
		Specified disease/procedure waiting period (Code- Excl02)	b
		30-day waiting period (Code- Excl03):	c

9	Financial Limits of Coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	As mentioned in section 6, if applicable.	
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	As mentioned in section 6, if applicable.	
	iii. Deductible (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than specified amount)	As mentioned in section 6, if applicable.	
	Any other limit (as applicable)	As mentioned in section 6, if applicable.	
10	Claims/ Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement - TAT for pre-authorization of cashless facility- 1 Hours - TAT for cashless final bill authorization- - grant final authorization within three hours of the receipt of discharge authorization request from the hospital. In case of delay, any additional amount charged by hospital, will be borne by us. Network Hospital Details- https://rules.nivabupa.com/hospital-network/ Helpline No- 1860-500-8888 Downloading/ getting claim form- https://transactions.nivabupa.com/pages/downloads.aspx Hospitals which are blacklisted or from where no claim will be accepted by insurer- https://rules.nivabupa.com/doc/Exclude_List.pdf	3.1.8 (OPD services) 3.10.14 (Inpatient Care) 3.11.2 (Critical Illness) 3.12.8 (Accidental Coaver) 3.13.2 (Serious Illness) 5.15

11	Policy Servicing	Call center no of Insurer- Contact No: 1860-500-8888 Details of Company Officials-- Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 B2Bclaimbcp@nivabupa.com	5.24
12	Grievances/ Complaints	Details of Grievance Redressal Officer of the insurer Grievance Redressal Officer Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx Insurance company grievance portal/ Department Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Contact No: 1860-500-8888 Fax No.: 011-41743397 B2Bclaimbcp@nivabupa.com Senior citizens may write to us at at: seniorcitizensupport@nivabupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)	5.24
13	Things To remember	Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to retun the policy to the insurer for cancellation, stating the reasons for the same. Irrespective of the reasons mentioned, the policyholder	5.3

		shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.	
		Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	5.7
		Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. You can contact Customer Service Department (details provided above) for migration and portability.	5.1 & 5.2
		Change in Sum Insured: Insured Person may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. Any enhanced Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement	5.8.e
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The morarorium will be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract. Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.	5.25
14	Your Obligations	Disclosure of Information- The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. (Explanation: “Material facts” for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to	5.27

		enable it to take informed decision in the context of underwriting the risk)	

Declaration by the Member

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

Place: (Signature of the Member)
Date:

Note:

i. For the product related documents including the Customer Information sheet please refer to the https://www.axismaxlife.com/group-insurance-plans/smart-life-n-health-loansure-plan.

ii. In case of any conflict between the terms contained in this document and COI, the terms and conditions mentioned in the COI shall prevail. However, in case of any conflict between the terms contained in the COI and policy contract, the terms and conditions mentioned in the policy contract shall prevail.

iii. Sum Assured / Sum Insured as mentioned above is subject to underwriting, for actual Sum Assured / Sum Insured details & updated UIN number (in case of modification) please refer to the Policy document.

iv. 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.