Welcome Letter

<Date>
<Name of the Member>
<Address>
<City> - <Pin Code><State>

Telephone: <Telephone number>
Email id: <Email address>

Welcome

Dear <Name of the Member>,

Axis Max Life Insurance Limited ("AMLI") & Niva Bupa Health Insurance Company Limited ("Niva Bupa") have come together to offer you Axis Max Life Insurance & Niva Bupa Health Insurance Smart Life-N-Health Loansure Plan, A Non-Linked Non-Participating Group Combi Insurance Plan with UIN <<104Y134V01>>.

This product is a Life and Health Combi of Axis Max Life Group Credit Life Secure Plan (UIN: 104N072V04) and Niva Bupa's Xpress Health (UIN : NBHHLGP22208V022122)..

We request you to go through the enclosed Certificate of insurance (COI) with COI number <COI Number>.

Please also refer to the Customer Information Sheet bearing reference no. __for key information about your Policy.

What to do in case of errors

On examination of the Certificate of insurance (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.

We will be delighted to offer You any assistance or clarification You may inquire about the Policy/ COI or claim-related services at the respective contact details mentioned in the COI.

We value your association with Us and assure You the best of Our service, always.

Yours Sincerely,
Axis Max Life Insurance Ltd. (Lead Insurer)

<<Name>>
<<Designation>>

Product Name: Axis Max Life Insurance & Niva Bupa Health Insurance Smart Life-N-Health Loansure Plan (UIN: 104Y134V01)
Dated: 9th September 2026

Axis Max Life Insurance Limited
Regd Office: Plot No. 90C, Urban Estate, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India
Phone: 4219090 Fax: 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1860 120 5577
Visit Us at: https://www.axismaxlife.com E-mail: Groupcombihelpdesk@axismaxlife.com
IRDAI Registration No: 104 Corporate Identity Number: U74899HR2000PLC143012

For Niva Bupa Health Insurance:
IRDAI Registration No. 145; Registered Office: C-98, First Floor, Lajpat Nagar, Part 1, New Delhi – 110024; CIN: L66000DL2008PLC182918. Visit us at: www.nivabupa.com

Disclaimer:

The Life Insurance cover is underwritten by Axis Max Life Insurance Limited (IRDAI Regn. No. 104) having its registered office at Plot No. 90C, Urban Estate, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India

Certificate of Insurance (CoI)

Certificate Of Insurance No: [●] for Axis Max Life Insurance & Niva Bupa Health Insurance Smart Life-N-Health Loansure Plan (UIN <<104Y134V01>>)

1. Details of the Member

Name of Member: Mr/ Ms.
Age:
Date of Birth:
Gender:
Address (For all communication purposes):
Telephone /Mobile No.:
Email:
Loan Amount: << Loan Amount>>

2. Details of Master Policyholder

Master Policyholder:
Policy Number:
Address (For all communication purposes):
Telephone No:
Email:
Date of Commencement of Policy/ Date of Commencement of Risk:

3. Details of the Nominee*

Particulars	**Nominee 1**	**Nominee 2**	**Nominee 3**
Name			
Date of Birth			
Gender			
Relationship with the Member			
Share in Percentage			
Details of Guardian (if Nominee is Minor)			
Name			
Age			
Date of Birth			
Gender			
Relationship with Nominee			

4. Details of Insurance Agent/ Intermediary

Name of Insurance Agent/ Intermediary:
Insurance Agent / Intermediary License No:
Insurance Agent/ Intermediary Code:
Telephone No/ Mobile No.:
Email:
Address:
Mobile no.:
Details of Sales Personnel (for direct sales only)

* Nominee 1 will be considered for the health insurance coverage.

Cover Details

	Combi Variant	**Total Sum Assured**	**Effective Date of Coverage**	**Expiry Date**	**Benefit Option**	**Period of Coverage (In months)**	**Moratorium Period, if any**
Life Cover	**<< Combi Variant Name>>**	**Sum Assured on Death: <<Sum Assured>>**	**<<Cover Inception Date>>**	**<< Cover End Date>>**	<<Decreasing/ level>>	**<< Months>>**	**NA**
Health Cover		**<<As per Benefits Opted>>**		**<<Cover End Date>>**	<<AS per Benefits Opted>>	**<< Months>>**	**NA**

Benefit Details

A. Life Cover Details

Life Cover	Outstanding Sum Assured as per sum assured schedule in Annexure 1

B. Health Cover Details

S.No.	Name of the Benefit [1]	Particulars
1	**Video Consultations**	<<Amount/Number/NA>>
2	**Tele Consultations**	<<Amount/Number/NA>>
3	**Physical Consultations**	<<Amount/Number/NA>>
4	**Video Consultations with Specialists**	<<Amount/Number/NA>>
5	**Tele Consultations with Specialists**	<<Amount/Number/NA>>
6	**Physical Consultations with Specialists**	<<Amount/Number/NA>>
7	**Diagnostic Services**	<<Yes/Amount/NA>>
8	**Pharmacy Services**	<<Yes/Amount/NA>>
9	**Home Health Care Services**	<<Yes/Amount/NA>>
10	**Vaccination Cover**	<<Yes/Amount/NA>>
11	**Annual Health Check-up**	<<Yes/Amount/Number/NA>>
12	**Daily Cash Benefit**	<<INR >> per day. Maximum <<No.>> days
13	**ICU Cash Benefit**	<<INR >> per day. Maximum <<No.>> days
14	**Emergency Assistance Service**	<<Yes/No>>
15	**Second Medical Opinion**	<<Yes/No>>
16	**Hospitalization Cover**	
A	**Base Sum Insured**	<<Max Limit/NA>>
B	**Hospital accommodation- Room Rent/day**	<<Max Limit/NA>>
C	**Hospital accommodation- ICU/day**	<<Max Limit/NA>>
D	**Day Care Treatment**	<<Yes/No>>
E	**Pre/Post Hospitalization- Days of Coverage**	<<No. of days>>
F	**Domiciliary Hospitalization**	<<Max Limit/NA>>
G	**AYUSH Benefit**	<<Max Limit/NA>>
H	**Organ Transplant**	<<Yes/No>>
I	**Emergency Road Ambulance**	<<Max Limit/NA>>
J	**Air Ambulance**	<<Max Limit/NA>>
K	**Modern Treatments**	<<Max Limit/NA>>

L	**Loyalty Credits**	<<Yes/No>>
M	**No Claim Bonus**	<<Yes/No>>
17	**Critical Illness Cover**	<<Max Limit/NA>>
18	**Personal Accident Cover**	<<Max Limit/NA>>
19	**Serious Illness Cover**	<<Min Max Hospitalization and payout grid/NA>>

[1]The details of the benefits will change depending upon the Plan opted. All the benefits are as per Policy Period basis, if otherwise not mentioned. The details which are not applicable under the Policy will not be shown

Waiting Periods

Waiting Periods
1. Initial Waiting Period – <<up to 30 days>>
2. Specific Disease Waiting Period– << up to 24 months>>
3. Pre-Existing Disease (PED) Waiting Period- <<up to 30 months>>
4. Survival Period (For Critical Illness Benefit) Waiting Period- <<up to 120 days>>
5. Free Look Provision – 15 days

Premium Details:

Benefit	Net Premium (INR)	GST (INR)	Gross Premium (INR)	Premium frequency
Life Cover	**<<A>>**	**<<B>>**	**<<A+B>>**	Single
Health Cover	**<<X>>**	**<<Y>>**	**<<X+Y>>**	
Total	**<<A+X>>**	**<<B+Y>>**	**<<A+B+X+Y>>**	

Terms & Conditions

- This Policy/ COI is subject to the terms, conditions and exclusions mentioned in the policy document for Axis Max Life Insurance & Niva Bupa Health Insurance Smart Life-N-Health Loansure Plan (UIN: <<Combi UIN>>). You may request for the Policy Contract from your Master Policyholder or downloaded from https://www.axismaxlife.com/group-insurance-plans/smart-life-n-health-loansure-plan
- Tax benefits may be available as per prevailing tax laws. Please consult your tax advisor for more details.
- The contract will be cancelled in case; the consideration under the policy is not realized.
- Please read this Certificate of Insurance carefully to ensure that you understand the terms and conditions of your coverage under this insurance. You have the option to cancel the Certificate of Insurance if You disagree with any of the Policy terms and conditions or otherwise by sending a written request to Us, stating the reason for objection. This request must be sent to Us within the Freelook period of 30 days beginning from the date of receiving the Policy/Certificate of Insurance. Upon receipt of request, if no claim has been made under the Certificate of Insurance, the Certificate of Insurance shall terminate forthwith and all rights, benefits and interests under this Insurance shall cease immediately. You will be entitled to refund of the Premiums paid less proportionate risk Premium for the period of cover, the expenses incurred on medical examination of the Member, if any and stamp duty paid, if any.
- Please note that the Certificate of Insurance is issued subject to the terms and condition of the Policy. Terms not defined herein shall have the meaning assigned to it in the Policy. In case of any inconsistency, dispute, the terms and condition of the Policy shall prevail and be binding. On examination of this COI, if You notice any mistake or error, this COI should be returned to Us for rectifying. In the event of any conflict or discrepancy between any translated version and the English language version of Certificate of Insurance, the English language version of this Certificate of Insurance shall prevail.

- Smart Life-N-Health Loansure Plan is a combination of Axis Max Life Group Credit Life Secure Plan (UIN: 104N072V04) and Niva Bupa's Xpress Health (UIN : NBHHLGP22208V022122). Each constituent product is separately underwritten and governed by the respective insurer's terms, conditions, benefits, exclusions and limitations.
- You may continue one constituent product even if the other is discontinued, subject to the applicable Policy terms.
- Claims under the life insurance component shall be assessed and settled by Axis Max Life Insurance Limited, while claims under the health insurance component shall be assessed and settled by Niva Bupa Health Insurance Company Limited. The rights, obligations and liabilities of each insurer shall be limited to its respective constituent product.

FOR LIFE COVER:

Important Terms and Condition of Certificate of Insurance:

1. **Important Definitions**

1.1. **"Certificate of Insurance"** means this certificate issued by Us to the Member, on the basis of the details mentioned in the Member's enrolment form, evidencing the acceptance of risk on the life of the Member under the Policy;

1.2. **"Death Benefit"** means the benefit which is payable on death of Member, as stated in the Policy/ Certificate of Insurance.

1.3. **"Effective Date of Coverage/ Date of Commencement of Risk"** means the date as specified in the Schedule, on which the Insurance on the lives of the Members under the Policy commences which will be later of the date of realization of the Premium by Us or the date of underwriting decision by Us;

1.4. **"Eligible Member"** means a borrower/ co-borrower, who has met the eligibility requirements as specified in the Policy and is eligible to participate in the Insurance under the Policy;

1.5. **"Entry Date"** means in relation to the existing Eligible Members, as at the date of commencement of the Policy who are admitted to the insurance, the Effective Date of Coverage/Date of Commencement of Risk; and in relation to Eligible Member(s) admitted to the Insurance under the Policy after the Effective Date of Coverage/Date of Commencement of Risk ("New Members"), the date on which they become eligible and their names are entered in the Register of Members, provided the loan is sanctioned, Premium is received and underwriting decision is taken by Us;

1.6. **"Expiry Date"** means the date as specified in the Certificate of Insurance, on which the Insurance expires;

1.7. **"Member" or "You"** means the Eligible Member on whose life, the Insurance has been effected in accordance with the provisions of the Policy and who has been issued a Certificate of Insurance by Us;

1.8. **"Nominee"** means the person specified by the Member whose name, age and relationship with member is recorded by the Master Policyholder in the Register of Members and registered with Us along with name of guardian in case of minor person in accordance with Section 9, who is authorized to receive the Death Benefit secured under the Policy from Us, upon the death of the Member;

1.9. **"Period of Coverage"** means the period specified in this Certificate of Insurance, during which the Insurance on the Member's life continues under this Policy;

1.10. **"Premium"** means the amount payable under this Insurance, as specified in this Certificate of Insurance, in respect of a Member on or before his Entry Date, in order to secure the Death Benefit under this Insurance

1.11. **"Regulated Entity"** shall mean and include the following (i) Reserve Bank of India (RBI) regulated Scheduled Banks (including Co-operative Banks), (ii) Non-Banking Financial Companies (NBFCs) having Certificate of Registration from RBI, (iii) National Housing Board (NHB) regulated Housing Finance Companies, (iv) National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies, (v) Small Finance Banks regulated by RBI, (vi) Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Society, (vii) Microfinance Companies registered under Section 8 of the Companies Act, 2013, or (viii) any other entity as may be approved by the IRDAI; and;

1.12. "**Rider**" means the insurance cover(s) added to a Policy/ Certificate of Insurance for additional Premium or charge;

1.13. "**Rider Benefits**" means an amount of benefit payable on occurrence of a specified event covered under the Rider, and is an additional benefit under the Policy/ Certificate of Insurance, and may include waiver of premium benefit on other applicable Rider(s);

1.14. **"Sum Assured on Death"** means the absolute amount of benefit, as specified in the Register of Members or the Certificate of Insurance, as the case may be, which is guaranteed to become payable on the death of a Member during the Period of Coverage in accordance with the terms and conditions of the Policy, and;

1.15. "**Surrender**" means complete withdrawal or termination of the Certificate of Insurance.

1.16. "**Surrender Value**" means the amount, if any, that becomes payable on the Surrender of the Certificate of Insurance during its term, in accordance with Part D of this Policy.

2. **Death Benefit**: If the Insurance cover is in force, then, upon death of the Insured Member during the period of coverage, We shall pay following death benefits to the Nominee:
   i. in case decreasing cover option has been chosen - The Sum Assured on Death as indicated in Annexure-1, irrespective of the actual loan outstanding on the date of death of such Member;
   ii. in case level cover option has been chosen - The Sum Assured on Death as specified in this Certificate of Insurance.

2.1 **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. The Sum Assured on Death is the initial amount of cover throughout the moratorium period. After the moratorium period, Sum Assured on Death will decrease during remainder of the coverage period.

3. **Surrender Benefit**: 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 based on the below formula:

   Surrender Value = 70% of Premium paid * (Unexpired risk period in months at the date of Surrender^ / Total Period of Cover in months) * (Sum Assured on Death applicable at time of Surrender^^ / Sum Assured on Death at inception)
   ^Ignoring fraction of a month ^^As per Annexure-1.
   Upon receipt of a valid surrender request, the cover shall cease and upon payment of the surrender value, all benefits and rights under this Certificate of Insurance shall automatically cease and shall discharge Us from all of our liabilities in respect of the Member.

4. **Maturity Benefit & Survival Benefit:** No maturity or survival benefits are payable under the Policy.

5. **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 excluding taxes, if any) in respect of such Member, without interest, after deducting the expenses incurred by Us for the grant of Insurance. However, the nominee or beneficiary of the Member (s) will be entitled to at least 80% of the Premium paid to Us till the date of death of the Member(s) or the Surrender Value available as on the date of death, whichever is higher, provided the Policy is in force. If Co-Borrower, survives the Borrower, the insurance for such Co-Borrower shall continue in accordance with the terms of this Policy.

6. **Free Look Period**: The Member has a period of 30(Thirty) days, beginning from the date of receipt of this Certificate of Insurance, to review the terms and conditions. The Member, except for the Policy / Certificate of Insurance with tenure of less than a year, has an option to cancel the Certificate of Insurance if the Member, disagree with any of the terms and conditions or otherwise by sending a written request to Us stating the objections. Upon receipt of request from member, this Certificate of Insurance shall terminate forthwith and all rights, benefits and interests under this Certificate of Insurance shall cease immediately. The Member will be entitled to refund of the Premiums paid, after deducting the proportionate risk Premium for the period of cover, expenses incurred on medical examination of the Member, if any and stamp duty paid, if any, irrespective of the reasons mentioned.

   For the sake of clarity, it is clarified that:
   Where free look cancellation is exercised by Master Policyholder, the Policy shall terminate immediately and all rights, benefits and interests under the Policy shall cease immediately. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance. No new Members will be enrolled under the Policy.
   Where free look cancellation is exercised by Member, Upon receipt of request, if no claim has been made under the Certificate of Insurance, the Certificate of Insurance shall terminate immediately and all rights, benefits and interests shall cease immediately. The Member will be entitled to refund of the Premiums paid less proportionate risk Premium for the period of cover, the expenses, if any incurred on medical examination of the Member(s) and stamp duty paid, if any.

7. **Procedure for registration of claim**:
   7.1. Within 30 days of the Death of the Member, the following documents are required to be submitted
      7.1.1. Documents for death claims

      i. Claimant's statement in the prescribed form;
      ii. original Certificate of Insurance;

iii. original/ attested copy of death certificate issued by the local/municipal authority;
iv. identity proof of the Member and the Nominee(s) bearing their photographs and signatures
v. copy of bank passbook / cancelled cheque of the Claimant with name and account number printed
vi. any other documents or information required by Us for assessing and approving the claim request.

7.1.2. Additional documents in case of death due to medical reason:-

i. attending physician's statement and hospital treatment certificate (if any);
ii. discharge summary / indoor case papers in case death happened due to medical reasons in a hospital;

7.1.3. Additional documents in case of Accidental Death/Murder/Suicide cases and any unnatural death:-

i. a copy of police complaint/ first information report
ii. a copy of duly certified post mortem report- autopsy/viscera report and a copy of the final police investigation report /charge sheet

7.1.4. Additional documents in case of death in foreign country:-

i. body transfer certificate / embassy documents / post-mortem report whichever applicable
ii. Copy of passport

7.2. The same may be submitted either with the Master Policyholder or can be sent to us at Axis Max Life Insurance Limited, Operations Centre, Claims Unit, Plot no. 90C, Sector 18, Gurugram 122015, Haryana, India or any other office of the Company. We shall only pay the claim upon Our satisfaction and scrutiny in respect of the fact (i) that the claim has become payable as per the terms and conditions of the Policy; and (ii) of the bonafides and credentials of the person(s) claiming the claim under the Policy. The claim form may be downloaded from our website https://www.axismaxlife.com or can be obtained from any of our offices.

7.3. In case of lender-borrower groups i.e. where the Master Policyholder is a Regulated Entity, we may make the payment of outstanding loan balance amount, as per credit account statement, to Master Policyholder, by deducting from the claim proceeds payable under the Policy, in accordance with the IRDAI's guidelines as amended from time to time, provided the Members provide authorization to do so either on the Date of Commencement of Risk or at any later date. The balance of the claim proceeds, if any, will be paid to the Nominee. In case of absence of authorization or in cases where Master Policyholder is other than a Regulated Entity, the entire claim amount shall be payable to the Nominee/ legal heirs of the Member. The performance of Our obligations under this Certificate of Insurance may be wholly or partially suspended during the continuance of any Force Majeure Event.

7.4. 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 center.

8. Fraud, mis-statement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

9. **Assignment and Nomination:** Assignment shall be applicable in accordance with provisions of Section 38 of the Insurance Act, as amended from time to time. Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. Member may request for a cancellation or change of nomination(s) for a Certificate of Insurance 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.

10. **Declaration of the correct Age** of the Member(s) is important for Our underwriting process. The Premiums are calculated on the basis of the Age of the Member(s). If the Age declared is found to be incorrect anytime during the Period of Coverage at the time of claim, then, We may at Our discretion cancel this Certificate of Insurance and pay the surrender value; or adjust the Premium payable by the Master Policyholder or Death Benefit payable to the Beneficiary, based on the true Age of the Member.

Note – Terms not defined herein shall have the meaning assigned to it in the Policy. On examination of this Certificate of Insurance, if the Member notices any mistake or error, this Certificate of Insurance should be returned to Us for rectifying the same. The Certificate of Insurance is issued subject to the terms and condition of the Policy. In case of any inconsistency, dispute, or contradiction between the terms and conditions of the Policy and this Certificate of Insurance, the terms and conditions contained in the Policy will prevail and shall be binding.

11. **Grievance redressal process:** All consumer grievances and/or queries may be first addressed to Our customer helpdesk as mentioned below or the office as mentioned in the Schedule: **Group Business Operation, Axis Max Life Insurance Limited, Plot 90C, Urban Estate, Udyog Vihar, Sector 18, Gurugram - 122015, Haryana, Email:** Groupcombihelpdesk@axismaxlife.com**.** In case the Master Policyholder and/or the Member are not satisfied with the decision of the above office, or have not received any response within 14 (Fourteen) days, the Master Policyholder and/or the Member may contact by way of a written complaint signed by the Master Policyholder/ Member/ complainant or by the Master Policyholder's/ Member's/ complainant's legal heirs with full details of the complaint and the Master Policyholder's /Member/complainant's contact information, to the following official for resolution: **Grievance Redressal Officer, Axis Max Life Insurance Limited, Plot No. 90C, Urban Estate, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India. Helpline No: 1860 120 5577, Email: manager.services@axismaxlife.com.** The complainant or his legal heirs may approach the Grievance Cell of the IRDAI on the following contact details: IRDAI Grievance Call Centre (Bima Bharosa Shikayat Nivaran Kendra Toll Free No: 155255 or 1800 4254 732, Website - https://www.bimabharosa.irdai.gov.in. You can also register Your complaint online at https://www.bimabharosa.irdai.gov.in.You can also register Your complaint through fax/paper by submitting Your complaint to: Policyholder Protection & Grievance Redressal Department (PPGR), Insurance Regulatory and Development Authority of India, Sy No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500 32 Ph: (040) 20204000.

    In case the Master Policyholder or the Members are not satisfied with Our decision, or have not received any reply from Us within a period of 1 (One) month, or rejection of complaint by Us the Policyholder/ Member may approach the Insurance Ombudsman at the address mentioned in Annexure A, on the IRDAI website https://www.irdai.gov.in or on Council of Insurance Ombudsmen website at https://www.cioins.co.in, if the grievance pertains to: (1) delay in settlement of a claim beyond the time specified by us ; (2) any partial or total repudiation of a claim by Us; (3) any dispute with regard to the Premium paid or payable in terms of the Policy; or (4) any misrepresentation of policy terms and conditions at any time in the policy document or policy contract; (5) any dispute on the legal construction of the Policy in so far as such dispute relate to a claim; (6) policy servicing by Us, Our agents or intermediaries; (7) issuance of insurance policy, which is not in conformity with the proposal form submitted by You; (8) non issuance of any insurance document after receipt of the Premium. (9) Any other matter resulting from non-observance of 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 the IRDAI or of the terms and conditions of the policy contract, in so far as they relate to issues mentioned in this clause. 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.

12. **Taxes**
    12.1. All Premiums received, benefits payable, and/or funds accumulated under the Policy or as may be maintained by Us for Members are subject to applicable taxes, cesses, and levies, including but not limited to Goods and Services Tax (GST) and Income Tax, as applicable, which shall be entirely borne by Member and will always be paid by Member at the time of Premium payment, receipt of benefits and/or fund payout, as applicable.
    12.2. Notwithstanding anything contained in this Policy or otherwise, We hereby reserve the right to claim, deduct, reduce and/or set-off a sum equivalent to any tax, interest, penalty, and/or other payments, as maybe imposed by any legislation, regulation, order, judgment, or otherwise, from any benefits payable to Member, Nominee, or assignee or from the funds accumulated under the Policy or funds maintained by Us.
    12.3. Tax benefits may be available as per prevailing tax laws. Tax laws, their interpretation and/or application, including benefits arising thereunder are subject to change. Members are advised to consult tax advisor regarding the tax benefits and liabilities applicable to you.

FOR HEALTH COVER <<As per Benefits Opted>>

- **For registration of claims, Contact**
  Claims Department, Niva Bupa Health Insurance Company Limited, 2nd Floor, Plot No D-5, Sector 59, Noida, Gautam Budhnagar – 201301 Fax No.:011-3090-2010 Or contact us through our service platform B2Bclaimbcp@nivabupa.com
  Documents required for filing a claim:

  Redressal of Grievance:
  - ln case of any grievance the insured person may contact the company through:

    Website: www.nivabupa.com
    Courier: 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
    Fax No.: +91 11 41743397
    Customer Care no: 1860-500-8888
    Email ID: B2Bclaimbcp@nivabupa.com
    Senior citizens may write to us at: seniorcitizensupport@nivabupa.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.
If the Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Head – Customer Services
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park, opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301
Fax No.: +91 11 41743397
Customer Care no: 1860-500-8888
Email ID: Email our Grievance officer through our Grievance Redressal platform https://transactions.nivabupa.com/pages/grievance-redressal.aspx

For updated details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

If the Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017

Yours Sincerely,

Axis Max Life Insurance Ltd.

<NAME>
<DESIGNATION>
Date & Place of issuance

GST Details:

Axis Max Life Insurance Limited: *GST No: 06AACCM3201E1Z7 and SAC Code / Type of Service : 997132 / Life Insurance Services*

Niva Bupa Health Insurance: GSTI No.: 09AAFCM7916H1Z6 and SAC Code / Type of Service : 997133 / General Insurance Services

Annexures

Annexure 1: Schedule of Sum Assured on Death

Name of the Person	Sum Assured on Death	Type of Loan	Interest Rate (%)	Tenure (Years)	Premium Financed

Year	Month	Sum Assured on Death

<<Annexure to be updated as per the Benefits that have been opted>>

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 and Diu.)

BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: 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, Sonepat 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, Sonepat 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, Sonbhabdra, 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 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, Vasantrao 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".) Tel No. 022-20812868/69