

PART A

Welcome to Axis Max Life Insurance

Date <Date of Issuance of Policy>
 To <Name of the Policyholder>
 <Address >
 Branch Name< >
 <Contact no> < >
 <G.O. Name: <G O Name>
 Email Id: <Email address>

Welcome

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

We request You to go through enclosed Rider contract for **Axis Max Life Waiver of Premium Plus Rider** (Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider) with Rider document number <rider document number>.

Please also refer to the Customer Information Sheet reference no ____ for key information about Your Rider.

What to do in case of errors

On examination of the Rider (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 Rider to You.

Cancelling the Rider

You have a period of 30 (Thirty) days beginning from the date of receipt of the Rider document to review the terms and conditions of the Rider. If You disagree with any of the terms or conditions of the Rider document, or otherwise, and have not made any claim, You have the option to cancel the Rider by sending a written request to Us, by stating the reasons for such objections.

Upon receipt of Your request and if no claim has been made under the Rider, the Rider shall terminate and all rights, benefits and interests under the Rider shall cease immediately. You will be entitled to refund of the Rider Premiums received by Us, after deducting the proportionate risk Rider Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination, if any, irrespective of the reasons mentioned.

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 Rider 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 Ltd.

<Name>

<Designation>

Agent's name/ Intermediary name:

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 - 144533

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

IRDAI Registration No: 104, Corporate Identity Number: U74899PB2000PLC045626

PREAMBLE TO THE RIDER

AXIS MAX LIFE INSURANCE LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144533

Axis Max Life Waiver of Premium Plus Rider

A Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider

UIN [104B029V06]

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 Rider Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule below.

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

Signed by and on behalf of
Axis Max Life Insurance Limited

Place of Issuance: Gurugram, Haryana

RIDER SCHEDULE

Policy -

Type of Policy -

Policy UIN -

Office -

Rider Name – Axis Max Life Waiver of Premium Plus Rider

Type of Rider – A Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider

Rider UIN - 104B029V06

Policy No.:						Client ID:																																			
Date of Proposal:																																									
Policyholder:						Age Admitted: Yes/No																																			
PAN:						Gender:																																			
Relationship with Life Insured:						Contact No.:																																			
Date of Birth:						Email:																																			
Address (For all communication purposes):																																									
Life Insured:						Age Admitted: Yes/No																																			
Date of Birth:						Gender:																																			
Age:																																									
Address (For all communication purposes):																																									
<table border="1"> <thead> <tr> <th>Nominee(s) Name</th> <th>Relationship of Nominee(s) with Policyholder</th> <th>Date of Birth of Nominee</th> <th>Gender</th> <th>Age</th> <th>% share</th> </tr> </thead> <tbody> <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> <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 Policyholder	Date of Birth of Nominee	Gender	Age	% share																									Guardian (if Nominee is minor):					
Nominee(s) Name	Relationship of Nominee(s) with Policyholder	Date of Birth of Nominee	Gender	Age	% share																																				
Date of Commencement of Risk under Rider:						Rider Premium payment mode:																																			
Date on which Survival Benefit is payable: N/A																																									
Rider Premium payment method:						Bill Draw Date:																																			
						Bank Name:																																			
						Bank Account Number:																																			
Agent's name/ Intermediary name:						Agent's / Intermediary code:																																			
Email:						Agent's/ Intermediary License No.:																																			

Address:

Contact Number:

Details of Sales Personnel (for direct sales only):

List of coverage	Maturity Date	Insured Event	Rider Term	Premium Payment Term	Annualised Premium A (INR)	Underwriting Extra Premium B (INR)	GST ** and any other taxes, cesses & levies C (INR)	Modal Factors D	Total Rider Premium along with applicable taxes, cesses & levies payable as per Premium payment mode selected E= [(A+B+C)*D] (INR)	Due Date when Rider Premium is payable/Date when the Last Rider Premium is payable
Rider (s)	Dd/mm/yy	Critical Illness, Dismemberment and Death of Policyholder (in case Life Insured and Policyholder are different)								

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

PART B

DEFINITIONS APPLICABLE TO YOUR RIDER

The words and phrases listed below shall have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The terms used in this Rider but not defined will derive their meaning from the Policy.

1. **“Age”** means Your age on last birthday as on the Date of Commencement of Risk under Rider or on the previous Policy Anniversary, as the case may be;
2. **“Annualised Premium”** is the amount specified in the Schedule, and shall be the Rider Premium amount payable in a Policy Year, excluding Underwriting Extra Premium, loadings for modal premiums and taxes,;
3. **“Claimant”** means You, Life Insured, Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificates in case Nominee(s) or assignee(s) is/are not alive at the time of claim;
4. **“Critical Illness”** means Your first time Diagnosis with any of the following illnesses or any of Your following surgeries for the first time, provided You survived for at least 30 (Thirty) days from the date of such Diagnosis or the date of such surgery:

1. Cancer of specified severity:

A malignant tumour characterised 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 and confirmed by a pathologist. The term Cancer includes leukemia, lymphoma and sarcoma. The following are excluded:

- a) tumours showing the malignant changes of carcinoma in situ and tumours which are histologically described as premalignant or non invasive, including but not limited to carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 and CIN-3;
- b) any skin cancer other than invasive malignant melanoma;
- c) all tumours of the prostate unless histologically classified as having a gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- d) papillary micro - carcinoma of the thyroid less than 1 cm in diameter;
- e) chronic lymphocytic leukaemia less than RAI stage 3; or
- f) microcarcinoma of the bladder.

2. First heart attack – of specified severity

The first occurrence of 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 this will be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain);
- b) new characteristic electrocardiogram changes; and
- c) elevation of infarction specific enzymes, troponins or other specific biochemical markers.

The following are excluded:

- a) non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of troponin I or T;
- b) other acute coronary syndromes; or
- c) any type of angina pectoris.

3. Open chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The Diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

- a) angioplasty and/or any other intra-arterial procedures; or
- b) any key-hole or laser surgery.

4. Open heart replacement or repair of heart valves

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

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:

- a) no response to external stimuli continuously for at least 96 (Ninety Six) hours;
- b) life support measures are necessary to sustain life; and
- c) permanent neurological deficit which must be assessed at least 30 (Thirty) days after the onset of the coma.

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

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis 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

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 (Three) months has to be produced.

The following are excluded:

- a) transient ischemic attacks (TIA);
- b) traumatic injury of the brain; or
- c) vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major organ / bone marrow transplant

The actual undergoing of a transplant of:

- a) one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ; or
- b) human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

Other stem-cell transplants or where only islets of langerhans are transplanted, are excluded.

9. Permanent paralysis of limbs

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 (Three) months.

10. Motor neuron disease with permanent symptoms

Motor neurone 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 (Three) months.

11. Multiple Sclerosis with persistency symptoms

- i) The definite occurrence of multiple sclerosis. The Diagnosis must be supported by all of the following:
 - a) investigations including typical MRI and CSF findings, which unequivocally confirm the Diagnosis to be multiple sclerosis;
 - b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 (Six) months, and
 - c) well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
 - ii) Neurological damage due to SLE is excluded.
5. **“Date of Commencement of Risk under Rider”** means the date as specified in the Schedule, on which the coverage/risk under this Rider commences;
 6. **“Diagnosis”** or **“Diagnosed”** means the definitive diagnosis made by a Medical Practitioner, based upon radiological, clinical, and histological or laboratory evidence acceptable to Us provided the same is acceptable and concurred by Our appointed Medical Practitioner. In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for Your examination and/or the evidence used in arriving at such Diagnosis, by a Medical Practitioner selected by Us. The opinion of such an expert as to such Diagnosis shall be binding on both You and Us;
 7. **“Dismemberment”** means any of the following impairments suffered by You due to Illness or Injury:
 - i) total and irrecoverable loss of entire sight in both eyes; or
 - ii) amputation or loss of use of both hands at or above the wrists; or
 - iii) amputation or loss of use of both feet at or above the ankles; or
 - iv) amputation or loss of use of one hand at or above the wrist and one foot at or above the ankle,

provided any of the above impairment persists continuously for a period of at least 180 (Hundred and Eighty) days and must, in the opinion of suitable Medical Practitioner appointed by Us, be permanent;
 8. **“Force Majeure Event”** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any government or other authority or any circumstance beyond Our control;
 9. **“Freelook”** means a period during which, subject to the Clause 6 Part D of the Policy, You have an option to cancel the Rider and receive a refund of the Premium paid;
 10. **“Grace Period”** means the time granted by Us from the due date of payment of Premium, without any penalty or late fee, during which time the Rider is considered to be in-force with the risk cover without any interruptions as per terms and conditions of the Rider. The Grace Period for payment of Rider Premium for all types of life insurance policies shall be 15 (Fifteen) days from the due date of the unpaid Rider Premium where the Policyholder pays the Premium on monthly basis and 30 (Thirty) days from the due date of unpaid Rider Premium for all other cases;
 11. **“Illness”** means a sickness or a disease or a pathological condition suffered by You leading to the impairment of normal physiological function which manifests itself during the Rider Term and requires medical treatment;
 12. **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner;
 13. **“IRDAI”** means the Insurance Regulatory and Development Authority of India;
 14. **“Lapsed Rider”** means a Rider for which the Rider Premium has not been received till expiry of the Grace Period;
 15. **“Life Insured”** means the person on whose life the base Policy is effected;
 16. **“Maturity Date”** means the date specified in the Schedule, on which the Rider Term expires;

17. **“Medical Practitioner”** means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for homeopathy set up by the Government of India or by a state Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license, provided such Medical Practitioner is not the Life Insured or You or their spouse or lineal relative or a Medical Practitioner employed by You/Life Insured;
18. **“Modal Factor”** means the applicable factor specified in the Schedule, which is used by Us for determining the Premium. The Modal Factors for this Rider are as follows: i) for annual Premium payment mode – (1.00); ii) for semi-annual Premium payment mode - (0.520); iii) for quarterly Premium payment mode - (0.265); iv) for monthly Premium payment mode - (0.090);
19. **“Policy”** means the Policy to which this Rider is attached and forms part of;
20. **“Revival”** means restoration of the Rider, which was discontinued due to non-payment of Premium, by Us with all the benefits mentioned in the Rider document, upon the receipt of all the Premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the Rider, upon being satisfied as to the continued insurability of the Life Insured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Underwriting Policy;
21. **“Revival Period”** means a period of 5 (Five) consecutive years, as specified under Policy from the due date of the first unpaid Rider Premium,;
22. **“Rider”** means insurance cover (s) added to the Policy for additional Rider Premium and includes the customer information sheet ;
23. **“Rider Premium”** means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Rider, excluding applicable taxes, cesses and levies, if any;
24. **“Rider Term”** means the term of this Rider as specified in the Schedule;
25. **“Schedule”** means the schedule and any endorsements attached to and forming part of this Policy and Rider and if any updated Schedule to the Rider is issued, then, the Schedule latest in time;
26. **“Specified Premiums Due”** means the premiums inclusive of Underwriting Extra Premium and applicable taxes under the base Policy and all other applicable riders in force, which would otherwise have been payable subsequent to the occurrence of Your death or Diagnosis of the Critical Illness or Dismemberment;
27. **“Surrender”** means complete withdrawal or termination of the entire Rider;
28. **“Total Rider Premiums Paid”** means the total of all Rider Premiums paid under the Rider, excluding any Underwriting Extra Premium, and taxes, , if collected explicitly;
29. **“Underwriting Extra Premium”** means an additional amount mentioned in the Schedule and charged by Us, as per Underwriting Policy, which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including medical examination report of the Policyholder ;
30. **“Underwriting Policy”** means an underwriting policy approved by Our board of directors;
31. **“We”, “Us” or “Our”** means Axis Max Life Insurance Limited; and
32. **“You”, “Your” or “Policyholder”** means the policyholder of the base Policy, as specified in the Schedule, on whose life the risk under this Rider is covered.

PART C

RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT CONDITIONS

1. ELIGIBILITY FOR RIDER BENEFITS

- 1.1. This Rider has been written on a single life basis.
- 1.2. The minimum Age of the Policyholder on the Date of Commencement of Risk under Rider should be 18 (Eighteen) years.
- 1.3. Your maximum Age on the Date of Commencement of Risk cannot exceed 65 (Sixty Five) years.
- 1.4. Your maximum Age on the Maturity Date cannot exceed 70 (Seventy) years.
- 1.5. This Rider can be attached with the Policy at any time subject to minimum Rider Term of 2 (Two) years as on the Date of Commencement of Risk under Rider with maximum Rider Term not being more than 30 (Thirty) years.
- 1.6. Under this Rider the maximum waiver of annual premiums (inclusive of Underwriting Extra Premium and applicable taxes), under all the Policy(ies) and all other applicable riders in force issued to You, shall not exceed a sum of Rs 25,00,000/ (Rupees Twenty Five Lakhs Only).

2. RIDER BENEFITS

- 2.1. We will waive all the Specified Premiums Due till the earliest of the expiry of the Policy Term or the expiry of the Premium Payment Term under the base Policy or the termination of the base Policy due to happening of any insured event / surrender or the end of the Policy Anniversary on which You attain the age of 70 (Seventy) years on the occurrence of the first of the following events when this Rider and the base Policy are in force:
 - 2.1.1 Your Dismemberment;
 - 2.1.2 You are Diagnosed with a Critical Illness; or
 - 2.1.3 Your death (if You are not the Life Insured under the base Policy).
- 2.2. Once the claim under the Rider is accepted and Specified Premiums Due are waived; then in case of termination of base Policy due to happening of any insured event or surrender (only if surrender value is available under the base Policy), We will pay:
 - 2.2.1. all applicable benefits under the base Policy; and
 - 2.2.2. the present value of the future Premium (including Rider Premium, if any) to be waived, discounted at the rate of 6.5% p.a.

3. EXCLUSIONS APPLICABLE TO THIS RIDER

The following exclusions are applicable to the benefits provided under this Rider:

- 3.1. No benefit under this Rider shall be payable if the Critical Illness is Diagnosed within 90 (Ninety) days from the Date of Commencement of Risk under Rider or the date of revival of the Rider ("**Waiting Period**").
- 3.2. No benefit under this Rider shall be payable if You die within a period of 30 (Thirty) days from Diagnosis of Critical Illness.
- 3.3. No benefit under the Rider shall be payable in case any Critical Illness is Diagnosed or You suffer Dismemberment before the Date of Commencement of Risk under Rider.
- 3.4. We will not be liable to provide any benefits under this Rider if Your Critical Illness or Dismemberment is directly or indirectly, caused, occasioned, accelerated or aggravated directly or indirectly, by any of the following:
 - 3.4.1 suicide or attempted suicide or self-inflicted injury, whether You are medically sane or insane;
 - 3.4.2 committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent;
 - 3.4.3 any congenital condition;

- 3.4.4 alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Medical Practitioner;
- 3.4.5 war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot, civil commotion or strikes;
- 3.4.6 participation by You in any flying activity other than as a bona fide passenger (whether paying or not), pilots and cabin crew in a licensed scheduled aircraft;
- 3.4.7 engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not, martial arts, hunting, mountaineering, parachuting, bungee-jumping; or
- 3.4.8 nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

4. PREMIUM PAYMENT CONDITIONS, RENEWAL AND CANCELLATION

- 4.1. You may pay the Rider Premiums in annual, semi-annual, quarterly or monthly payment modes, as specified in the Schedule provided that the Rider Premium payment mode under this Rider shall always be same as the Premium payment mode of the base Policy and can only be changed with the change of Premium payment mode of the base Policy. The amount of Rider Premium will change, if the Rider Premium payment mode is changed by You.
- 4.2. The Rider shall be governed by the renewal provisions of the base Policy. After issuance of this Rider, if You opt to attach any rider to the base Policy, the Rider Premium payable under this Rider will increase.
- 4.3. Subject to Section 1.5 of Part C, the Rider can be added or removed from the Policy at any time during the Policy Year. On receipt of Your written request for removal or cancellation of this Rider, no Rider Premium will be refunded by Us. If this Rider is added in between 2 (Two) Policy Anniversaries, then for the first applicable Policy Year when the Rider is added, You will be required to pay the proportionate Rider Premium for the remaining period of that Policy Year. The addition of the Rider shall take effect only after We have approved the same in accordance with Our Underwriting Policy and communicated Our decision to You in writing.
- 4.4. You can pay Rider Premiums at any of Our offices or through Our website <https://www.axismaxlife.com> or by any other means, as informed by Us. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.
- 4.5 The Rider Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.

5. LAPSATION OF RIDER

- 5.1 If the Rider Premium or the Premium under the base Policy is not received by the expiry of the applicable Grace Period which results in the Rider or the base Policy or both lapsing or going into non-forfeiture mode, the Rider will automatically lapse and no benefits will be payable under the Rider on the occurrence of the insured event or otherwise unless the Rider is revived.

6. RIDER PERIOD OF COVERAGE

- 6.1 The Rider Term shall be as specified in the Schedule, unless terminated in accordance with Part D below and shall in no event exceed the remaining Premium Payment Term of the base policy, .

7. SURVIVAL BENEFIT

No survival benefits are payable under this Rider.

PART D

SERVICING CONDITIONS APPLICABLE TO THE RIDER

1. SURRENDER VALUE

1.1 No surrender value is payable under this Rider.

2. LOANS

2.1 You are not entitled to any loans under this Rider.

3. REVIVAL OF THE RIDER

As per base Policy.

4. PAYMENT OF RIDER BENEFIT

The benefit under this Rider shall be provided only on submission of satisfactory proof of Your death or Diagnosis of the Critical Illness or Your Dismemberment, to Us.

5. TERMINATION OF THE RIDER

5.1 This Rider shall terminate upon the happening of the first of the following events:

5.1.1 on the date on which We receive a free look cancellation request;

5.1.2 on acceptance of the claim under this Rider;

5.1.3 the date of intimation of repudiation of the claim by Us in accordance with the provisions of this Rider (only in case of Your death);

5.1.4 on the expiry of the Revival Period if a Lapsed Rider is not revived during such period; on the expiry of the Rider Term;

5.1.6 on the Maturity Date or the date on which the base Policy is surrendered, terminated or cancelled for any reason;

5.1.7 on the expiry of the Premium Payment Term under the base Policy;

5.1.8 on receipt of Your written request for cancellation of this Rider, effective from the next Rider Premium due date;

5.1.9 on cancellation/ termination of this Rider by Us on grounds of misrepresentation, fraud or non-disclosure established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time; or

5.1.10 on the Policy Anniversary when You attained Age of 70 years.

6. FREE LOOK CANCELLATION

“Free look” means a period of 30 days beginning from the date of receipt of the Rider, to review the terms and conditions of the Rider. If You disagree to any of the terms and conditions of the Rider document or otherwise, and have not made any claim, You have the option to cancel the Rider by sending a written request to Us, stating the reasons for the same. Upon receipt of Your request and if no claim has been made under the Rider, the Rider will terminate immediately and all rights, benefits and interests under the Rider will cease immediately. You shall be entitled to a refund of the Premium received by Us after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred by Us on medical examination, if any irrespective of the reasons mentioned.

PART E
RIDER CHARGES

APPLICABLE FEES/ CHARGES UNDER THIS RIDER

This Rider is a non-linked non-participating individual pure risk health insurance rider therefore, Part E is not applicable to this Rider.

PART F

GENERAL TERMS & CONDITIONS

1. TAXES

Same as base Policy.

2. GRACE PERIOD

- 2.1 The Rider Premium is due and payable by the due date specified in the Schedule. If the Rider Premium is not paid by the due date, You may pay the same during the Grace Period without any penalty or late fee.
- 2.2 The insurance coverage continues during the Grace Period. However, if the overdue Rider Premium is not paid even in the Grace Period and the Life Insured dies, then, We will pay the death benefit after deducting the said overdue Rider Premium.

3. CLAIM PROCEDURE

- 3.1. We must be notified in writing in respect of a claim for benefits under this Rider preferably within 90 (Ninety) days from the date of Diagnosis of Your Critical Illness, Your Dismemberment or Your death (if You are not the Life Insured under the base Policy). We may at Our discretion condone the delay in notifying a claim, if it is proved by a person claiming benefits under this Rider that the delay was due to a reason beyond his control, subject to such conditions as We may prescribe at the time.
- 3.2. The Claimant is required to produce the following in case of Policyholders death (if You are not the Life Insured under the base Policy):
 - 3.2.1. claimant's statement in the prescribed form (death claim application form -form A);
 - 3.2.2. original Rider document;
 - 3.2.3. original/ attested copy of death certificate issued by the local/municipal authority;
 - 3.2.4. attending Medical Practitioner's statement confirming Diagnosis of the Life Insured; and
 - 3.2.5. any other documents/information required by Us for assessing and approving the claim.
- 3.3. You are required to produce the following in case of Dismemberment or Critical Illness:
 - 3.3.1. claimant's statement in the prescribed form prescribed by Us;
 - 3.3.2. original Rider document;
 - 3.3.3. attending Medical Practitioner's statement confirming Diagnosis of the Life Insured;
 - 3.3.4. copies of all recent treatment/hospitalization records;
 - 3.3.5. certificate by a Medical Practitioner confirming Your Dismemberment or Critical Illness; and
 - 3.3.6. any other documents/information required by Us for assessing and approving the claim.
- 3.4. Claimant can download the claim request documents from Our website <https://www.axismaxlife.com> or can obtain the same from any of Our branches and offices.
- 3.5. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause of Critical Illness, Dismemberment or death and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall only pay the benefits under this Rider subject to Our satisfaction:
 - 3.5.1. that the benefits have become payable as per the terms and conditions of this Rider; and
 - 3.5.2. of the bonafides and credentials of the Claimant.
- 3.6. Subject to Our discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements mentioned in this Rider
- 3.7. In the event of any delay on Our part in processing the claim for a reason other than the claim payment which cannot be made due to any reason of a proper identification of the beneficiary in the payment of the due claim amount, then, We shall be liable to pay an interest from the date of receipt of last necessary document at a rate which is 2% (Two percent) above the bank rate prevalent at the beginning of the financial year in which the claim has fallen due.
- 3.8. 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

DECLARATION OF THE CORRECT AGE

- 4.1. Declaration of the correct Age and/ or gender by You, is important for Our underwriting process and calculation of Premiums payable under the Rider. If the Age and/or gender declared in the Proposal Form is found to be incorrect at any time during the Rider Term or at the time of claim, We may revise the Premium with interest and/or applicable benefits payable under the Rider in accordance with the premium and benefits that would have been payable, if the correct Age and/ or gender would have made You eligible to be covered under the Rider on the Date of Commencement of Risk under Rider.

5. FRAUD, MIS-STATEMENT AND FORFEITURE

- 5.1 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. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – (1) for reference]*

6. SUICIDE EXCLUSION

- 6.1 Notwithstanding anything stated herein, if You commit suicide, whether minor/major, whether sane or insane, within 12 (Twelve) months from the Date of Commencement of Risk under Rider or from the date of revival of the Rider, as applicable, all risks and benefits under the Rider will cease and no benefits will be payable. In such an event, We will only refund, to the Claimant, the sum of Total Premiums Paid, Underwriting Extra Premiums and loadings for modal premiums paid, if any.

7. TRAVEL AND OCCUPATION

- 7.1 There are no restrictions on travel or occupation under this Rider.

8. NOMINATION

- 8.1 Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – (2) for reference]*. 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.

9. ASSIGNMENT

- 9.1 Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – (3) for reference]*. 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.

10. RIDER CURRENCY

- 10.1 As per base Policy.

11. ELECTRONIC TRANSACTIONS

- 11.1 As per base Policy.

12. AMENDMENT

- 12.1 As per base Policy.

13. REGULATORY AND JUDICIAL INTERVENTION

- 13.1 As per base Policy.

14. FORCE MAJEURE

- 14.1 As per base Policy.

15. COMMUNICATION AND NOTICES

15.1. As per base Policy.

16. GOVERNING LAW AND JURISDICTION

16.1 As per base Policy.

17. TRANSLATION

17.1 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 AND OMBUDSMAN DETAILS

1. DISPUTE REDRESSAL PROCESS UNDER THE RIDER

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

1.2. If Our response is not satisfactory or there is no response within 14 (Fourteen) days:

1.2.1. 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, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India
Helpline No. – 1860 120 5577 or (0124) 4219090
Email: manager.services@axismaxlife.com

1.2.2. the complainant 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
Email ID: complaints@irdai.gov.in
Website: bimabharosa.irdai.gov.in

1.2.3. the complainant can also register Your complaint online at <https://www.bimabharosa.irdai.gov.in/>

1.2.4. the complainant 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 – 500 032
India
Ph: (040) 20204000

1.3. 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, the complainant may approach Insurance Ombudsman at the address mentioned in Annexure A or 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:

- 1.3.1. delay in settlement of a claim beyond the time specified by Us;
- 1.3.2. any partial or total repudiation of a claim by Us;
- 1.3.3. dispute over Premium paid or payable in terms of the Policy; or
- 1.3.4. misrepresentation of Policy terms and conditions at any time in the Policy document or Policy contract;
- 1.3.5. legal construction of the Policy in so far as such dispute relate to a claim;
- 1.3.6. Policy servicing by Us, Our agents or intermediaries;
- 1.3.7. issuance of insurance Policy, which is not in conformity with the Proposal Form submitted by You;
- 1.3.8. non issuance of any insurance document after receipt of the Premium.
- 1.3.9. 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 para 1.3 above.

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.