BAJAJ ALLIANZ LIFE INSURANCE COMPANY

BAJAJ ALLIANZ TERM CARE - HEALTH
Policy Document

1. Benefits Payable:

Guaranteed Benefits

a) On the death of the Life Assured;
The guaranteed death benefit shall be the lower one of:
1. The sum assured;
2. Rs. 10,00,000 (ten lakhs) under all the Termcare policies of the life assured taken together.

On the death of the life assured the policy terminates.
b) On the survival of the Life Assured to the date of maturity;
The amount of single premium or sum total of the equivalent annual premiums of the basic term insurance premiums (excluding extra premiums charged, if any) will be returned at the time of maturity as a loyalty pay-out only if the policy continues for the full term. After maturity the contract terminates.

After the contract has been terminated the company shall bear no liability to pay any benefit.

2. Payment of Premiums:

i) Premiums are payable on the due dates. However, a grace period of one month not less than 30 (thirty) days shall be allowed under any circumstances whatsoever. If the death of the Life Assured occurs during the grace period the benefits payable on death under this Policy shall be paid after deduction of the premium then due.
ii) Premiums shall be payable on the due dates within the grace period allowed without there being any obligation on the company to notify the Life Assured / Policy holder of the due dates. Where the premiums have not been paid on the due dates or even during the grace period, the Policy shall lapse.

3. Non-forfeiture:

In the event of nonpayment of premiums due under this policy within the grace period the policy will continue in paid-up form provided that at least 3 (three) full years' premiums have been paid and the policy shall also acquire surrender value.

4. Surrender Value:

There is no surrender value before payment of 3 (three) full years' premium, unless it is a single premium plan. In case of surrender after three full years' premium being paid, the surrender value will be calculated by applying a surrender value factor to the paid-up value, provided that the amount is not less than Rs. 100 (one hundred).
Guaranteed Surrender Value under Term Care plan will be equal to 30 % of the single premium or, if at least 3 full years' premiums have been paid, 30 % of the sum total of the equivalent annual premiums of the basic term insurance premiums paid (excluding extra premiums charged, if any) excluding the first year's premium.

5. Paid-up Value:

Available if premium payment ceases after at least full 3 (three) years' premium are paid. All originally specified benefits will cease. The paid-up value will be equal to the single premium

or to the sum total of the equivalent annual premiums of the basic term insurance premiums paid (excluding extra premiums charged, if any).
In case of death, the paid-up value as above is paid.
In case of survival to maturity, the above paid-up value is paid at maturity.

6. Non disclosure:
In case of non-disclosure or fraud or misrepresentation in any document leading to the acceptance of the risk, the company may at its discretion repudiate the claim, subject to Section 45 of the Insurance Act.

General Conditions

1. Age:

i) The premium payable under the policy shall be calculated on the basis of the age of the Life Assured as declared in the Proposal. Where the age of the Life Assured has not been admitted by the Company, the Proposer / Life Assured shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.

ii) In the event the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken:

a) If the correct age is such as would have made the Life Assured uninsurable under the plan of assurance specified In the Policy Certificate, the plan of assurance shall stand altered to such plan of assurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the Policy shall stand cancelled from the date of issue of the Policy and the premium paid shall be refunded subject to the deduction of the expenses incurred by the Company on the Policy.

b) If the correct age is higher than the age declared in the Proposal, the premium payable under the Policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the Policy and the Proposer/Life Assured shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the Policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Life Assured fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as a debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy.

c) If the correct age of the Life Assured is lower than the age declared in the Proposal, the premium payable under the Policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the Policy and the Company may, at its discretion, refund without interest, the accumulated difference between the original premium paid and the corrected premium,

iii) The issue age of the policyholder is calculated as age attained (i.e , age last birthday) as on the date of commencement of the related benefit.

2. Reinstatement of the policy:

A Policy, which has lapsed for non-payment of premium after the days of grace may be reinstated subject to the following conditions ;

(a) The application for reinstatement is made within 5 (five) years from the date of the first unpaid premium and before the Maturity Date of Policy;

(b) The applicant being the Proposer/ Life Assured shall furnish, at his own expense, satisfactory evidence of health of the Life Assured;

(c) The arrears of premiums together with interest at such rate as the company may charge for late payment of premium shall be paid;

(d) The reinstatement of the Policy may be made on terms different from those applicable to the Policy before it lapsed; and

(e) The reinstatement will take effect only on it being specifically communicated by the Company to the Life Assured or the applicant.

3. Assignment and nomination:

(i) An assignment of this Policy shall be made by an endorsement upon the Policy itself or by a separate stamped instrument signed by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Life Assured or the Proposer. Such assignment shall be effective, as against the Company, from and upon the serving of a written notice upon the Company and the Company recording the assignment in its books.

(ii) The Life Assured, where he is the holder of the Policy, may, at any time before the Maturity Date of Policy make a nomination for the purpose of payment of the moneys secured by the Policy in the event of his death. Where the nominee is a minor, he shall also appoint a person to receive the money during the minority of the nominee. Nomination shall be made by an endorsement on the Policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the Maturity Date of Policy shall also be communicated to the Company.

The Company does not express itself upon the validity or accept any responsibility on the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

4. Free Look Period:

Within 15 days of the receipt of this Policy, the Policyholder may, if dissatisfied with any of the terms and conditions for any reason, give the Company a written notice of cancellation along with reasons for the same, and return the Policy Document to the Company, subject to which the Company shall send the Policyholder a refund comprising the all Regular Premiums paid less extra premium, if any less the proportionate Additional Rider Benefit premium, if any less the proportionate risk premium for the period the Life Assured was on cover and the expenses incurred on medical examination and stamp duty charges. Financial constraint shall not be construed as a sufficient reason for cancellation of Policy within the Free Look Period.

5. Loans:

No loan is available under this plan.

6. Premium Review:

The premium rates for the critical illness benefit are guaranteed for five years only from the date of commencement of the policy. The company reserves the right to carry out a general review of the experience from time to time and change the premium as a result of such review. The company will give notice in writing about the change and the insured person will have the option not to pay an increased premium. In such case the critical illness coverage will be excluded.

In case of the hospital cash benefit the premiums are yearly reviewable. The company will give notice in writing about the change and the insured person will have the option not to pay an increased premium. In such case the hospital cash coverage will be excluded.

7 Suicide:

Where the Life Assured commits suicide whether sane or insane, within one year from the date of commencement of risk under this Policy, the contract of insurance shall be void

whether or not any beneficial interest has been created therein and premiums paid thereunder shall be refunded.

8. Special Provisions:
Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

9. Notices:
Any notice, direction or instruction to be given under this policy shall be in writing and delivered by hand, post, facsimile or email to: -
Policyholder /Life assured/Assignee:
As per the details specified by the Policy holder /Life assured/ assignee in the Proposal form change of address intimation submitted by him to the company.
Notice and instructions shall be deemed served 7 (seven) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
The company shall be not responsible for any consequences arising out of non-intimation of change of address.

10. Ombudsman:

If you are not satisfied with the decision/resolution of the Company on insurance claims, delay in settlement, dispute with regard to premium or non-receipt of insurance document then it may be referred in writing to the office of the insurance ombudsman whose details are in the document headed ‘Our Company’s Grievance Redressal Mechanism. For the latest list of insurance ombudsman, please refer to the IRDA website at http://www.irdaindia.org/ ins_ombusman.htm.

11. Payment of Claim:
Before any death claim becomes payable or before any amount becomes payable due to maturity of this Policy, the Company shall be entitled to require the delivery to it of the original of this Policy document.
Also, the supporting documents required by Bajaj Allianz Life Insurance Company in case of death claim may include, but not limited to:

a) Medical records from the physician last seen.
b) Coroner’s / postmortem report.
c) Report from police in case of accidental / unnatural death.
d) Death certificate.
e) Copy of crematorium record specifying the date, day and time of cremation. This would be accepted only if none of the above is available and if so stated in an affidavit, as an exception not as a rule.
f) Documents to establish right of claimant in case of no valid nomination

12. Electronic Transactions:
The Customer agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the

Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

13. Occupation

The applicant or the insured must notify the Company in writing as soon as possible and in any case within 10 (ten) days upon a change of occupation.

The new occupation shall be classified according to the underwriting rules of the Company at the time of change.

Where the new occupation is in the class which the Company declines, the critical illness rider and hospital cash rider shall cease as from the date of change of occupation and the Company shall refund the unearned premium.

Where the new occupation is in a class which the company accepts, a new premium shall be calculated by the Company and shall be payable from next policy year, where renewed with the current premium unchanged during the remaining period of this policy year. In the case where the applicant or the insured fails to notify the Company and pays the renewal premium based on the former occupation class, the Company shall take the following steps:

Where the new occupation is in a class of higher risk, The Company shall pay the benefit according to the ratio which the premium paid bears to the premium which would have been paid if the higher risk class had been charged.

Where the new occupation is in a class of lower risk, The Company shall refund the difference between the premium paid and the premium that would have been paid if the lower risk had been charged, with a maximum of difference of one policy year.

Exclusions:

The death cover is subject to the following exclusion:

(a) Suicide within one year from commencement of risk, whether sane or not.

"The Policy shall be subject to and governed by the terms of the Policy document and all the terms and schedule contained therein (enclosed) shall together form a single agreement".

Supplementary Benefits referred to in Policy Bond

(A) Critical Illness Benefit

The critical illness coverage can only be chosen where the issue age of the life assured is not less than 18 (eighteen) and not more than 50 (fifty) years. Coverage shall be provided until the age being the maturity age or 65 (sixty five), whichever is earlier. There is a waiting period of 6 (six) months, i.e. the critical illness benefit can only be claimed if the illness is diagnosed at least 6 (six) months after the date of commencement or reinstatement of risk. In case the life assured is diagnosed with critical illness after such said period of six months and the policy is in force for the full sum assured, the company shall pay a sum equal to the critical illness benefit, as mentioned in the policy bond, and the policy will continue with all other benefits. The critical illness benefit and the hospital cash benefit under the policy will immediately cease and the premium will also be payable accordingly. However, where the life assured dies within 60 (sixty) days of such diagnosis for which critical illness benefit has become payable, death benefit will be payable after the deduction of critical illness benefit. This deduction will not be applicable when the life assured dies after 60 (sixty) days from the date of diagnosis of the illness for which critical illness benefit becomes payable. No benefit shall be payable until the insured person has provided satisfactory proof to the company of the occurrence of the relevant critical illness. This includes a diagnosis confirmed by a registered Medical Practitioner appointed by the company and must be supported by acceptable clinical, radiological, histological and laboratory evidence. If the life assured has been diagnosed with any of the condition mentioned under critical illness, the company should be intimated of the same within 30 days from the date of diagnoses. After electing this option if the life assured decides not to renew or if his attained age at the time of renewal is 65 (sixty five) or if he has already claimed critical illness benefit, he loses the right to renew the critical illness benefit in later years.

Critical illnesses to be covered

1) **First Heart Attack**

   The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis should be based on all of the following:
   - a history of typical chest pain, if any
   - new and recent electrocardiographic changes indicating myocardial infarction
   - elevation of cardiac enzymes

   Diagnosis based on the elevation of Troponin T Test, alone shall not be considered diagnostic of a heart attack.
   Angina or chest pain are especially excluded.

2) **Coronary Artery Disease Requiring Surgery**

   The undergoing of heart surgery to correct narrowing of blockage of left main coronary artery or three or more coronary arteries with bypass grafts in persons with limiting anginal symptoms and compromise of blood supply supported by investigation but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction or other forms of Coronary artery clearing through catheters or similar devices. Narrowing of the affected artery should be more than 75 % (seventy five percent).

3) **Stroke**
Any cerebrovascular incident producing neurological sequel lasting more than twenty-four hours and including infarction of brain tissue by thrombosis, haemorrhage and embolisation from an extra-cranical source. There must be evidence of permanent neurological deficit for more than six months. The diagnosis must be based on changes seen in a CT scan or MRI & certified by a recognised consultant neurologist holding an appointment in this capacity with a major hospital .
Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system are excluded.

4) **Cancer**
The presence of one or more malignant tumours including leaukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkins disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue diagnosed by a medical practitioner who is a consultant oncologist. The following cancers are not covered by the policy: -
I. Tumours showing the malignant changes of carcinoma in situ (including cervical dysplacia CIN-1, CIN-2, and CIN- 3) or, which are histologically described as pre malignant and Ductal carcinoma in situ of the breast.
II. Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or less than Clark Level 3 Depth of invasion;
III. All hyperkeratoses or basal cells carcinomas of the skin;
IV. All squamous cell carcinomas of the skin unless there has been a spread to other organs;
V. Kaposi's sarcoma and other tumours associated with HIV infections or AIDS;
VI. Papillary carcinoma of the bladder and Prostatic cancers which are histologically described as TNM Classification T1(includingT1(a) T2 (b) or are of another equivalent or lesser classification) and
VII. Hodgkins disease stage 1.

5) **Kidney Failure**
End stage renal disease of chronic irreversible failure of kidneys of the insured person undergoing regular peritoneal dialysis or haemodialysis or having had a renal transplantation.

6) **Major Organ Transplantation**
The undergoing as a recipient of a transplant of a heart, heart and lung, liver, kidney, pancreas (excluding the transplantation of the islets of Langerhans only) or bone marrow.

7) **Multiple Sclerosis**
Unequivocal diagnosis by a recognised consultant neurologist holding an appointment in this capacity in a major hospital. The following combination, which has persisted for at least a continuous period of six (6) months: -
I. Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits ;
II. A multiplicity of discrete lesions ; and
III. A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.

IV. Confirmed by modern investigational techniques.

8) **Aorta Graft Surgery**
The undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Narrowing of Aorta of congenital is excluded. Surgery of the branches of the abdominal aorta as well as traumatic injury of the aorta are also excluded.

9) **Primary Pulmonary Arterial Hypertension**
Means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization , resulting in permanent irreversible physical impairment to the degree of at least class 3 of the NEW YORK Heart Association Classification of cardiac impairment and resulting in the Life Insured being unable to perform his/her usual occupation. The condition has to be documented for at least three months.

10) **Alzheimer's Disease**
Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's disease excluding neurosis, psychiatric illness, and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life insured . The diagnosis must be clinically confirmed by recognised consultant neurologist holding an appointment in this capacity in a major hospital.

11) **Paralysis**
The complete and permanent loss of use of both arms or both legs or one arm and one leg, through paralysis of grade 0-2/6 motor power caused by illness, persisting for at least six months from the date of illness.
Unequivocal diagnosis by recognised consultant neurologist holding an appointment in this capacity in a major hospital must certify it.

Exclusions

In the following cases the critical illness benefit shall not be paid:

(a) Critical illness occurs as a result of the insured person committing any breach of law;
(b) Critical illness existed at the date of commencement or reinstatement of risk;
(c) Critical illness is diagnosed within 6 month of the date of commencement or reinstatement;
(d) Critical illness as a result of AIDS, any AIDS related illness or HIV infection;
(e) Critical illness as a result of self-inflicted injuries whilst sane or insane;
(f) Critical illness as a result of war, invasion, civil war, rebellion or riot;
(g) Critical illness as a consequence of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner;

(h) Critical illness occurs as s result of the insured person taking part in any naval, military or air force operation;
(i) Critical illness occurs as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
(j) Critical illness occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognised airline on regular routes and on a scheduled timetable;
(k) Critical illness as a result of failure to seek or follow medical advice.

(B) Hospital Cash Benefit

The daily hospital cash benefit will be linked to the sum assured subject to a minimum of Rs. 200 (two hundred) per day and a maximum of Rs. 1,000 (one thousand) per day under all the policies of the life assured taken together. The hospital cash benefit will only be offered if the issue age of the life assured is not less than 18 (eighteen) and not more than 50 (fifty) years. If the insured person has to stay for more than 72 (seventy two) hours in hospital as a result of injury, sickness or disease, the company reimburses for each full day an amount which is the lower one of:

(a) 75 % (seventy five percent) of the room charge in hospital;
(b) the daily hospital cash amount.

For every period of hospitalisation during a policy year, the first three days would not be paid for. The total number of days for which hospital cash would be payable in a policy year would be restricted to 60 (sixty), irrespective of the number of days of hospitalisation. The benefit period starts after a waiting period of 60 (sixty) days from the commencement of risk or reinstatement of risk. No other expenses apart from room charges as above will be reimbursed.

The amount is reimbursed as a lump sum at the end of the stay in hospital subject to providing satisfactory proof of stay in the hospital and the condition being covered under the policy. The premium rates are not guaranteed and are annually renewable. Where the hospital cash benefit is selected at issue, the policyholder has the option to renew the hospital cash benefit every year at the published rates available at the time of renewal. For the renewal coverage there is no waiting period. After electing this option if the policyholder decides not to renew or if his attained age at the time of renewal is 65 (sixty five) or he has received any critical illness benefit, he loses the right to renew the hospital cash benefit in later years.
The hospital cash benefit shall be payable only for hospitalization in hospitals approved by the company. Together with the policy the insured person will receive a list of such approved hospitals. Only claims for stays in these hospitals will be reimbursed except for emergency cases to be decided by the Chief Medical Officer of the company. Intimation of hospitalization should be sent to the company within 15 (fifteen) days of hospitalization through the hospital and by the life assured with supporting evidences. The claim should be received by the company within 15 (fifteen) days of discharge from the hospital. In case of death the nominee can claim the hospitalization benefit as above.

The policyholder/life assured shall approach the listed hospital at his volition. The company disclaims any liability for any consequences of treatment administered in the listed hospitals.

Exclusions

The hospital cash benefit shall not be paid where the hospital confinement is due to:

(a) Routine eye tests, dental treatment or other examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease;
(b) War, invasion, civil war, rebellion or riot;
(c) Pregnancy, miscarriage (except as a result of an accident), impotency, sex change, abortion or birth control;
(d) Sleep disorder, psychiatric or mental disorder;
(e) Self-inflicted injuries or attempted suicide while sane or insane;
(f) AIDS, any AIDS related illness or HIV infection;
(g) Prostheses, cosmetic surgery or reconstructive surgery unless as a result of an accidental injury;
(h) Any pre-existing conditions;
(i) Any injury, sickness or disease received as a result of the insured person committing any breach of law;
(j) Any injury, sickness or disease received as a result of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner;
(k) Any injury, sickness or disease received as a result of the insured person taking part in any naval, military or air force operation;
(l) Any injury, sickness or disease received as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
(m) Any injury, sickness or disease received as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognised airline on regular routes and on a scheduled timetable.

(C) Flexibility in coverage

At each policy anniversary the policyholder shall have the right to exclude from his coverage the following benefits:
1. Critical illness benefit;
2. Hospital cash benefit.

At each policy anniversary the policyholder shall have the right to include in his coverage the following benefits:
1. Accidental death benefit;
2. Accidental permanent total/partial disability benefit;
3. Waiver of premium benefit.

Any changes in the above mentioned rider benefits will be linked to the sum assured and the conditions specified in the policy document. In case of exclusion, no surrender value is paid on the above mentioned rider benefits and the premiums are reduced for the exclusion. Coverage is included at the published premium rates available at the time of inclusion. The adjustment is subject to underwriting norms.

In the case of critical illness and hospital cash benefit, after electing this option if the life assured decides not to renew or if his attained age at the time of renewal is 65 (sixty five) or if he has received any critical illness benefit, he loses the right to renew the critical illness and hospital cash benefit in later years.