

**Bajaj Allianz Life Insurance Company Limited**  
**Bajaj Allianz Life Group New Terminal Illness Rider**

**Part A**

**FORWARDING LETTER**

**As per Base Policy**

**Preamble**

The Bajaj Allianz Life Group New Terminal Illness Rider is an Accelerated Rider attached with the base policy. This document should be read along with the base Policy Document and forms a part of the base Policy Document. The continuance of risk cover under the base Policy is necessary precondition for continuance of cover under this rider.

**SCHEDULE**

**Traditional Group Health Rider**

Name of the Policyholder \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Pin code \_\_\_\_\_

<b>POLICY NO.</b>	<xxxxxxxxxx>	
<b>Product Name</b>	Bajaj Allianz Life Group New Terminal Illness Rider	
<b>Rider Benefit</b>	Terminal Illness Benefit	<b>Chosen?</b>
		<Yes / No>
<b>UIN</b>	<xxxxxxxxxx>	
<b>Date of Issue</b>	<dd/mm/yyyy>	
<b>Annual Renewal Date</b>	<dd/mm/yyyy>	

On Examination of the Policy, if the Policyholder notices any mistake in the above Schedule, the Policy Document is to be returned for correction to the Company.

**Part B**

**DEFINITIONS & ABBREVIATIONS**

- 1) Definitions & abbreviations:
  - a) "Date of Commencement of Rider" means the date specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the Rider Benefit commences under the Rider.
  - b) "Rider Benefit" has the meaning as in Section 3 below.
  - c) "Rider" means the arrangements established by the Rider Policy Document.
  - d) "Rider Maturity Benefit" has the meaning as in Section 3ii) below
  - e) "Rider Surrender Benefit" has the meaning as in Section 3iii) below
  - f) "Terminal Illness" means the illness as defined in Section 4 below.
  - g) "Terminal Illness Sum Assured" is the amount of Terminal Illness cover provided to the member and based on which the premium is calculated.

**Part C**

- 2) Policy Description
  - a) This is a non-linked, non-participating, group health rider to be attached to a base group Policy.
  - b) The Terminal Illness Sum Assured to be opted by the Member and can be up to 100% of the Sum Assured chosen under the base group Policy. The Rider has to be chosen at inception or any Annual Renewal Date
  - c) If this Rider is opted for and if the Member is diagnosed as suffering from Terminal Illness, then, the Terminal Illness Sum Assured chosen is payable immediately.
- 3) Rider Benefit
  - i. Terminal Illness Benefit

On occurrence of Terminal Illness (as defined in Section 4 below), on the life of the Member during the term of the base Policy, provided the Rider is not terminated as per Section 9 below, then, the Company, subject to Section 7 and Section 8 below, shall pay the Terminal Illness Sum Assured to the Member.

    - a) If the Terminal Illness Sum Assured is equal to Sum assured under the base Policy, then, the risk-cover for the Member, under the base Policy, including this Rider and any other Rider, will terminate after the Terminal Illness benefit is paid.
    - b) If the Terminal Illness Sum Assured is less than the Sum Assured under the base Policy, then, the Rider cover will terminate but the other risk covers for the Member. The risk cover under the base Policy will continue for the balance Sum Assured.
    - c) The Company should be informed of the Terminal illness within 30 days of diagnosis of the Terminal Illness. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.
  - ii. Maturity Benefit

No Rider Maturity Benefit is available under the Rider.
  - iii. Surrender Benefit

No Rider Surrender Benefit is available under the Rider.
- 4) Terminal Illness

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two appropriate independent Medical Practitioners, life expectancy is no greater than six (6) months from the date of notification of claim. The insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The Terminal Illness must be diagnosed and confirmed by two Medical Practitioners. The Medical practitioner should be a specialist from that field of medicine for which the Terminal Illness is been claimed. The Company reserves the right for an independent assessment by a different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided by the member.

For the purposes of the above, a 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 any other such body 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 his license, but excluding a Medical Practitioner who is:

- Life Assured/Spouse himself/ herself or an agent of the Life Assured/Spouse or
- Insurance Agent, business partner(s) or employer/ employee of the Life Assured/Spouse or
- A member of the Life Assured's /Spouse's immediate family.

5) Rider Premium

The Rider Premium depends on the Terminal Illness Sum Assured, Age of the Member, nature of the group, Members occupation classification, etc. as applicable. The Rider Premium will be collected additional along with the Premium under the base Policy.

**Part D**

**As per base Policy**

6) Option to include/exclude the Rider

- a. The Member through Policyholder can include this Rider from inception or any Annual Renewal Date.
- b. At each Annual Renewal Date the Policyholder/Member has the option of exclusion of the Rider coverage
- c. In case of exclusion, the Rider Benefit above will immediately cease and no further Rider Premium will be collected.
- d. Once this Rider is excluded, it can be added back again on any subsequent Annual Renewal Date, subject to underwriting.
- e. In case of exclusion, no surrender value is payable.

7) Free Look Option

Within 15 days (30 days in case the Policy / Coverage is sourced through electronic mode or distance marketing mode) from the date of receipt of the Policy / Certificate of Insurance, the Policyholder / Member has the option to review the terms and conditions of the Policy and if the Policyholder / Member disagrees to any of the terms & conditions, the Policyholder / Member will have an option to return the Policy stating the reasons for objections. The Policyholder / Member shall be entitled to a refund comprising of all premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Member/s were provided cover under the rider and the expenses incurred by the Company on account of medical examination and stamp duty charges.

8) Non Forfeiture

All benefits under this Rider shall continue if the risk cover under base Policy is continued, subject to Section 9 below. If Rider Premium is not paid before the expiry of the Grace Period, the Rider will lapse immediately and no benefit with respect to the Rider will be payable.

9) Revival

A lapsed Rider can be revived subject to the revival conditions applicable to the base Policy.

10) Termination of Rider

The Rider Benefit shall automatically terminate on the life of the Member on the earlier occurrence of either of the following.

- a) On exclusion of this Rider by the Member through Policyholder
- b) On maturity or termination of the base Policy
- c) Membership ceases under the base Policy
- d) On discontinuation of Premium under the rider and/or the base Policy
- e) On payment of Terminal Illness Sum Assured
- f) On the Membership anniversary, on which the attained age is 80 years.

**Part E**

**CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc**

**Not Applicable**

**Part F**  
**General Conditions**

- 11) Payment of Claim
  - a) The payment will only be made on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence.
  - b) The Company should be informed of the Terminal illness within 30 days of diagnosis of the Terminal Illness.
  - c) If the Terminal Illness Sum Assured is equal to Sum Assured under the base Policy, then the risk-cover for the Member under the base Policy, including the Rider, will terminate after the terminal illness benefit is paid
  - d) If the Terminal Illness Sum Assured is less than the Sum Assured under the base Policy, then, the Rider cover will terminate but the risk cover for the Member, under the base Policy will continue for the balance Sum Assured.
- 12) All other General Conditions as per the base Policy

**CUSTOMER INFORMATION SHEET**  
 Description is illustrative and not exhaustive

SI No.	Title	Description	Policy Clause Number
1.	Product Name	Bajaj Allianz Life Group New Terminal Illness Rider	
2.	What am I covered for?	On the occurrence of Terminal Illness on the life of the Member during the term of the base Policy, the Terminal Illness Rider Sum Assured will be payable. a) If the Terminal Illness Sum Assured is equal to Sum assured under the base Policy, then, the risk-cover for the Member, under the base Policy, including this Rider and any other Rider, will terminate after the Terminal Illness benefit is paid. b) If the Terminal Illness Sum Assured is less than the Sum Assured under the base Policy, then, the Rider cover will terminate but the other risk covers for the Member will continue.	Policy Wording- Section 3- Rider Benefit
3.	What are the major exclusions in the policy?	None	Policy Wording- Section 10 - Exclusions
4.	Waiting period	Not Applicable	
5.	Payment Basis	Accelerated Benefit	Policy Wording- Section 3- Rider Benefit
6.	Loss sharing	Not applicable	NA
7.	Renewal conditions	As per the base policy	NA
8.	Renewal Benefits	Not applicable	NA
9.	Cancellation	As per the base policy	NA
10.	Claims	For claims, member will have to submit the necessary documents to Company within the prescribed time limit.	Policy Wording- Section 11- Payment of Claim
11.	Policy Servicing / Grievances/ Com-plaints	In case you have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Center at Branch Office of the Company during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with the Company: By post at: Customer Care Desk, Bajaj Allianz Life Insurance Company Ltd., Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006 By Phone at: Toll Free No. 1800 209 7272   By Fax at: 020-6602-6789 By Email: <a href="mailto:customercare@bajajallianz.co.in">customercare@bajajallianz.co.in</a>  In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 10 days, or you have any suggestion in respect of this Policy or on the functioning of the office, you may contact the following official for resolution: Grievance Redressal Officer, Bajaj Allianz Life Insurance Company Ltd. Bajaj Allianz House, 5th floor, Airport Road Yerawada, Pune, District – Pune, Maharashtra -411006 Tel. No: 1800- 209- 7272   Fax: (+91 20) 40111502 Email ID: <a href="mailto:gro@bajajallianz.co.in">gro@bajajallianz.co.in</a>	Policy Wording– Grievance Redressal is as per the base policy

SI No.	Title	Description	Policy Clause Number
		<p>If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact de-tails:                      By Phone: TOLL FREE NO: 155255                      By Email: <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a>                      By post at: Consumer Affairs Department Insurance Regulatory and Development Authority of India                      Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hydera-bad – 500 032                      By Fax at: +91- 40 – 6678 9768                      The Policyholder can also register his complaint online at <a href="http://www.igms.irdai.gov.in/">http://www.igms.irdai.gov.in/</a></p>	
12.	Insured's rights	<p>Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception. All these options are available subject to detailed terms &amp; conditions as mentioned in the policy document.</p>	Policy Wording- Section 7- Free Look Option
13.	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p>	

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.