

Bajaj Allianz Life eTouch Online Term

A Pure Term Insurance Plan



LIFE GOALS. DONE.

 **BAJAJ** | Allianz 

Bajaj Allianz Life Insurance Co. Ltd.

Bajaj Allianz Life eTouch Online Term

Life is full of "IF's". Presenting a complete protection plan built to safe guard you and your loved ones from various uncertainties in life. Don't let worry come knocking on your doors. Be prepared with Bajaj Allianz Life eTouch Online Term, a solution for you and your loved ones to be able to realize your dreams without any compromises, incase of an unforeseen event.

Wait no longer....gift your family the perfect shield against the "IF's of LIFE" in just a few clicks, and "Jiyo Befikar"!!

Key Advantages

Bajaj Allianz Life eTouch Online Term is a regular premium payment, pure term and health cover plan. The plan provides life cover combined with benefit on accidental death, accidental total permanent disability & critical illness and benefit of waiver of premium, depending on variant opted by you. The key advantages of this plan are:

- Comprehensive protection for you
- Flexibility to choose from four variant options to enhance your protection
- Option for the nominee to receive the policy benefits in a lump-sum amount or in monthly instalments
- Lower premium for leading healthy lifestyle for non-tobacco users

Plan Working

Step 1: Choose your variant[^]

- a) Shield - Life Benefit^{^^} plus WOP Benefit (on occurrence of ATPD)
- b) Shield Plus - Life Benefit plus ATPD Benefit plus WOP Benefit (on occurrence of ATPD)
- c) Shield Super - Life Benefit plus ADB plus ATPD Benefit plus WOP Benefit (on occurrence of ATPD)
- d) Shield Supreme- Life Benefit plus ACI Benefit plus ATPD Benefit plus WOP Benefit (on occurrence of ATPD or CI)

The acronyms used stand for: (i) ADB – Accidental Death Benefit (ii) ATPD – Accidental Total Permanent Disability (iii) ACI – Accelerated Critical Illness^{^^^} (iv) CI – Critical Illness (v) WOP – Waiver of Premium

[^]The variant chosen at inception cannot be changed during the policy term. ^{^^}Life benefit refers to the sum assured under the plan that will be payable on death of the life assured. ^{^^^}Accelerated Critical Illness means the benefit payable on diagnosis of any specified Critical Illness wherein such benefit if paid will be deducted from the Sum Assured on Death

Step 2: Choose your Sum Assured

Decide on the level of protection by choosing the sum assured you need to safeguard your family's future. On choosing higher sum assured, you benefit from High Sum Assured Rebate (HSAR).

Step 3: Choose your Policy Term

Select the period for which you desire to get the benefits of life insurance protection.

Step 4: Choose your Premium Payment Frequency

Depending on your convenience decide the regular time interval at which you would prefer to pay the premium during the policy term.

Your premium will be based on your current age, gender, sum assured, variant, policy term & premium payment frequency.

Benefit Details

30 years old Samir is married and has a daughter who is 4 years old. He works for a private construction firm. Samir has purchased a house recently on loan. He is aware that incase of his death, accidental disability or critical illness, his family would be burdened with financial liabilities. He decided to take Bajaj Allianz Life eTouch Online Term to ensure a worry-free future. Let's see what benefit options are available to him under each of the variants in this plan.



Shield - Life Benefit plus WOP Benefit (on occurrence of ATPD)

Benefit Payable

- a) In case of ATPD of the life assured, all the future premiums under the policy will be waived, and the policy will continue
- b) On death of the life assured, the Sum Assured on Death will be paid and the policy will terminate

Samir chooses 'Shield' for a policy term of 20 years and a sum assured of ₹ 1 crore. He pays an annual premium of ₹ 5,813 after a HSAR of ₹ 1,264

At age 40, Samir meets with a road accident and suffers a total permanent disability. All the future premiums are waived under the policy and the policy continues

On Samir's unfortunate death, his nominee gets ₹ 1 crore (Sum Assured on Death) and the policy terminates



Premium shown in the above illustrations are exclusive of Goods and Service Tax, and any extra premium. The sum assured amount and/ or other benefit amount indicated, if any, is a non-guaranteed illustrative figure and is subject to policy terms and conditions and claim scrutiny. The illustrated premium is applicable for age 30 years, preferred non-smoker male life assured. Premium rate for female life will be with 4 year age set-back for variants Shield, Shield Plus and Shield Super.



Shield Plus - Life Benefit plus ATPD Benefit plus WOP (on occurrence of ATPD)

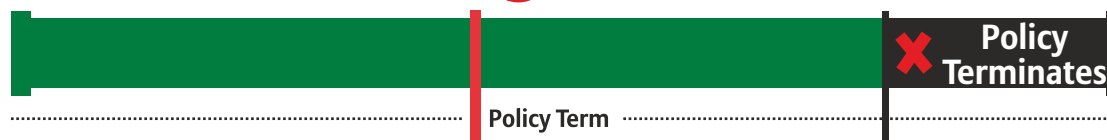
Benefit Payable

- a) In case of ATPD of the life assured,
 - i) an amount equal to the sum assured (subject to a maximum of ₹ 2 crores) will be paid as ATPD benefit
 - ii) all the future premiums under the policy will be waived, and the policy will continue with life cover
- b) On death of the life assured, the Sum Assured on Death will be paid and the policy will terminate.

Samir chooses 'Shield Plus' for a policy term of 20 years and a sum assured of ₹ 3 crores. He pays an annual premium of ₹ 17,273 after a HSAR of ₹ 1,780

At age 40, Samir meets with a road accident and suffers a total permanent disability. He will receive:
 a) ₹ 2 crores (an additional Sum Assured as ATPD benefit)
 b) All the future premiums are waived under the policy and the policy continues

On Samir's unfortunate death, his nominee gets ₹ 3 crores (Sum Assured on Death) and the policy terminates



Premium shown in the above illustrations are exclusive of Goods and Service Tax, and any extra premium. The sum assured amount and/ or other benefit amount indicated, if any, is a non-guaranteed illustrative figure and is subject to policy terms and conditions and claim scrutiny. The illustrated premium is applicable for age 30 years, preferred non-smoker male life assured. Premium rate for female life will be with 4 year age set-back for variants Shield, Shield Plus and Shield Super.



Shield Super - Life Benefit plus ADB plus ATPD Benefit plus WOP Benefit (on occurrence of ATPD)

Benefit Payable

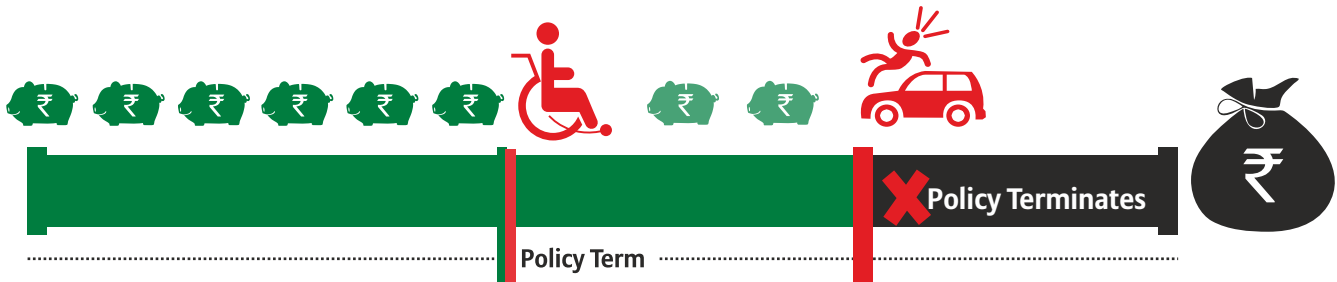
- a) In case of ATPD of the life assured, then,
 - i) an amount equal to the sum assured (subject to a maximum of ₹ 2 crores) will be paid as ATPD benefit
 - ii) all the future premiums under the policy will be waived, and the policy will continue with all its remaining benefits
- b) In case of death of the life assured due to accident, then,
 - i) Sum Assured on Death plus
 - ii) an amount equal to the sum assured (subject to a maximum of ₹ 2 crores) will be paid as ADB and the policy will terminate
- c) On death of the life assured, if not resulting due to accident, the Sum Assured on Death will be paid and the policy will terminate

Samir chooses 'Shield Super' for a policy term of 20 years and a sum assured of ₹ 3 crores. He pays an annual premium of ₹ 26,890 after a HSAR of ₹ 6,521

At age 40, Samir meets with a road accident and suffers a total permanent disability. He will receive:

- a) ₹ 2 crores (an additional Sum Assured as ATPD benefit)
- b) All the future premiums are waived under the policy and the policy continues with all its remaining benefits

At age 47, Samir dies in a road accident. His nominee gets ₹ 3 crores (Sum Assured on Death) and ₹ 2 crores (an additional Sum Assured as ADB) and the policy terminates



Premium shown in the above illustrations are exclusive of Goods and Service tax, and any extra premium. The sum assured amount and/ or other benefit amount indicated, if any, is a non-guaranteed illustrative figure and is subject to policy terms and conditions and claim scrutiny. The illustrated premium is applicable for age 30 years, preferred non-smoker male life assured. Premium rate for female life will be with 4 year age set-back for variants Shield, Shield Plus and Shield Super.



Shield Supreme - Life Benefit plus ACI Benefit plus ATPDB plus WOP Benefit (on occurrence of ATPD or CI)

Benefit Payable

- a) In case of diagnosis of CI, the benefit payable will be,
 - i) If the diagnosed CI requires Angioplasty, fixed ACI benefit of ₹ 5,00,000 will be paid. WOP is not applicable, if Angioplasty is conducted for CI. No further ACI benefit will be paid for any future occurrence of Angioplasty. But, the policy will continue for other benefits, including remaining amount of ACI benefit for the remaining CIs covered, subject to payment of all due premium.
 - ii) If the CI is other than one requiring Angioplasty then,
 1. If no prior ACI benefit has been paid for Angioplasty, then, ACI Benefit of 75% of Sum Assured, subject to maximum of ₹ 75,00,000, will be paid
 2. If any prior ACI benefit for Angioplasty has been paid, then, the remaining ACI Benefit will be paid, which is 75% of Sum Assured (subject to maximum of ₹ 75,00,000) minus ₹ 5,00,000 (paid for Angioplasty)
 3. All the future premiums under the policy will be waived once ACI Benefit is paid. The policy will continue with all its

remaining benefits.

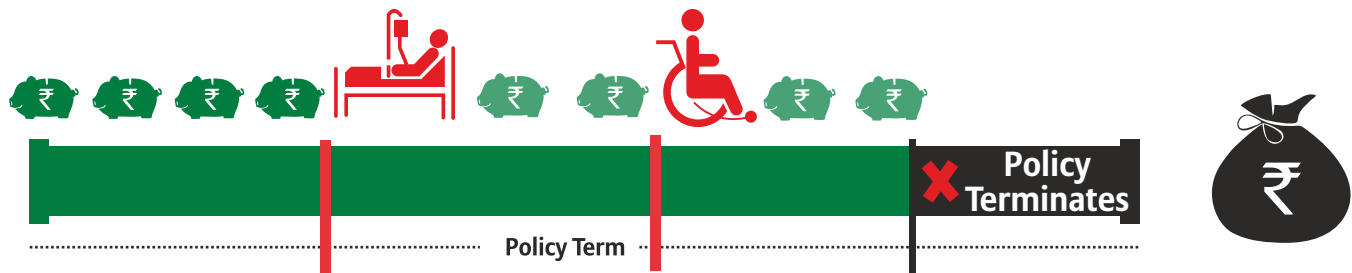
b) In case of ATPD of the life assured, then,

- i) an amount equal to the sum assured (subject to a maximum of ₹2 crores) will be paid as ATPD benefit
- ii) all the future premiums under the policy will be waived, and the policy will continue with all its remaining benefits

c) On death of the life assured, the below benefit will be paid and the policy will terminate,

- i) If ACI benefit has been paid earlier, then, Sum Assured on Death minus the amount of ACI benefit already paid will be payable.
- ii) If ACI benefit has not been paid earlier, then, Sum Assured on Death will be paid

| | | | |
|---|---|---|---|
| Samir chooses 'Shield Supreme' for a policy term of 20 years and a sum assured of ₹ 3 crores. He pays an annual premium of ₹ 28,419 after a HSAR of ₹ 7,296 | At age 35, Samir is diagnosed with Critical Illness. He will receive: ₹75,00,000 (75% of Sum Assured) All the future premiums are waived under the policy and the policy continues with all its remaining benefits | At age 45, Samir meets with an accident and suffers a total permanent disability. He gets ₹ 2 crores (an additional Sum Assured as ATPD benefit) and the policy continues with all its remaining benefits | On Samir's unfortunate death, his nominee gets ₹ 2.25,00,000 (Sum Assured on Death minus the ACI benefit paid and the policy terminates |
|---|---|---|---|



Multiple CI events are not covered under the plan. CI sum assured will be paid on occurrence of first CI event only (except for Angioplasty, as mentioned herein)

Premium shown in the above illustrations are exclusive of Goods and Service tax, and any extra premium. The sum assured amount and/ or other benefit amount indicated, if any, is a non-guaranteed illustrative figure and is subject to policy terms and conditions and claim scrutiny. The illustrated premium is applicable for age 30 years, preferred non-smoker male life assured. Separate premium rate for female lives is applicable for Shield Supreme.

In Shield Plus, Shield Super and Shield Supreme, for:

ATPD Benefit

- ATPD benefit will not be payable if accident happens before the expiry of the policy term and disability happens within 90 days of date of accident but after expiry of policy term.

ADB

- If ATPD happened first and after that death happened within 90 days of accident, in that case two separate benefit will be given first for ATPD and then for ADB.
- ADB benefit will not be payable if accident happens before the expiry of the policy term and death happens within 90 days of date of accident but after expiry of policy term.

Maturity Benefit

There is no maturity benefit available under this plan.

Surrender Benefit

There is no surrender benefit available under this plan.

Product Terms and Conditions

Eligibility Conditions

| Parameter | Details | | |
|--|---|------------------------|---------------------------|
| Minimum Age at Entry | 18 years | | |
| Maximum Age at Entry | 65 years | | |
| Minimum Age at Maturity | 28 years | | |
| Maximum Age at Maturity | 75 years | | |
| Minimum Policy Term | 10 years | | |
| Maximum Policy Term | 40 years | | |
| Premium Payment Term | 10 - 40 years <i>The premium payment term is equal to the policy term chosen.</i> | | |
| Minimum Premium | ₹ 5,000 per annum <i>The premium for Shield, Shield Plus & Shield Super variants are guaranteed for entire policy term, and the premium for Shield Supreme, for a period of 5 policy years from the policy commencement date or from the date of latest revision of premium and reviewable thereafter.</i> | | |
| Maximum Premium | As per the maximum sum assured | | |
| Premium Payment Frequency | Yearly, Half yearly, Quarterly and Monthly <i>Half-yearly, quarterly and monthly premium frequencies are only allowed under auto-debit process as allowed by RBI to financial institutions.</i> | | |
| Minimum Sum Assured | ₹ 50,00,000 | | |
| Maximum Sum Assured | Life Benefit | ADB, ATPDB | ACI Benefit |
| | No Limit | ₹ 2crores [~] | ₹ 75,00,000 ^{~~} |
| [~] ADB & ATPDB is equal to sum assured, subject to a maximum of ₹ 2 crores. ^{~~} ACI Benefit is up to the extent of 75% of the sum assured, subject to a maximum of 75 lacs. The sum assured under a policy will be chosen by the policyholder, subject to the minimum and maximum sum assureds mentioned for Life Benefit. The maximum benefit under a policy for the benefits ADB, ATPDB & ACI Benefit will be capped at the maximum mentioned. Sum Assured will be in multiples of ₹ 1,00,000. Sum Assureds are subject to the prevailing Board approved underwriting norms | | | |

Non-Payment of Premiums

If you have not paid any due premium before the expiry of the grace period, then, the policy will lapse at the expiry of the grace period, and no benefit under the policy will be paid.

Features

High Sum Assured Rebate (HSAR)

The plan offers a premium discount for all policies based on smoker categorization, variant, sum assured slab for each age & policy term. The HSAR will be applied for every additional ₹1 lac increase in sum assured above the base sum assured.

Death Benefit and ADB payment option

- Your nominee will have the option to take the Life Benefit only or the ADB only or both the benefits (Life Benefit and ADB) in any of the 3 ways mentioned below:
 - 100% of the benefit in a lump-sum,
 - 50% of the benefit in a lump-sum and the remaining in Level or Increasing monthly instalments
 - 100% of the benefit in Level or Increasing monthly instalments
- If benefits are opted to be paid in monthly instalments, then, it will be paid as Level or Increasing monthly instalments for 120 months. The first instalment will fall due as on the date of death of the life assured. The details of Level or Increasing monthly instalments is as below:
 - In Level Instalments: The amount of instalments will be $[(\text{Amount of benefit taken in Installment}) * 1.1022\%]$.
 - In Increasing Instalments: The amount of instalment in the 1st month = $[(\text{Amount of benefit taken in Installment}) * 0.7861\%]$. The instalments will increase by 10% p.a. (simple interest) of the first monthly instalment at the end of each 12 months from the date of death.

For example, Samir's nominee opted that the entire benefit of ₹ 1 crore should be received in monthly installment, then, following will be the first month instalment incase of Level/ Increasing option.

| 1 st monthly installment for benefit of ₹ 1 crore | Level Instalment | Increasing Instalment |
|--|------------------|-----------------------|
| | ₹ 1,10,220 | ₹ 78,610 |
| Total paid in 120 months | ₹ 1,32,26,400 | ₹ 1,36,78,140 |

- The "Amount of benefit taken in Installment" will be chosen by the nominee. This could be either full sum assured or 50% of the sum assured as mentioned herein. The nominee cannot discontinue the benefits in installments once opted.

Note: The ATPD Benefit & ACI Benefit will be paid as lump-sum only

Option to Change Premium Payment Frequency

You will have the option to change the prevailing premium payment frequency on any policy anniversary, during the policy term, subject to availability, then, of the frequency (i.e. yearly, half-yearly, quarterly & monthly) and minimum modal premium criteria under the plan then.

The modal premium for frequencies other than yearly premium frequency is arrived at by multiplying the annual premium (after applicable HSAR) by the premium payment frequency factors and as given below:

| Premium frequency | Monthly | Quarterly | Halfyearly | Yearly |
|-------------------|---------|-----------|------------|--------|
| Frequency Factor | 0.09 | 0.26 | 0.51 | 1.00 |

Loan

Policy loan is not available under the plan.

Tax Benefits

Premium paid are eligible for tax benefits under section 80C of the Income Tax Act. Death, accidental death, accidental permanent total disability and critical illness are eligible for tax benefits under Section 10(10D) of the Income Tax Act, subject to the provision stated therein.

Revival

If your policy is lapsed due to non-payment of premium after the grace period, you may revive the policy subject to the following conditions:

- a) A written application for revival is made within 2 years from the due date of the first unpaid premium
- b) All the due premiums together with applicable interest, at such rate as decided by the Company from time to time, along with applicable taxes are paid. The current applicable revival interest is 10% p.a. compounded half-yearly.
- c) The policyholder, at his/ her own expense, agrees to undergo medical examination and provides furnishes evidence of continuity of insurability.
- d) The revival of the policy may be on terms different from those applicable to the policy before it lapsed, based on prevailing Board approved underwriting guidelines.
- e) The Company may revive or refuse to revive the policy, based on the Board approved underwriting guidelines. In case revival of lapsed policy is refused, the Company will refund the amount deposited for the purposes of revival of the policy.
- f) The revival will take effect only on it being specifically communicated by the Company to the policyholder.

On revival, the sum assured and sum assured on death under the policy which prevailed before the date of latest lapse will be reinstated.

Termination

This policy shall terminate on the earlier occurrence of either of the following events:

- On the expiry of the revival period of 2 years from the date of first unpaid premium
- On payment of 100% of the death benefit and/or ADB, if payable, where the benefit is payable in lump-sum
- On payment of the last monthly instalment of the death benefit and/or ADB, if payable, or a portion thereof is payable in monthly instalments. In such case the risk cover under the policy will terminate immediately on the date of death of the life assured
- On the maturity date

Grace Period

If you have failed to make payment of the premium by the due date specified, you will be allowed a grace period of 30 days for premium payment frequencies other than monthly and 15 days for monthly frequency to pay the due premium.

During the grace period, the life assured will be covered for the contingent events as per the variant chosen. On occurrence of the contingent event during the grace period when the due premium was not paid, the same will be deducted from the benefit payable.

Free Look Period

Within 15 days [thirty (30) days in case this policy is issued under the provisions of IRDAI Guidelines on Distance Marketing[#] of Insurance Products] of the receipt of this policy, you will have the option to review the terms and conditions of the policy and if you disagree to any of the terms & conditions, you will have an option to return the policy stating the reasons for objections. You shall be entitled to a refund comprising the all regular premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty.

[#]Distance marketing is done through online sales and tele-calling

Exclusions

Suicide Exclusion

If the life assured commits suicide, whether sane or insane, within 12 months from the date of commencement of risk or the date of latest revival of the policy, the policy shall be terminated by paying to the nominee an amount which is 80% of the premium paid as on the date of death, provided the policy is in-force as on the date of death.

Accidental Death Benefit

No benefit will be payable in respect of any condition arising directly or indirectly from, through or in consequence of the following exclusions:

1. Injury occurred before the Date of Commencement of Risk. This exclusion means for the insured to be eligible for this benefit the injury/accident leading to death should happen during the policy period
2. Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.
3. Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
4. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strike or industrial action.
5. Participation by the life assured in a criminal or unlawful act or committing any breach of law with criminal intent including involvement in any fight or affray.
6. Treatment for injury or illness caused by avocations/ activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
7. Any underwater or subterranean operation or activity. Racing of any kind other than on foot
8. Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
9. Services in any military, air force, naval, police, paramilitary or similar organization including service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order,
10. Participation by the insured person in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the life insured does

not, at the time, have any duty on board such aircraft. Crew members and pilot for passenger carrying commercial flight are excluded under this exclusion unless they are bonafide passengers.

11. Physical handicap or mental infirmity
12. Unreasonable failure to seek medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy.
13. Nuclear reaction, Radioactive or chemical contamination due to nuclear accident

Accidental Total Permanent Disability

No benefits shall be payable as ATPD benefit for any disease or losses caused or aggravated directly or indirectly, wholly or partly by any one of the following:

1. Any medical condition which first manifests itself within 90 days of the Date of Commencement of Risk or date of latest revival, if any.
2. Any Pre-existing medical condition. Pre-Existing is defined as condition for which the Life Assured had signs, or symptoms, and/or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the Date of Commencement of Risk or date of latest revival (if any), whichever is later.
3. Any congenital disorder, or illness related to congenital disorder or complication arising out of congenital disorder.
4. Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.
5. Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
6. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strike or industrial action.
7. Participation by the life assured in a criminal or unlawful act or committing any breach of law with criminal intent including involvement in any fight or affray.
8. Treatment for injury or illness caused by avocations/ activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
9. Any underwater or subterranean operation or activity. Racing of any kind other than on foot

10. Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
11. Services in any military, air force, naval, police, paramilitary or similar organization including service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order,
12. Participation by the insured person in any flying activity other than as a bona-fide passenger (whether paying or not), in a licensed aircraft provided the life insured does not, at the time, have any duty on board such aircraft. Crew members and pilot for passenger carrying commercial flight are excluded under this exclusion unless they are bonafide passengers
13. Physical handicap or mental infirmity
14. Unreasonable failure to seek medical advice, , the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy.
15. Nuclear reaction, Radioactive or chemical contamination due to nuclear accident.

Critical Illness

Apart from the disease specific exclusions given along with definitions of diseases (refer 'Definition'), no benefit will be payable if the CI is caused or aggravated directly or indirectly by any of the following:

1. Any of the listed CI condition which first manifests itself within 90 days of the Date of Commencement of Risk or date of latest revival (if any), whichever is later.
2. Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-Existing is defined as condition for which the Life Assured had signs, or symptoms, and/or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the Date of Commencement of Risk or date of latest revival (if any), whichever is later.
3. Any congenital condition
4. Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.

5. Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
6. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.
7. Participation by the Life Assured in a criminal or unlawful act or committing any breach of law with criminal intent including involvement in any fight or affray.
8. Treatment for injury or illness caused by avocations/ activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
9. Any underwater or subterranean operation or activity. Racing of any kind other than on foot.
10. Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
11. Participation by the Life Assured in any flying activity other than as a bona-fide fare-paying passenger, in a licensed aircraft. Crew members and pilot for passenger carrying commercial flight are excluded under this exclusion unless they are bonafide passengers.
12. Unreasonable failure to seek or follow medical advice, the Life Assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy.
13. Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.
14. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy/ western medicines.
15. Any treatment of a donor for the replacement of an organ

Shield Plus, Shield Super and Shield Supreme shall not be offered, if the life assured has the exclusion condition already at inception

Definitions

- 1) **Life Benefit:** means the benefit payable on death of the life assured.
- 2) **Sum Assured on Death:** is defined as higher of (a) 10 times Annualised Premium[#] (b) 105% of total premiums

paid[#] till date of death (c) Sum Assured

[#]Annualised Premium is exclusive of extra premium and loadings for modal premiums, if any, and total premiums paid is equal to (Annualized Premium* number of years

for which premiums have been paid). Goods and Service tax will be collected over and above the premium under the policy.

- 3) **Accidental Death:** Accident' is a sudden, unforeseen and involuntary event caused by external, visible, and violent means.

'Accidental Death' means death caused by sudden, unforeseen and involuntary event caused by external, visible, and violent means as revealed by an autopsy provided such death was caused directly by such Accident, and independently of any physical or mental illness within 90 days of the date of Accident.

- 4) **Accidental Total Permanent Disability Benefit:** If the Life Assured meets with an Accident and is being subject to one of the following impairments within 90 days of the date of Accident, the benefit will be paid:

- i) Total and irrecoverable loss of entire sight in both eyes or
- ii) Amputation of both hands at or above the wrists or
- iii) Amputation of both feet at or above the ankles or
- iv) Amputation of one hand at or above the wrist and one foot at or above the ankle
- v) Loss of sight means total, permanent and irreversible loss of all vision in both eyes as a result of Accident (as applicable). The diagnosis must be clinically confirmed by a medical practitioner. The blindness must not be correctable by ayes or surgical procedures

- 5) **Critical Illness:** Critical Illness means illness the signs or symptoms of which first commence more than 90 days following the Date of Commencement of Risk or the date of latest revival (if any), and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered surgeries stated below:

1. **Alzheimer's Disease:** Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.

The diagnosis of Alzheimer's disease must be confirmed by a specialised medical practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 3 months. Activities of Daily Living are defined as:

- a) Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

- b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, or artificial limbs or other surgical appliances;

- c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;

- d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

- e) Feeding – the ability to feed oneself once food has been prepared and made available.

- f) Mobility - the ability to move from room to room without requiring any physical assistance

The following are excluded: (i) Drug-induced or toxic causes of Parkinsonism; (ii) Any other type of irreversible organic disorder/dementia; (iii) Non-organic disease such as neurosis and psychiatric illnesses; and (iv) Alcohol-related brain damage

2. **Apallic Syndrome:** Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical Practitioner who is also a neurologist is holding such an appointment at an approved hospital. This condition must be documented for at least 1 month

3. **Aplastic Anaemia:** Chronic Irreversible persistent bone marrow failure which results in anaemia, neutro-penia and thrombo-cyto-penia requiring treatment with at least 2 of the following:

- (a) Regular blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immuno-suppressive agents; or
- (d) Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone-marrow biopsy. 2 out of the following 3 values should be present (i) Absolute Neutrophil count of 500 per cubic millimetre or less; (ii) Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and (iii) Platelet count of 20,000 per cubic millimetre or less. Temporary or reversible aplastic anaemia is excluded.

4. **Angioplasty:** Means the actual undergoing for the first time of Coronary Artery Balloon Angioplasty and/or the insertion of a stent to correct a narrowing of minimum 60% stenosis, of one or more major Coronary arteries as shown by Angiographic evidence.

The revascularisation must be considered medically necessary by a consultant Cardiologist.

Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery. Intra Arterial investigative procedures and

Diagnostic Angiography are not included. Evidence required: In addition to the other documents, the Company shall require the following:

- a) Coronary Angiography Report – Pre and post Angioplasty or Other Invasive Treatment as defined above.
- b) Discharge Card of the hospital where the procedure was done.

*The CI Benefit for Angioplasty is subject to a maximum of ₹ 5,00,000. On payment of Angioplasty, the Policy will continue for other CIs with CI Benefit reduced by Angioplasty payout.

5. **Benign Brain Tumour:** A benign intra-cranial tumour where the following conditions are met:

- a) The tumour is life threatening;
- b) It has caused damage to the brain; and
- c) It has undergone surgical removal or, if inoperable, has current significant and permanent functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least six consecutive months, and,
- d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques

The following are excluded: cysts, granulomas, vascular malformations, haematomas, tumours of the pituitary gland or spinal cord, tumours of the acoustic nerve (Acoustic Neuroma), Calcification, Meningiomas

6. **Blindness:** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an eye specialist (Ophthalmologist). The blindness must not be correctable by aides or surgical procedures

7. **Brain Surgery:** The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy with removal of bone flap to access the brain is performed. The following are excluded:

- a) Burr hole procedures, trans-phenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy, and,
- b) brain surgery as a result of an accident

The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out

8. **Cancer of Specified Severity:** A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & 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 & 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 & 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
- f. Microcarcinoma of the bladder
- g. All tumours in the presence of HIV infection

9. **Cardiomyopathy:** An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, based on the following classification criteria: Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

10. **End Stage Liver Disease:** End Stage liver failure or cirrhosis means chronic end stage liver failure as evidenced by all of the following: (a) Permanent jaundice; (b) Uncontrollable Ascites; (c) Hepatic encephalopathy; or (d) Oesophageal or Gastric Varices and Portal Hypertension.

Irrespective of the above, liver failure due or related to alcohol or drug abuse is excluded

11. **End Stage Lung Disease:** Final or End stage lung disease including chronic interstitial lung disease causing chronic respiratory failure and evidenced by all of the following:

- a) FEV 1 test results consistently less than 1 litre with use

of bronchial dilator; and

- b) Requiring extensive and permanent supplementary oxygen therapy for hypoxemia;
- c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- d) Dyspnoea at rest.

The diagnosis must be confirmed by a qualified pulmonologist acceptable to the Company

12. 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 hours;
- b) life support measures are necessary to sustain life; and
- c) permanent neurological deficit which must be assessed at least 30 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

13. Deafness: Total, permanent, and irreversible loss of hearing in both ears as a result of illness or accident.

Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the Diagnosis of Loss of Hearing must be confirmed by a Registered Medical Practitioner who is an ear, nose and throat (ENT) specialist.

Total means "the loss of at least 80 decibels in all frequencies of hearing" in both ears. The loss of hearing must have persisted for a continuous period of at least 6 months

14. 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
- c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- (i) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- (ii) Other acute Coronary Syndromes
- (iii) Any type of angina pectoris

15. Heart Valve Surgery (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 / valvulo-plasty are excluded

16. 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

17. Loss of Independent Existence: Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology

Activities of Daily Living:

- a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice-versa;
- d) Mobility: the ability to move indoors from room to room on level surfaces;
- e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f) Feeding: the ability to feed one-self once food has been prepared and made available

18. Loss of Limbs: The loss by severance of two or more limbs, at or above the wrist or ankle. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded

19. Loss of Speech: Total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech

centres of the brain caused by injury, tumour or sickness.

Medical evidence must be supplied by a qualified specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously.

20. Major Burns: Third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts. Burns arising due to self-inflicted injury are excluded

21. Major Head Trauma: Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks [and documented for at least 3 months] from the date of the Accident. This diagnosis must be confirmed by a Registered Medical practitioner who is also a neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The resultant permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living as defined in the Policy either with or without the aid of mechanical equipment, special devices or other aids or adaptations

Activities of Daily Living:

- a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate any braces, artificial limbs or other surgical appliances;
- c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Mobility: the ability to move indoors from room to room on level surfaces;
- e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f) Feeding: the ability to feed one-self once food has been prepared and made available.

The following are excluded: (a) Spinal cord injury; and (b) Head injury due to any other causes

22. 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.

The following are excluded: (i) Other stem-cell transplants; and (ii) Where only islets of langerhans are transplanted

23. Medullary Cystic Disease: Medullary Cystic Disease where the following criteria are met:

- a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit

24. Motor Neurone 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 cortico-spinal tracts and anterior horn cells or bulborefferent 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 three (3) months

25. Multiple Sclerosis with persisting symptoms: 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 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

Other causes of neurological damage such as SLE and HIV are excluded

26. Muscular Dystrophy: A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle based on 3 out of four (4) of the

following conditions:

- a) Family history of other affected individuals;
- b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- c) Characteristic electromyogram; or
- d) Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 'Activities of Daily Living' as defined, for a continuous period of at least 6 months.

Activities of Daily Living:

- i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate any braces, artificial limbs or other surgical appliances;
- iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv) Mobility: the ability to move indoors from room to room on level surfaces;
- v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi) Feeding: the ability to feed one-self once food has been prepared and made available.

27. 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.

Excluded are: (i) Angioplasty where the benefit paid shall be as per definition 4 above and/or any other intra arterial procedures; and (ii) Any key-hole or laser surgery

28. 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 months.

The condition must be confirmed by a consultant Neurologist on basis of Imaging techniques such as CT/MRI scans etc

29. Parkinson's Disease: Unequivocal Diagnosis of primary

idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- a) The disease cannot be controlled with medication; and
- b) Objective signs of progressive impairment; and
- c) There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of Daily Living:

- i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv) Mobility: the ability to move indoors from room to room on level surfaces;
- v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi) Feeding: the ability to feed one-self once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

30. Poliomyelitis: The occurrence of Poliomyelitis where the following conditions are met:

- a) Poliovirus is identified as the cause
- b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis of Poliomyelitis must be confirmed by a Registered Medical Practitioner who is a neurologist.

31. Primary Pulmonary Arterial Hypertension: A primary and unexplained increase in pulmonary artery pressure causing signs of right heart strain and failure. There must be permanent irreversible physical impairment to the degree of at least Class III of the New York Heart Association Classification of cardiac impairment.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thrombo-embolic disease, diseases of the left side of the heart and congenital heart disease are specifically excluded. The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a specialist in respiratory medicine and needs to be supported by data provided at

cardiac catheterisation.

The diagnosis must be supported by all 3 of the following criteria:

- a) Mean pulmonary artery pressure > 40 mmHg; and
- b) Pulmonary vascular resistance > 3 mmHg.min/L
- c) Normal pulmonary wedge pressure < 15 mmHg.

32. 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 embolization from an extra-cranial 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 months has to be produced.

The following are excluded: (i) Transient ischemic attacks (TIA); (ii) Traumatic injury of the brain; (iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

33. Surgery to Aorta: The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

34. Systemic Lupus Eryth with Renal Involvement: A multi-system, multi-factorial, autoimmune disease characterized by the development of auto-anti bodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive anti-nuclear antibody test.

WHO Classification of Lupus Nephritis:

Class I: Minimal change Lupus Glomerulo-nephritis-
Negative, normal urine.

Class II: Mesangial Lupus Glomerulo-nephritis-
Moderate Protein-uria, active sediment

Class III: Focal Segmental Proliferative Lupus Glomerulo-nephritis – Protein-uria, active sediment

Class IV: Diffuse Proliferative Lupus Glomerulo-nephritis -Acute nephritis with active sediment and/or nephritic syndrome.

Class V: Membranous Lupus Glomerulo-nephritis – Nephrotic Syndrome or severe protein-uria.

Other forms, discoid lupus, and those forms with only haematological and joint involvement will be specifically excluded.

6) Medical Practitioner – A medical practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

The Medical Practitioner / Specialist Medical Practitioner are independent of the Insurance Company

7) Hospital - A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Statutory Information

Assignment

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

Nomination

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time

Prohibition of Rebate

Prohibition of Rebate should be in accordance with provisions of Section 41 of the Insurance Act 1938 as amended from time to time.

“No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provision of this section shall be punishable with a fine which may extend upto ten lakh rupees.”

Fraud, Misrepresentation & Forfeiture

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

Applicability of Goods & Service Tax

Goods and Service Tax is charged based on type of policy communication address of Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.

About Bajaj Allianz Life Insurance

Bajaj Allianz is a joint venture between Bajaj Finserv Limited and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture Company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of Allianz SE, and in-depth market knowledge and goodwill of “Bajaj brand” in India. Competitive pricing and quick honest response have earned the Company the customer's trust and market leadership in a very short time.

Disclaimer

This sales literature gives the salient features of the plan only. The policy document is the conclusive evident of contract and provides in details all the conditions and exclusions related to Bajaj Allianz Life eTouch Online Term. Standard terms and conditions of the policy are available on Company website.

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Bajaj Allianz Life eTouch Online Term

UIN : 116N140V02

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