

Policy Terms and Conditions

Group Policy No. _____

issued under

Bajaj Allianz Group Credit Protection Plus

for the

Members of the (name of the Policyholder's scheme) Scheme of

_____ (Policyholder name) _____

Schedule

Policy no.	
UIN	
Policyholder	
Registered Office Address	
Policy Commencement Date	

_____ (Hereinafter called the "Policyholder") have by a written Proposal Form dated _____ requested the **Bajaj Allianz Life Insurance Company Limited** (Hereinafter called the "Company") to grant the benefits of Life Insurance Cover, under Bajaj Allianz Group Credit Protection Plus and as per the Scheme Rules of the (*.....name of the scheme.....*) Scheme of the Policyholder (Hereinafter called the "Scheme", certified copy of which has been furnished to the Company by the Policyholder) to the Members whose names have been recorded in the Membership Register maintained by the Policyholder.

The Policyholder has also furnished to the Company all necessary statements completed and signed by the Policyholder, on behalf of the Members for whose benefit the Policy hereunder is being effected. The Policyholder and the Company have accepted and agreed that the said Proposal Form, certified copy of the Scheme along with other statements, reports or other documents leading to the issuance of this Policy shall be the basis of the contract of Assurance.

Dated at **PUNE** this ___Day of _____20__

For and on behalf of Bajaj Allianz Life Insurance Company Limited (Company)

Authorized Signatory

It is now agreed and declared as follows:

1. Definitions & Abbreviations

In this Policy where the context so admits, the singular includes the plural and the masculine shall include the feminine and the following expressions shall unless repugnant to the context have the following meanings;

a) '**Accidental Permanent Total Disability**' means disability of a Member as a result of bodily injury caused by an accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Member's disability which must be total and permanent, and must result in at least one of the following:

(i) Loss of sight in both eyes; (ii) Loss of both arms or both hands; (iii) Loss of one arm and one leg; (iv) Loss of one arm and one foot; (v) Loss of one hand and one foot; (vi) Loss of one hand and one leg; (vii) Loss of both legs; (viii) Loss of both feet; (ix) Removal of the lower jaw.

If the disability is due to amputation/dismemberment, the loss of hand will mean amputation/dismemberment above wrist, the loss of arm will mean amputation/ dismemberment above elbow, the loss of feet will mean amputation/dismemberment above ankle and the loss of leg will mean amputation/dismemberment above knee.

If the disability is not due to amputation/dismemberment, the loss will mean loss of usage of both limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only.

Loss of both eyes means total loss of vision in both eyes, certified by an ophthalmologist.

b) '**AAPTD**' means Accelerated Accidental Permanent Total Disability

c) '**ACI**' means Accelerated Critical Illness.

d) '**Assurance**' shall mean the Life Insurance Cover effected or to be effected HEREUNDER on the life of the Member/s.

e) '**Beneficiary**' shall mean the Member or in case of death of the Member or Joint Member, as applicable, the person who has been appointed as nominee and whose name has been entered in the Membership Register maintained by the Policyholder as being eligible under the Scheme to receive the benefits payable under the Policy.

f) '**Certificate of Insurance**' means certificate issued by the Company on the basis of the details mentioned in the Member's enrolment form to each Member as an evidence of acceptance of risk on the life of the Member under the Policy.

g) '**Company**' shall mean and refer to the Bajaj Allianz Life Insurance Company Limited.

h) '**Critical Illness**' means Cancer of Specified severity; First Heart Attack - of specified severity; Open Chest CABG; Kidney Failure requiring regular dialysis; Stroke resulting in permanent symptoms; Major Organ/ bone marrow transplant; Permanent paralysis of limbs; Multiple Sclerosis with persisting symptoms; Aortic Surgery; Primary Pulmonary Hypertension; Alzheimer's Disease, all as defined in Section 3.1 c) below.

i) '**Entry Date**' shall mean the Policy Commencement Date in relation to the Member who already exists as a Member under the Scheme on the Policy Commencement Date and in relation to the new Members the date when their names are recorded in the Membership Register as a Member after due approval from the Company and issuance of the Certificate of Insurance (COI).

j) '**Grace Period**' shall mean period of 15 days for monthly frequency of Regular Premium payment and 30 days for other frequency of Regular Premium payment, following the Premium Due Date, allowed for the payment of Regular Premium and after which the Life Insurance Cover will lapse if due Regular Premium remains unpaid.

k) '**IRDA**' means Insurance Regulatory and Development Authority

l) '**Joint Member**' shall mean a person who is also insured with a specific Member under the Policy, by virtue of being spouse of the said Member or sharing the liability of the loan with the said Member. The eligibility for

the Life Insurance Cover for the Joint Member shall automatically terminate with the termination of the membership of the said Member.

- m) **'Life Insurance Cover'** shall mean the Assurance cover provided against the risk of death or Accidental Permanent Total Disability, if opted, or Critical Illness, if opted, to the Member under this Policy and shall be deemed to commence on the Entry Date of the Member.
- n) **'Maturity Date'** is the date as recorded in the Membership Register on which the Life Insurance Cover on the life of the Member under the Policy expires and the membership terminates automatically.
- o) **'Member'** shall mean a person who meets and continues to meet the eligibility criteria specified in the Scheme Rules and whose name has been recorded in the Membership Register as a Member effective from the Entry Date after due approval from the Company and on whose life the Life Insurance Cover under this Policy has been effected.
- p) **'Membership Register'** is a record of Members maintained by the Policyholder which contains information about Member including but not limited to any unique identification number of Member, name, age, gender, name of Joint Member, age of Joint Member, gender of the Joint Member, Beneficiary, Sum Assured, Date of Entry, Regular Premium / Single Premium, Premium Due Date, Premium Payment Term, Policy Term of Individual Members, nominee and Maturity Date if any.
- q) **'Policy Term of Individual Member'** means the period between the Entry date of a Member and the Maturity Date.
- r) **'Policy'** means the arrangements established by the Policy Terms and Conditions.
- s) **'Policyholder'** means the person or entity who has been named as the Policyholder in the Schedule.
- t) **'Policy Commencement Date'** shall mean the date as from which this Policy takes effect.
- u) **'Policy Terms and Conditions'** means this Policy wording, the Schedule (which is attached herewith and forms part of this Policy and if revised then the latest one), any Annexure and the Proposal Form submitted by or on behalf of the Policyholder for the purpose of obtaining this Policy and any other information or documentation provided to the Company for that purpose and based upon which this Policy has been issued.
- v) **'Policy Year'** is the year commencing on the Policy Commencement Date or an anniversary thereof.
- w) **'Premium Due Date'** shall mean the date as mentioned in the Membership Register and on which the due Regular Premium has to be paid for each respective Member under Regular Premium option.
- x) **'Premium Payment Term'** shall mean the term as recorded in the Membership Register during which the Regular Premiums due for the Members under the Policy are to be paid, in order to secure the Benefits as given in Section 3 below, for the full Policy Term of Individual Member.
- y) **'Regular Premium'** shall mean the amount that is payable by the Policyholder at Entry Date and on each subsequent Premium Due Dates to continue the Life Insurance Cover and secure the Benefits as per Section 4 below for each Member in case of Regular Premium option under this Policy.
- z) **'Schedule of Insurance'** shall mean a schedule specific to each Member which is a part of this Policy and which shows the amount of Sum Assured, for which the Member is assured against the risk of death or Accidental Permanent Total Disability, if opted, or diagnosis of Critical Illness, if opted, whichever occurs first.
- aa) **'Scheme Rules'** shall mean the rules adopted by the Policyholder and approved by the Company to run the scheme under Bajaj Allianz Group Credit Protection Plus to provide the Life Insurance Cover to the Member, as a pre-requisite to the issuance of this Policy. A certified copy of the Scheme Rules has to be furnished to the Company by the Policyholder.
- bb) **'Single Premium'** shall mean the amount that is payable by the Policyholder at Entry Date of each Member to secure Benefits as per Section 4 below in case Single Premium payment option has been chosen by the Member under this Policy.

cc) **'Sum Assured'** shall mean the amount of Life Insurance Cover as per the Schedule of Insurance effective as on the date of assured event. The Sum Assured may be a level amount or a reducing amount or as per the schedule of benefits starting from the Entry Date.

The terms **'Herein'** **'Herein After'** **'Hereafter'** **'Hereof'** **'Hereto'** and **'Hereunder'** used wherever in this Policy refer to the Policy in its entirety.

2. Policy Description

- a). The Policy is issued under a non-linked, non-participating group term assurance plan with option for a Member to pay Single Premium or Regular Premium.
- b). The Policyholder shall hold the Policy and all benefits payable Hereunder in accordance with the Scheme Rules shall be for the benefit of the Beneficiary and the Policyholder shall have no beneficial interest Hereunder.
- c). In case of death of the Member or the first death of either of the Member or Joint Member, as applicable, when no Beneficiary has been nominated in the Membership Register or all nominated Beneficiaries have predeceased the Member or Joint Member, as applicable, then, benefit under Section 3 below shall be payable to the legal heirs of the Member.
- d). The Policy does not in any way confer any right whatsoever on the Policyholder to otherwise share in the profits or surplus of the business of the Company.

3. Benefits

3.1. Provided all due Premiums have been paid before the expiry of the Grace Period and membership of Member is not lapsed per Section 8 below, the Company shall be liable to pay the following benefits to the Beneficiary subject to Section 10, Section 13 and Section 14 below.

a) Death Benefit

Provided the Life Insurance Cover of the Member under the Policy has not been terminated, then, on death of the Member or on first death of Member or Joint Member, as applicable, before the Maturity Date, the Sum Assured for which the Member or Joint Member, as applicable, is assured shall be payable. On the payment of the death benefit all the Life Insurance Cover of the Member and the Joint Member (if applicable) shall be terminated.

b) Accelerated Accidental Permanent Total Disability (AAPTD) Benefit

Provided the Life Insurance Cover of the Member under the Policy has not been terminated and if AAPTD benefit option has been opted under the Policy, then, on Accidental Permanent Total Disability of Member or on the first Accidental Permanent Total Disability of Member or Joint Member, as applicable, before the Maturity Date, an amount equal to the Sum Assured for which the Member or Joint Member, as applicable, is assured shall be payable. On the payment of the AAPTD benefit all the risk cover of the Member and the Joint Members (if applicable) shall be terminated.

c) Accelerated Critical Illness (ACI) Benefit

Provided the Life Insurance Cover of the Member under the Policy has not been terminated and if ACI benefit option has been opted under the Policy, then, on first ever diagnosis of any one of the eligible Critical Illnesses (in case of CABG it must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner) of Member or on first diagnosis of Critical Illness (in case of CABG it must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner) of the Member or Joint Member, as applicable, before the Maturity Date, an amount equal to the Sum Assured for which the Member or Joint Member, as applicable, is assured shall be payable. On the payment of the ACI benefit all the risk cover of the Member and the Joint Members (if applicable) shall be terminated.

The Critical Illnesses covered under the Policy are as given below:

(1) 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 -

(i) 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; (ii) Any skin cancer other than invasive malignant melanoma; (iii) 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.....; (iv) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter; (v) Chronic lymphocytic leukaemia less than RAI stage 3; (vi) Microcarcinoma of the bladder; (vii) All tumours in the presence of HIV infection.

(2) FIRST HEART ATTACK - OF SPECIFIED SEVERITY

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

(i) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain); (ii) new characteristic electrocardiogram changes; (iii) 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 (3).Any type of angina pectoris.

(3) OPEN CHEST CABG

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

Excluded are: (i) Angioplasty and/or any other intra-arterial procedures; (ii) any key-hole or laser surgery.

(4) 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.

(5) STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 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.

(6) MAJOR ORGAN/BONE MARROW TRANSPLANT

The actual undergoing of a transplant of: (i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or (ii) 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; (ii) Where only islets of langerhans are transplanted.

(7) 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.

(8) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- (i) investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- (ii) 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
- (iii) well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. Other causes of neurological damage such as SLE and HIV are excluded.

(9) AORTIC SURGERY

The undergoing of surgery to correct any narrowing, dissection, obstruction or aneurysm of the thoracic or abdominal aorta, but not its branches.

The surgery must be considered medically necessary by a recognized consultant cardiologist and must be the most appropriate treatment.

All minimally invasive procedures such as keyhole, catheter, laser, angioplasty or other intra-arterial techniques are excluded.

Congenital narrowing of the aorta and traumatic injury of the aorta are specifically excluded.

(10) PRIMARY PULMONARY HYPERTENSION

Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation , resulting in significant permanent 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 must be documented for at least three consecutive months.

(11) ALZHEIMER'S DISEASE

Means the unequivocal diagnosis of Alzheimer's disease made by a recognized consultant neurologist holding an appointment in this capacity at a major hospital and supported by clinical evidence and standardized testing. The diagnosis must confirm permanent failure of brain function resulting in significant cognitive impairment.

Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity to the extent that it results in the requirement for continual supervision.

Alzheimer's disease resulting from the following is excluded: (i) Alcohol or drug abuse; and (ii) Non-organic diseases such as neurosis or psychiatric illness.

Please note that the Policy does not cover any other illness or condition other than that those mentioned above. The exclusions with respect to each covered illness are as mentioned along with the definitions above.

3.2. Maturity Benefit

No maturity benefit shall be payable on the survival of the Member or Joint Member, if applicable, to the Maturity Date.

3.3. Surrender Benefit

A Member, through the Policyholder, may surrender the Life Insurance Cover under the Policy by giving at least a three (3) month' prior written notice to the Company. The following provision shall be applicable for surrender.

- i) In case of Regular Premium Level Cover option, no surrender value is payable.
- ii) In case of Regular Premium Reducing Cover option, the Member can surrender his Life Insurance Cover under the Policy anytime after the completion of Premium Payment Term, provided all the due Regular Premiums due during the limited Premium Payment Term are paid.
- iii) In case of Single Premium option, the Member can, at anytime, surrender his Life Insurance Cover under the Policy.
- iv) The Surrender Value is higher of Special Surrender Value or Guaranteed Surrender Value.
- v) The Guaranteed Surrender Value is:
 - (1) Under Regular Premium Reducing Cover Option: $\text{Guaranteed Surrender Value Factor} * \text{Total Regular Premiums paid till date}$
 - (2) Under Single Premium option: $\text{Guaranteed Surrender Value Factor} * \text{Single Premium}$
 - (3) The Guaranteed Surrender Value Factor is as per **Annexure J**.
- vi) The Company shall declare a Special Surrender Value from time to time, subject to IRDA approval.
- vii) Surrender of the Policy by the Policyholder shall not be allowed. The Policyholder can stop the enrollment of new Members anytime after the Policy Commencement Date.

3.4. Payments of Benefits

The benefits under this Policy shall be paid to the Beneficiary through the Policyholder for the benefit of the Beneficiary and the Policyholder agrees to pass on those benefits to the Beneficiary.

3.5. Mode of payment of Claim, Currency and Discharge

All moneys payable to or by the Company Hereunder shall be paid in Indian Rupees and the Life Insurance Cover effected Hereunder shall also be expressed in Indian Rupees. The discharge or receipt duly signed by the Member or the claimant(Nominee/legal heirs) shall be a valid and sufficient discharge to the Company in respect of any payment due Hereunder and paid by the Company. All the Benefits paid by the Company shall be in the name of the Member, the policyholder is only facilitating the process The Policyholder hereby agrees to indemnify and hold the Company free and harmless from and against any claims, disputes or losses

which may arise in connection with any payment made by the Company through the Policyholder under this Policy.

4. Eligibility

The Life Insurance Cover on the life of Member shall commence on the Entry Date of such Member subject to him being eligible and continuing to be eligible for the Life Insurance Cover as per the Scheme Rules and subject to the individual underwriting as deemed necessary by the Company. Every Member shall become entitled to the benefits under this Policy as from the Entry Date and for so long as he continues to be eligible for the Life Insurance Cover as per the Scheme Rules and the terms of the Policy. Any variations in the Policy Terms and Conditions effected hereunder and in respect of membership, after the Policy Commencement Date, shall be given effect only by endorsements and by a signature of a duly authorized officer of the Company.

5. Nomination

Every Member shall nominate a Beneficiary to whom the benefit, in case of death of the Member or the first death of either of the Member or Joint Member, as applicable, shall be payable as per the Scheme Rules. The nomination shall be recorded in the Membership Register maintained by the Policyholder.

6. Loans

No loans are available under this Policy.

7. Payment of Premium

- a) Premiums in respect of all the Member are payable on Entry Date and on subsequent Premium Due Dates or within the Grace Period allowed (in case of Regular Premium option) without there being any obligation on the Company to notify the Policyholder and/or the Member of the due dates.
- b) Where the Regular Premiums due have not been paid on the Premium Due Dates or even during the Grace Period, in respect of a Member, the Life Insurance Cover of the Member under the Policy shall be subject to the Non forfeiture condition as per Section 9 below.
- c) The frequency of the Regular Premium payment may be changed by giving written notice to the Company subject to the Company agreeing to the change and the minimum Premium requirements by the Company. Regular Premium may be paid at regular intervals on an annual, half-yearly, quarterly or monthly basis.

8. Non-forfeiture

- a). In the event of non-payment of Regular Premium due in respect of Member under the Policy before the expiry of the Grace Period, the Life Insurance Cover for the Member under the Policy ceases.
- b). At the expiry of the revival period (as mentioned in Section 10 below), if the Life Insurance Cover were not reinstated, the membership in the group would be terminated and no residual benefit shall be payable to the Member on such termination.
- c). On foreclosure of loan or transfer of loan to another financial institution by the Member, the Member has the option to continue the Life Insurance Cover or surrender the membership.
- d). On surrender of membership the surrender value, if any, will be payable as per Section 3.3 above and the membership will terminate automatically.
- e). The Policyholder and the respective Member shall be responsible to intimate the Company about the foreclosure of loan or transfer of loan to other financial institutions by the Member.

9. Revival

A Policy or membership, which has lapsed due to non-payment of Regular Premium before the expiry of the Grace Period, may be revived subject to the following conditions;

- i). The membership of the Member continues in the group.
- ii). The application for revival of Life Insurance Cover is made within two (2) years from the due date of the first unpaid Regular Premium and before the end of Premium Payment Term in respect of that Member;
- iii). The arrears of Regular Premiums together with interest at such rate as decided by the Company from time to time is paid.
- iv). The revival of the Life Insurance Cover may be on terms different from those applicable to the Member before it lapsed, based on prevailing underwriting norms of the Company.
- v). The revival of Life Insurance Cover will take effect only on it being specifically communicated by the Company to the Policyholder.

After revival cover shall be available only for the loss or insured event which occurs after the revival date as per the Certificate Of Insurance schedule.

10. When the Life Insurance Cover ceases for a Member

The Life Insurance Cover on the life of a Member shall cease on the happening of any of the following events: -

- a. On the earlier occurrence of death or Accidental Permanent Total Disability, if opted or Critical Illness, if opted of the Member or either of the Member or Joint Member, as applicable,.
- b. On reaching the Maturity Date.
- c. On non payment of Regular Premium before the expiry of the Grace Period.
- d. On surrender of membership by the Member.

11. Waiver

Failure or neglect by the Company to enforce at anytime the provisions of this Policy shall not be construed or be deemed to be either a waiver of the Company's right herein nor in anyway affect the validity of the whole or any part of this Policy nor prejudice the Company's right to take subsequent action.

12. Modifications

The provision of this Policy cannot be changed or varied except by a Policy endorsement signed by an officer of the Company authorized for the purpose.

13. Payment of Claim

Upon death or on Accidental Permanent Total Disability, if AAPTID cover has been opted or on diagnosis of Critical Illness, if ACI cover has been opted, the benefit under Section 3.1 above becomes payable on admission by the Company, of claim lodged by the Beneficiary for the said benefit. Payment of benefit under Section 3.1 above, shall be made by the Company in the name of the Beneficiary. Payment to the Beneficiary shall be made by the Company either directly or through a financial instrument drawn in the name of the Beneficiary and provided to the Policyholder for handing it over to the Beneficiary. All payment of benefits shall be made by the Company subject to the terms and conditions of the Policy and the Company's right to receive all information and documentation sought which includes but not limited to following:

A) General documents

- (a) Certificate of Insurance issued by the Company.
- (b) Medical records from the physician last seen.

- (c) Certificate of Hospital Treatment
- (d) Certificate of Outstanding loan as issued by the Policyholder.
- (e) Discharge summary / Discharge card from the hospitals/ clinics where LA had taken treatment. Any other document that may be relevant in establishing the validity of the claim.

B) Additional documents in case of:

i. Death

- (a) Claim intimation in writing within 180 days of occurrence of the death
- (b) Death Certificate issued by the local municipal authority and medical cause of death
- (c) Coroner's / Post Mortem Report / FIR (First Information Report) / PIR (Police Inquest Report) / Final Inquest Report in case of unnatural / accidental death.
- (d) Copy of crematorium/ burial record specifying the date, day and time of cremation/burial.
- (e) Documents to establish right of claimant in case of no valid nomination being in existence at the time of death.
- (f) Report from police in case of Accident/unnatural death

ii. Accidental Permanent Total Disability

- (a) Claim intimation in writing within 60 days of occurrence of the accident.
- (b) Full scale photographs in case of amputations
- (c) FIR & news paper report about the incident
- (d) Certificate of Hospital treatment / Discharge Summary
- (e) A certificate of disability from an Orthopedic surgeon / Ophthalmologist (for loss of eye)

iii. Critical Illness

- (a) For Accelerated Critical Illness benefit, the diagnosis of any of the Critical Illness to be confirmed by a registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence at Policyholder's cost.
- (b) The Company should be intimated about the diagnosis of the Critical Illness within 60 days from the date of its diagnosis
- (c) Special Medical assessment reports as required by the company from Neurologists or any other specialized medical practitioner.

The benefit amount as per Section 3.1 above shall be sent by the Company to the Policyholder in the name of the Beneficiary. Once the Company has made the payment to the Policyholder, the Policyholder is completely responsible to hand over the entire amount paid by the Company to the Beneficiary and the Company shall not have any further responsibility in respect of such payment. The Policyholder Hereby agrees that it is only handling the payment to the Beneficiary on behalf of the Company and that it is not entitled to receive any payment under this Policy.

14. Exclusions

a. Suicide Exclusion:

- (i) On death due to suicide by a Member or Joint Member, as applicable, within one (1) year from the Entry Date, the Company shall pay 80% of the Regular Premiums / Single Premium paid and terminate the Life Insurance Cover.

- (ii) On death due to suicide by a Member or Joint Member, as applicable within one (1) year from the date of latest revival, the Company shall pay the higher of 80% of the Regular Premiums / Single Premium received with respect to that Member or the surrender value as on the date of death and terminate the Life Insurance Cover.
- (iii) The validity of the contract of insurance will be determined in accordance with the actual date of death of the Member or Joint Member, as applicable, and not the date of intimation of death.

b. Other Exclusions

- (i) If AAPTID benefit has been opted, then in case of Accidental Permanent Total Disability (herein below referred as Disability) of a Member or Joint Member, as applicable, the AAPTID benefit, under Section 3.1(b) above shall not be payable if the disability is directly or indirectly caused by, related to or arises from any of the following cases :
 - (1) Disability as a result of the Member or Joint Member, as applicable, committing any breach of law;
 - (2) Disability as a result of war, invasion, civil war, rebellion or riot;
 - (3) Disability as a consequence of the Member or Joint Member, as applicable, being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner;
 - (4) Disability as a result of the Member or Joint Member, as applicable, taking part in any naval, military or air force operation;
 - (5) Disability as a result of the Member or Joint Member, as applicable, participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
 - (6) Disability as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
 - (7) Disability as a result of attempted self injury whilst sane or insane;
 - (8) Disability as a result of failure to seek or follow medical advice.
- (ii) If ACI benefit has been opted, then in case of Critical Illness of a Member or Joint Member, if applicable, the ACI benefit, under Section 3.1(c) above shall not be payable if the Critical Illness is directly or indirectly caused by, related to or arises from any of the following cases :
 - (1) Any critical illness or its signs or symptoms having occurred within 6 months of the Entry Date or the date of Revival.
 - (2) The Member or Joint Member, as applicable, committing or attempting to commit a criminal act whether alone or with others;
 - (3) AIDS, any AIDS related illness or HIV infection;
 - (4) The Member or Joint Member, as applicable, actual or attempted self injury whilst sane or insane;
 - (5) War, invasion, civil war, rebellion or riot;
 - (6) The Member or Joint Member, as applicable, being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
 - (7) The Member or Joint Member, as applicable, participation in any naval, military or air force operation or participation in any dangerous or hazardous sport, competition or riding or driving in any form of race or competition;
 - (8) The Member or Joint Member, as applicable, participation in aviation, gliding or any form of flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
 - (9) The Member or Joint Member, as applicable, failure to seek or follow medical advice;
 - (10) A congenital condition of the Member or Joint Member, as applicable.

15. General Conditions

- (a) The Company reserves the right to vary from time to time the Policy Terms and Conditions of this Policy for new Members upon sending to the Policyholder three months prior notice in writing, of its intention to do so and any such variations will thereafter apply as may be so provided in such notice of variation.
- (b) The Policyholder shall furnish to the Company all such data, information or evidence as the Company may reasonably require upon or with regard to any matter affecting the Life Insurance Cover effected or to be effected herein under and the Company shall not be liable for any action taken in good faith upon any data, information, or evidence so furnished which shall be or shall prove to have been erroneous or inaccurate. Such of the Policyholder's records in original (or certified Photostat copies thereof) as in the opinion of the Company have a bearing on the benefits to be provided or the Regular Premium or Single Premium payable hereunder shall be open for inspection by the Company at all times.
- (c) It is hereby expressly agreed between the Policyholder and the Company that this Policy is effected in accordance with the provisions of the Scheme Rules and in the event of the Rules being amended such amendments, if they have any bearing on or affect in any way, the Policy Terms and Conditions or any of the Life Insurance Cover effected hereunder, shall become effective only if the said amendments are approved by the Company on such terms as the Company may stipulate. Any alteration or amendment that may become necessary in the Policy Terms and Conditions on account of any amendment or alteration, approved by the Company in the provisions of the Scheme Rules shall be given effect to by appropriate endorsements to the Policy signed by an authorized Officer of the Company. In case of any discrepancy between the provisions of the Scheme Rules and the Policy Terms and Conditions, the provisions as contained in the Policy Terms and Conditions shall prevail.
- (d) It is hereby further expressly agreed between the Policyholder and the Company that all disputes of any kind whatsoever which may arise under or in connection with this Policy shall be submitted to the appropriate court or courts having jurisdiction over the Pune, India.
- (e) The Company shall have right to stop adding any new Members under the Policy by sending not less than 90 day's advance notice in writing.

16. Taxes

In any case where the Company is liable to the Revenue Authorities for Income -Tax or any other taxes or duties or any payments made under this Policy, the Company shall charge such sums from the respective payment or Regular Premium or Single Premium and the Company shall not be liable to the Member/s or to the Policyholder for the sums so deducted. The Company shall be entitled to charge service tax and other taxes as applicable from time to time, and no separate communication shall be sent by the Company to the Policyholder and/or the Member regarding imposition of any new tax or change in the rate of existing taxes. Regular Premium or Single Premium shall be excluding applicable taxes.

17. Notices

Any notice, direction or instruction to be given under this Policy shall be in writing and delivered by hand, post, facsimile or E-mail to:

- (a) In case of the Policyholder/Member:

As per the details specified by the Policyholder/Member in the Membership Register/Schedule or, change of address intimation submitted by him to the Company. The Company shall not be responsible for any consequences arising out of non-intimation of change of address.

- (b) In case of the Company:

Bajaj Allianz Life Insurance Company,
GE Plaza, Airport Road, Yerawada, Pune 411006

18. Non-disclosure & Fraud

a) In case of fraud or misrepresentation by the Policyholder, the Policy, subject to fraud or misrepresentation being established in accordance with Section 45 of the Insurance Act, 1938, shall be terminated immediately by returning of 80% of the Premiums received or the surrender value as on the date of termination, whichever is higher.

b) In case of fraud or misrepresentation by a Member, the Life Insurance Cover with respect to that Member, subject to fraud or misrepresentation being established in accordance with Section 45 of the Insurance Act, 1938, shall be terminated immediately by returning of 80% of the Premiums received with respect to that Member or the surrender value (with respect to that Member) as on the date of termination, whichever is higher.

19. Grievance Redressal and Ombudsman

a) In case you have any query or complaint/grievance, you may approach our office at the following address:

Customer Care Desk

Bajaj Allianz Life Insurance Company Ltd.

GE Plaza, Airport Road, Yerawada, Pune - 411006

Contact No: Toll Free No. 1800225858

By Fax: 020-6602-6789

By Email: life@bajajallianz.co.in

b) In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

Grievance Redressal Officer

Bajaj Allianz Life Insurance Company Ltd.

GE Plaza, Airport Road, Yerawada, Pune - 411006

Contact No: _____

Email ID: _____

c) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to:

- o Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- o Delay in settlement of claim
- o Dispute with regard to premium
- o Non-receipt of your insurance document

The current list of Insurance Ombudsman and their details are as given in the Annexure A below.

For the latest list of insurance ombudsman, please refer to the IRDA website at http://www.irdaindia.org/ins_ombusman.htm

d) The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

e) As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

- only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- within a period of one year from the date of rejection by the insurer

- if it is not made simultaneously under any litigation.

20. Section 45 of the Insurance Act, 1938

No Policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

21. These Policy Terms and Conditions override and supersede all prior communications, arrangements, agreements and understandings between the Policyholder and Bajaj Allianz Life Insurance Company Limited. In all events, these Policy Terms and Conditions will be the conclusive agreement governing the legal relationship between the parties and no other documents, even if executed, will have any effect whatsoever and will not bind Bajaj Allianz Life Insurance Company Limited.

22. Free Look Period

Within 15 days [30 days in case the Policy is issued under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] 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, give the Insurer, directly/through the Policyholder, a written notice of cancellation along with the reasons for the objections and return the Policy / Certificate of Insurance to the Insurer. The Policyholder / Member shall be entitled to a refund of the Regular Premium / Single Premium paid, subject to deduction of the stamp duty expenses, the proportionate risk premium, if any, for the period the Members was on cover and the expenses incurred on medical expenses, if any.

All communications in relation to this policy shall be addressed to.

Bajaj Allianz Life Insurance Company Ltd.,

Dated at ____ this __ Day of _____ 20__.

For and behalf of Bajaj Allianz Life Insurance Company Ltd

Authorized Signatory

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 / Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 / Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 / Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 / Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 /Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 / Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 / Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004.	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry

	Tel : 040-65504123 / Fax: 040-23376599 Email insombudhyd@gmail.com	
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 / Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe - a part of UT of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta - 700 072. Tel: 033 22124346/(40) / Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 / Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 / Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa