

Rider Document

This Group UL Accidental Permanent Total/Partial Disability Benefit Rider is issued on the basis of the information given and the declarations made by the Policyholder in the Proposal Form for the Group UL Accidental Permanent Total/Partial Disability Benefit Rider, which is incorporated herein and forms the basis of this Policy.

1. Policy Description

The Group UL Accidental Permanent Total/Partial Disability Benefit Rider, is an additional rider benefit attached with the base Policy. This document should be read along with the base Policy Document

2. Accident

Accident shall mean bodily injury caused by external, violent and visible means and such injury shall within 180 (one hundred and eighty) days, of its occurrence solely, directly and independently of any other cause result in the Member's disability.

3. Accidental Permanent Partial Disability

Accidental Permanent Partial Disability is defined as an event that must result in one of the following.

- Loss of one eye
- Loss of one leg
- Loss of one arm
- Loss of one foot
- Loss of one hand

as a direct result of an Accident within 180 days from the date of Accident.

4. Accidental Permanent Total Disability

Accidental Permanent Total Disability is defined as an event that must result in one of the following

- Loss of both eyes
- Loss of both arms or both hands
- Loss of one arm and one leg
- Loss of one arm and one foot
- Loss of one hand and one foot
- Loss of one hand and one leg
- Loss of both legs
- Loss of both feet
- Removal of lower jaw

as a direct result of Accident within 180 days from the date of Accident

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 one limb in case of partial disability and loss of usage of both limbs in case of total disability and the limb/s should have motor power grade 0/5, 1/5 or 2/5 only.

Loss of one/both eye/s means total loss of vision in that/both eye/s, certified by an ophthalmologist.

5. Rider Sum Assured

Rider Sum Assured is the amount as specified in the Membership Register, which is referred-to to determine the amount payable to the Member as per Section 6 below upon permanent total/partial disability due to an Accident of the Member.

6. Rider Benefits

a. Accidental Permanent Total/Partial Disability Benefit

If Accidental Permanent Total/Partial Disability of a Member occurs provided the rider cover is not terminated as per Section 13, then the Company subject to Section 8, Section 9 and Section 10, shall pay the following benefit to the Member.

- 1 In the event of Accidental Permanent Partial Disability the benefit shall be 50% of the Rider Sum Assured.
2. In the event of Accidental Permanent Total Disability
 - 2a) If the Member through Policyholder had not received benefit for Accidental Permanent Partial Disability before , the benefit shall be full Rider Sum Assured
 - 2b) If the Member through Policyholder had received a benefit for Accidental Permanent Partial Disability before and the time passed from the occurrence of such partial disability is less than one year, the benefit shall be 50% of the Rider Sum Assured
 - 2c) If the member through Policyholder had received a benefit for Accidental Permanent Partial Disability before and the time passed from the occurrence of such partial disability is atleast one year, the benefit shall be full Rider Sum Assured

b. Maturity Benefit

No maturity benefit is payable under the Group UL Accidental Permanent Total/Partial Disability Benefit Rider.

c. Surrender Benefit

No surrender benefit is payable under the Group UL Accidental Permanent Total/Partial Disability Benefit Rider.

7. Option to include/exclude the rider:

- a. The Member through Policyholder can include/exclude this rider from any Monthly Due Date.
- b. In case of exclusion, the Rider Benefit under Section 6 above will immediately cease and no further Rider Premium Charge will be deducted. Once this rider is excluded, it can be added back again on any Monthly Due Date subject to underwriting.

8. Non payment of Regular Premium, Forfeiture

All benefits under this rider shall continue if the risk cover under base Policy is continued subject to Section 13 below.

9. Payment of Claim

If a claim arises due to an Accidental Permanent Total or Accidental Permanent Partial Disability, the claim settlement requirements and processes shall be as below.

- a. All notices, applications or notification of claim must be received and approved at the office of the Company authorized to deal with the claim.
- b. No benefit shall be payable until the Policyholder has provided satisfactory proof to the Company of the occurrence of the Accidental Permanent Total Disability or Accidental Permanent Partial Disability.
 - A certificate of disability from a registered medical practitioner.
 - Any other document that may be relevant in establishing the validity of the claim.
- c. A written intimation should be given within 60 (sixty) days from the date of such Accident, which is causing total/partial disability of the Member.

10. Exclusions

The Company shall not be liable to pay any benefit under Section 6(a) above if disability of the Member occurs

- I. As a result of Member committing any breach of law.
- II. As a consequence of Member being under the influence of alcohol or drugs other than prescribed by a medical practitioner.
- III. As a result of self inflicted injury of the Member whilst sane or insane.
- IV. As a result of Member taking part in any naval , military or airforce operation during peace time.
- V. As a result of Member participating in or training for any dangerous or hazardous sports or competition or riding or driving in any form of race or competition.
- VI. As a result of aviation , gliding or any form of aerial flights other than as a fare paying passenger of a recognised airline on regular routes on a scheduled time.
- VII. As a result of war , invasion , civil war , rebellion riots.

11. Rider Premium Charge

- a. The Rider Premium Charge depends on the Rider Sum Assured and nature of the group and Members occupation classification.
- b. The deduction of Rider Premium Charge under this Policy will be through cancellation of Units and will be governed by the relevant section on the Charges under the base Policy Document.

12. Revision of Charges

After taking due approval from IRDA, the Company reserves the right to revise the Rider Premium Charges. The Company will give a notice of three months to the Policyholder for any changes in Charges. The Policyholder who does not agree with the modified Charges can opt out of the rider, in such case the rider cover shall be terminated.

13. Termination of Rider Benefit

The rider shall automatically terminate on the earlier occurrence of either of the following.

- a. On Policy Anniversary at which the Member attains Age of 65 years.
- b. On exclusion of this rider by the Member through Policyholder
- c. On maturity or termination of the base Policy
- d. Membership ceases under the base Policy
- e. On receipt of Accidental Permanent Total Disability Benefit.
- f. On receipt of Accidental Permanent Partial Disability Benefit for the second time.

14. 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.

Dated at _____ this ___Day of _____200_

For and behalf of Bajaj Allianz Life Insurance Company Limited

Authorised Signatory