



About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons Ltd. and AIA Group Ltd (AIA). Tata AIA Life combines Tata's pre-eminent leadership position in India and AIA's presence as the largest, independent listed pan-Asia Life Insurance Group in the world spanning 18 markets in Asia Pacific. Tata Sons holds a majority stake (51 per cent) in the Company and AIA holds 49 per cent through an AIA International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110) CIN: U66010MH2000PLC128403. **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or write to us at **groupsupport@tataaia.com**. Visit us at: **www.tataaia.com**. Unique Reference Number: **L&C/Advt/2025/Jun/2345** • UIN: **110N173V03**



Tata AIA Group Sampoorna Raksha Supreme

A Non-Linked, Non-Participating, group protection- oriented Life Insurance plan

With the growing maturity in the financial markets, building assets and buying expensive items has become a lot easier. But this ease brings with itself a burden on financial eco-system, when people are not able to return the money that was lent due to uncertain eventualities like early death or illness or health conditions.

Also, the growth in the corporate sector and the role of these corporates towards employees, demands these corporates to provide benefits in addition to just salaries. One such benefit can be financial protection to loved ones of the employees during uncertain eventualities.

About Plan

Tata AIA Group Sampoorna Raksha Supreme offers the opportunity to cover a host of life's uncertainties and ensure the financial security. This plan can be offered to both **Employer - Employee and Non-Employer - Employee groups**. Upon any unexpected event, sum assured under the applicable benefit will be payable to the insured member/nominee.

Key Features

- Provides comprehensive cover against Death
- Flexibility to choose multiple benefit options along with Death Benefit
- Choose between Level or Reducing cover
- Choice of Single Life and Joint Life coverage
- Moratorium period of 1 month to 84 months with or without interest payment
- Flexible Policy Term from 1 month to 40 years
- Convenient premium payment option - Yearly renewable, single pay, limited pay and regular pay
- Tax benefits, as per applicable tax laws

Eligibility Criteria

Plan Parameters	Benefit	Minimum	Maximum
Age at Entry* (Years, Last birthday)	For Yearly Renewable, minimum entry age is 14 years for base death benefit and 18 years for all optional benefits.		
	For other than YRT and maximum age for YRT is mentioned in the table below		
	Base Death Benefit:	14 years	84 years
	Optional Benefits		
	Accidental Death Benefit	14	65
	Accidental Partial and Permanent Disability	14	65
	Accidental Total and Permanent Disability	14	65
	Accidental Dismemberment Benefit	14	65
	Terminal Illness	14	84
	Major Critical Illness	18	65
	Comprehensive Critical Illness	18	65
	Cancer Protect	18	65
	Cancer Care	18	65
	Hospital Cash Benefit	18	65
	Surgical Cash Benefit	18	65
	All cause Total and Permanent Disability	18	65
	WOEMI on Hospitalization	18	65
	Waiver of Premium on Major Critical Illness	18	65
	Waiver of Premium on Major Surgery	18	65
	Waiver of Premium on Accidental Total and Permanent Disability	18	65

Plan Parameters	Benefit	Minimum	Maximum
Age at Maturity* (Years)	Minimum : 15 years for base death benefit /18 years for optional benefits		
	Maximum maturity age is mentioned in the table below		
	Benefit	Maturity Age	
	Base Death Benefit	85	
	Cancer Protect	66	
	Cancer Care	66	
	Major Critical Illness	66	
	Comprehensive Critical Illness	66	
	Accident Death Benefit	85	
	All Cause Total and Permanent Disability	66	
	Accidental Total and Permanent Disability	85	
	Accidental Partial and Permanent Disability	85	
	Accidental Dismemberment Benefit	85	
	Hospital Cash Benefit	66	
	Surgical Cash Benefit	66	
	Waiver of EMI on Hospitalization	66	
	Terminal Illness	85	
	Waiver of Premium on Major Critical Illness	66	
	Waiver of Premium on Major Surgery	66	
	Waiver of Premium on Accidental Total and Permanent Disability	85	

Premium Paying Term	Without Return of Balance premium	
	PPT	Premium Payment Term
	Yearly Renewable	Same as Policy Term
	Single	Single payment at inception
	Limited Pay	24 months to 240 months
	Regular Pay	1 months to 480 months
	With Return of Balance premium	
	PPT	Premium Payment Term
	Yearly Renewable	Not Applicable
	Single	Single payment at inception
Policy Term (Years)	Limited Pay	24 months to 240 months
	Regular Pay	12 months to 240 months
	Minimum:	
	1 years for Yearly Renewable option	
	For Other than Yearly Renewable Option	
	The available Coverage Terms for the member under various PPT options are as follow	
	Without Return of Premium Option for both, Base Death Benefit and Optional Benefits:	
	Premium Payment Term Option	Minimum
	Single	1 month
	Limited Pay	36 months*
	Regular Pay	1 months
	*Minimum term for Limited Pay option is (PPT + 12) months	
	With Return of Balance Premium Option	
	Premium Option Payment Term	Base Death Benefit
		Optional Benefits
	Single	1 years
	Limited Pay	36 months* 36 months*
	Regular Pay	1 years 1 years
	* Minimum term for Limited Pay option is (PPT + 12) months	
	Maximum:	
	1 Year for Yearly renewable option	
	Other than Yearly Renewable Option	
	The available Coverage Terms for the member under various PPT options for Base and Optional Benefits are as follows	
	Without Return of Balance Premium Option	
	PPT Option	Maximum Term
	Single	480 months
	Limited Pay	480 months
	Regular Pay	480 months
	With Return of Balance of Premium Option	
	PPT Option	Maximum Term
	Single	480 months
	Limited Pay	480 months
	Regular Pay	240 months

Policy Term (Years)	This will be subject to the Member coverage term at inception being less than or equal to the loan tenure, if applicable	
	Non-integer years (in months) is allowed for other than Yearly Renewable option. Proportionate premium shall be charged from member basis their exposure in the policy term.	
	The Policy Term/ member Coverage Term shall be equal to the base Policy Term/ member Coverage Term or rate guarantee period whichever is lower;	
	Minimum	Maximum
Basic Sum Assured (₹)	₹ 10,000 (Base Death Benefit)	No Limits (Based on Board Approved Underwriting Policy)
Premium	Based on minimum sum assured	Based on the Maximum Sum Assured
Group Size for Employer Employee (Insured Members)	5	No Limit
Group Size for Non Employer Employee (Insured Members)	5	
Premium Payment Mode	Yearly Renewable/ Single / Annual / Half-yearly / Quarterly / Monthly Modal loading is as follows: Annual Premium Rate: Multiply Annual Premium Rate by 1 (i.e. No loading). Half-yearly Premium Rate: Multiply Annual Premium Rate by 0.51 (i.e. loading of 2%). Quarterly Premium Rate: Multiply Annual Premium Rate by 0.2575 (i.e. loading of 3%). Monthly Premium Rate: Multiply Monthly Premium Rate by 0.0883(i.e. loading of 6%)	

*All reference to age is as on last birthday.

How does the plan work?

The customers are enrolled under Tata AIA Group Sampoorana Raksha Supreme as Insured Members upon completion of the enrollment process and payment of requisite premium. A minimum of 5 members are required to avail this Group Policy.

The premium is calculated basis the entry age of the Insured; proposed Sum Insured, Benefit Option and Proposed Term of coverage. The coverage for each Insured Member commences from the date of premium payment following the approval of his enrollment by Tata AIA Life.

Key Benefits in Detail

Type of Cover – There are two types of cover available under the Product:

- Level Coverage:** The Sum Assured chosen at inception will remain unchanged throughout the member's coverage term
- Reducing Coverage:** The Sum Assured chosen at inception will reduce as per the interest rate considered at the time of risk commencement for the member. The loan interest should lie in the range of 0% to 36%.

Further, If the Sum Assured is linked to a loan -

- The coverage term at inception shall not be more than the loan tenure.
- Sum Assured shall be consistent with the original loan amount sanctioned for level cover or with the loan schedule at inception for reducing cover.
- The death/Optional benefit payable to the Life Assured shall be as follows where MPH is a regulated entity under the lender borrower schemes:
 - Outstanding loan amount as per the loan schedule in favor of Master Policyholder/Nominee of the policy.
 - Balance claim amount, if any, after deduction of the outstanding loan amount will be paid to the nominee or beneficiary of the deceased Insured Member.
- The death /Optional benefit payable to the Life Assured shall be as follows in case if other than lender borrower schemes:
 - Outstanding loan amount as per the loan schedule in favor of nominee/beneficiary.

Cover must be chosen at inception and cannot be changed thereafter

Optional Benefits – One or more of the below Optional benefits can be chosen by the Master Policyholder/Insured Member with the above type of Cover.

- Cancer Protect (Additional/ Accelerated)
- Cancer Care (Additional/ Accelerated)
- Major Critical Illness (Additional/Accelerated)
- Comprehensive Critical Illness (Additional/Accelerated)
- Accidental Death Benefit (Additional)
- Accidental Total and Permanent Disability (Additional/Accelerated)
- All cause Total and Permanent Disability (Additional/Accelerated*)
- Accidental Partial and Permanent Disability (Additional)

- Accidental Dismemberment Benefit (Additional)
- Hospital Cash Benefit (Additional)
- Surgical Cash Benefit (Additional)
- Waiver of EMI on Hospitalization (Additional)
- Terminal Illness (Accelerated)
- Waiver of Premium on Major Critical Illness
- Waiver of Premium on Major Surgery
- Waiver of Premium on Accidental Total and Permanent Disability

The MPH/ Insured member can choose either one of the following –

- Major/Comprehensive Critical Illness (Additional) or Major/Comprehensive Critical Illness (Accelerated) or Cancer Protect (Additional) or Cancer Care (Additional) or Cancer Protect/Cancer Care (Accelerated)
- All cause Total and Permanent Disability or Accidental Total and Permanent Disability.
- Accidental Partial and Permanent Disability or Accidental Dismemberment benefit.

The Sum Assured at inception under Optional Benefit (as opted by MPH/Insured member) may be less than or equal to the Sum Assured applicable for the Base product.

These Base Benefit and Other Optional Benefits (if any) can be chosen to be taken by MPH/ Insured member either:

- **Without return of premium option:** Available for Base and All Other Optional benefits
- **With return of balance premium option:** Available for Base and the following optional benefit – Accidental Death Benefit, Accidental Total and Permanent Disability, Accidental Partial and Permanent Disability and Accidental Dismemberment Benefit

The above option has to be chosen at inception by MPH/Insured member and cannot be changed later.

For accelerated benefits, if the pay-out is triggered on occurrence of any event permissible under the chosen Optional Benefit(s), the policy will continue till the end of the original Policy Term with the Death Benefit reduced by the extent of any accelerated benefit already paid. The benefit payable is fixed irrespective of the actual expenses incurred by the policyholder. The premium payment on account of respective Optional Benefit(s) will cease after the pay-out of the respective accelerated Optional Benefit(s) and the future premiums payable under the policy for coverage of Death Benefit will be reduced proportionately. In case no Optional Benefit(s) is triggered within the Optional Benefit term, the Optional Benefit(s) coverage will terminate and premiums corresponding to it will not be payable. However, the policyholder would be required to continue to pay premiums for Death Benefit as well as for any other active Optional Benefit(s) (if any) to keep the policy in force.

In case the benefit of any accelerated Optional Benefit(s) is equal to the Death Benefit, the policy / member coverage will terminate on the payment of the Optional Benefit.

EDLI Provision

The Master Policyholder can opt for the Employees Deposit Linked Insurance (EDLI) under this product. To the extent permitted under the Employees Deposit Linked Insurance (EDLI) Scheme, 1976 (as amended from time to time), the applicable terms and conditions including eligibility of this product shall be superseded by those mentioned under EDLI Scheme.

After inception of the Policy, the members of the Employees Provident Fund Scheme. 1952 employed with of the Master Policyholder shall be eligible to be insured members under the Policy. The employee of the Master Policyholder shall be eligible for coverage under the Policy as soon as he or she becomes the member of the Employees Provident Fund Scheme. 1952.(EPF Scheme). The member shall continue to be insured under the policy till his/her membership under EPF scheme continues.

The sum assured for insured member under the policy shall be minimum ₹ 2,50,000 and maximum shall be ₹ 7,00,000 as chosen by the employer and more favorable than EDLI scheme.

Administrative Convenience Option

One Year Renewable Term Option

Unit rate facility for OYRT

- This facility may be selected by the Master Policyholder. If Master Policyholder opts for this facility, it must be selected at inception.
- If this facility is selected, the Premium rate determined shall be applicable for all members joining the group.
- There is no additional fee / charge for this option.

Other than One Year Renewable Option

1. 1.Single Rate facility or Single Rate for each Gender facility (inclusive of Age Banded Rate facility or Age Band for each Gender facility, if any)

- This facility may be selected by the Master Policyholder. If Master Policyholder opts for this facility, it must be selected at inception.
- Single Rate facility or Single Rate for each gender facility is available for term not more than 2 years.
- If this facility is selected, the Premium rate determined at policy inception shall be applicable for all members joining the group.
- There is no additional fee / charge for this option.

2. Age Banded Rate facility or Age Band for each Gender facility for rural or Micro Groups

- This facility may be selected by the Master Policyholder. If Master Policyholder opts for this facility, it must be selected at inception.

- Age Banded Rate for each gender facility is available for term more than equal to 2 years
- If this facility is selected, the Age banded rate or Age band for each gender rates determined at policy inception shall be applicable for all members joining the group.
- There is no additional fee / charge for this option

If neither of the facility is chosen, then age specific rates will be applicable.

3. Common premium rates for a band of Loan interest rates

- This facility may be selected by the Master Policyholder. If Master Policyholder opts for this facility, it must be selected at inception.
- One set of premium rates may be generated by clubbing loan interest rates.
- The maximum loan rate clubbing shall be in interval of +/-300 bps.

Flexibility and Benefits to suit needs

Joint Life Option:

Joint Life option shall mean a person, who is also insured along with the Primary Insured Member, where the Sum Assured is jointly held in the names of the lives. It will be ensured that there shall be insurable interest between the lives. If the cover is linked to loan, maximum of 5 co-borrowers shall be allowed.

Following options are available under Joint life basis

1. **Each member can be insured for entire Sum Assured** (the benefit is paid only in case of first claim & coverage ceases for the Joint life):

Each member will be insured for 100% of the Sum Assured. In case claim is paid for one member, cover ceases for the surviving member. If the insured event is triggered on multiple joint insured members at the same time, only one benefit equals to Sum Assured shall be payable in respect of the first Insured Member as stated on the certificate of insurance.

2. **Each member is insured up to his/her respective share of the Sum Assured:**

If the claim is paid on occurrence of insured event of a member, then the cover shall cease only for that insured member. However, the cover shall continue for the other surviving member to the extent of his/her share of the Sum Assured. Any due proportionate premiums shall continue to be collected in case the cover continues for the surviving member/members.

If the insured event is triggered on multiple joint insured members at the same time, Sum Assured shall be payable once to each, as per member's share of the Sum Assured stated on the certificate of insurance.

To arrive at joint life premium, a discount of 1% is applicable on the sum of premium rates of individual lives for Single pay option. No discount is applicable for non-single pay option.

The discount is available only in case each member is insured for entire Sum Assured, i.e., joint life discount is not applicable in case each member is insured up to his/her share of the Sum Assured.

Spouse and Dependent Option: cover on the life of spouse/ dependants of a member can be opted by the master policyholder. This will be by ensuring insurable interest and will be underwritten as per the Board approved underwriting policy of the company. The cover in respect of the spouse will cease immediately on the exit of the member from the scheme either due to death, resignation, and termination or in the case of divorce/annulment of marriage of spouse. In such cases, proportionate premium for the unexpired period of risk will be paid.

Death Benefit

Payable on Death of the policy holder/ Member depending upon the type of Cover chosen. Sum Assured shall be payable as per the Coverage Option chosen by the MPH/ Insured Member. The cover on the life of an Insured Member ceases once the death claim is paid on his/her life.

Optional Benefit

Payable on occurrence(s) of the insured event. Sum Assured as applicable for Optional Benefit shall be payable on the occurrence of pre-defined insured event(s) as per the Coverage Option chosen by the MPH/Insured Member.

For minor Insured Members, until the Insured Member attains the age of majority, the Holder of Certificate of Insurance parents/ other legal guardians who has insurable interest with minor lives shall have the right, to exercise every option, benefit, or privilege under this Policy on behalf of the Insured Member. The Certificate of Insurance shall automatically vest in the Insured Member on his/her attaining age of majority. In case of a Joint Life cover, the Policy shall vest on their lives once both Life Insureds attain the age of majority.

Benefit payout option:

The MPH/Insured Member at the inception of the policy would have the option to opt for one or more Benefit Pay-Out option can be chosen at inception. Once chosen, parameters in the Pay-Out option shall remain the same throughout the Coverage Term:

- a) Amount of lump sum benefit, (if any) or
- b) Income – The member can choose one of the following-
 - i) Income period - the period for which income is expected (minimum income term of 1 month and up to a maximum of 600 months). The income period shall commence immediately on death/any other insured event(s) and continue for the chosen income period. In the event of a claim, the applicable monthly income would continue throughout the income term even if the Policy Term/ member Coverage Term has ended.

- ii) Amount of Annual Income during the income period. This income will be payable monthly in arrears, in 12 equal instalments.
- iii) A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the income period.

The monthly income shall be payable monthly in arrears and commence from the 1st day of the month subsequent to the month of the Insured Member's death/Any other insured event(s)

The Sum Assured for the income option shall be derived by discounting the income payments at 4% p.a.

At the time of claim intimation, all future income payments can be commuted for a lump sum. This lump sum shall be the discounted value of the future income payments at 7.20% per annum. This discounting rate is not guaranteed and is subject to change based on prevailing bond yields (aligned to 10 year G-sec). However, any change in the methodology/formula shall be subject to IRDAI approval.

- c) **Income till survival of chosen dependent partner(s) –**
On incidence of death, a regular income is paid to the dependent partner/s covered under the payout option. This payout option is referred to as **Partner Care**.

A maximum of two partners between ages 45 years and 90 years (both last birthday) can be chosen at the time of purchase to receive the regular income. It shall be ensured that there is insurable interest between the life insured of the benefit option and the chosen partner/s.

The income frequency can be Annual / Half Yearly / Quarterly / Monthly. The regular income shall be paid in arrears as per the chosen payment frequency from the date of occurrence of insured event. The payment frequency can not be changed once the regular income commences. Any accrued income, due before intimation, will be paid along with first payout under this option.

The regular income instalments for frequencies other than annual shall be as specified below, where the Yearly Income below refers to the regular income payable in respect of annual frequency:

Frequency	Income Instalment (per frequency)
Half-yearly	98% of Yearly Income x 1/2
Quarterly	97% of Yearly Income x 1/4
Monthly	96% of Yearly Income x 1/12

If one dependent partner is chosen to receive income:

- the income streams are payable as per the premium frequency chosen and shall continue till the partner dies or reaches age 100 (last birthday), whichever happens first;
- the Sum Assured shall be the expected present value of the contingent yearly income streams payable on occurrence of death based on the Yearly income chosen.

If two dependent partners are chosen to receive income:

- the income streams are payable as per the premium frequency chosen and shall continue till the last surviving partner dies or reaches age 100 (last birthday), whichever happens first;
- the Sum Assured shall be the expected present value of the contingent yearly income streams payable on occurrence of death based on the Yearly income chosen.
The MPH/Insured member would have the option to select either or combination(s) of benefit payout option mentioned above. However, the income option and the Partner Care option is only available wherein the entire Sum Assured for the specific Base/Optional benefit is payable. The Optional Benefit(s); where part of the Sum Assured is payable, only lumpsum benefit option can be chosen.
- In case of surrender of the group policy, there is an option provided to the individual members of the group, to continue the policy as an individual policy on same terms and conditions as that of the group policy.

Maturity Benefit:

Cancer Care/ Cancer Protect/ Major Critical Illness/ Comprehensive Critical Illness/ Hospi Cash Benefit/ Surgical Cash Benefit/ All Cause Total and Permanent Disability/ Waiver of EMI on Hospitalisation/ Waiver of Premium on CI/ Waiver of Premium on Major Surgery/ Waiver of Premium on ATD:

Not Applicable

Base Death Benefit/ Accidental Death Benefit/ Accidental Total and Permanent Disability/ Accident Partial and Permanent Disability/ Accidental Dismemberment Benefit/ Terminal Illness:

Maturity benefit is payable where Return of Balance Premium Option is chosen

Maturity benefit shall be a $X \times \text{Total Premiums Paid}$ towards the respective Base/ Optional Benefit(s) less claim amount already paid out for the respective Optional Benefit(s).

Where X shall be within the range of 10% to 100% chosen by the MPH/Insured Member at the inception of the contract and cannot be altered thereafter

Moratorium Period:

Moratorium Period is the benefit period available with the Reducing coverage option only wherein the member may take mortgage or retail loan where the Sum assured during the moratorium period will be equal to initial Sum assured. Insured member may choose a moratorium period of minimum 1 month to maximum 84 months. If the Sum Assured is linked to a loan, the moratorium period shall match that of the actual loan taken by the member.

Moratorium cover options: The following Moratorium cover option is available -

- With payment of interest during the moratorium period:

where interest is paid by the borrower during the moratorium period, the death/Optional benefit during the moratorium period is level coverage equal to the Sum Assured

- With no payment of interest during the moratorium period: where no interest is paid by the borrower during the moratorium period, the death/Optional benefit during the moratorium period is equal to Sum Assured plus the accrued interest till that time.

The death/Optional benefit after the moratorium period will be Level Sum Assured for Level coverage Option and reducing Sum Assured (as per the chosen loan interest rate) for reducing coverage option.

Benefit Options and Exclusions:

- **Major Critical Illness (Major 8/20/42 CI's)** - An amount equal to 100% of applicable Sum Assured (As per the Coverage Option) is payable on diagnosis of pre-defined CI condition. The cover under this benefit terminates on the first occurrence and pay-out of any of the covered CI. The MPH/ Insured member has an option to choose from the listed 8, 20 or 42 Major Critical Illness conditions at inception of the contract and once chosen, cannot be altered thereafter. The list of CI condition along with the definition and exclusion is provided in Annexure I.

Waiting Period - 90 days applies from the policy commencement date.

Survival Period - 0/7/14/30 days survival period is applicable as chosen by the MPH/Insured Member at inception. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid.

Rate Guarantee (Not applicable for OYRT contracts) – Up to 15 years.

This optional benefit can be chosen either on level cover or reducing cover basis.

- **Comprehensive Critical Illness (Major 8/20/42 CI's + 15 Minor CI's)** –The following benefit is payable on diagnosis of pre-defined CI condition.

a) Minor CI

- Level Sum Assured – Lower of 25% of applicable Sum Assured or 10,00,000 is payable on diagnosis of pre-defined minor CI conditions.
- Reducing Sum Assured – Lower of 25% of applicable Sum Assured (as per the outstanding loan amount) or 6 EMIs or INR 10,00,000 is payable on pre-defined minor CI conditions.

The cover under minor CI shall terminates on the first occurrence of any of the covered minor CI. However, the cover shall continue for the accelerated major CI benefit

b) Major CI

100% of the balance of applicable Sum Assured (As per the Coverage Option) is payable on diagnosis of pre-defined Major CI condition. The cover under this benefit terminates on the first occurrence and pay-out of any of the covered CI. The MPH/ Insured member has an option to choose from the listed 8, 20 or 42 Major Critical Illness conditions at inception of the contract and once chosen, cannot be altered thereafter.

The list of minor and Major CI condition along with the definition and exclusion is provided in Annexure I.

Waiting Period - 90 days for Major CI conditions and 180 days for minor CI conditions shall be applicable from the policy commencement date.

Survival Period – 0/7/14/30 days survival period is applicable as chosen by the MPH/Insured Member at inception. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid.

Rate Guarantee (Not applicable for OYRT contracts)– For Minor CI – up to 5 years; For Major CI - up to 15 years

This optional benefit can be chosen either on level cover or reducing cover basis.

- **Cancer Protect** - An amount equal to 100% of applicable Sum Assured (As per the Coverage Option) is payable on diagnosis of pre-defined Cancer events covered under Annexure 1. The cover under this benefit terminates on the first occurrence and payout of the covered Cancer events.

Waiting Period - 90 days applies from the policy commencement date.

Survival Period – 0/7/14/30 days survival period is applicable as chosen by the MPH/Insured Member at inception. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid.

Rate Guarantee (Not applicable for OYRT contracts) – Up to 5 years

This optional benefit can be chosen either on level cover or reducing cover basis.

Cancer Care - An amount defined as a percentage of applicable Sum Assured (As per the Coverage Option) is payable on diagnosis of pre-defined Cancer event(s). The benefit payout is as follows –

a) Minor Cancer

- Level Sum Assured – Lower of 25% of applicable Sum Assured or 10,00,000 is payable on diagnosis of pre-defined minor Cancer conditions.
- Reducing Sum Assured – Lower of 25% of applicable Sum Assured (as per the outstanding loan amount) or 6 EMIs or INR 10,00,000 is payable on pre-defined minor Cancer conditions.

The cover under minor cancel shall terminates on the first occurrence of any of the covered minor Cancer. However, the cover shall continue for the accelerated major cancer benefit.

b) Major Cancer

100% of the balance of applicable Sum Assured (As per the Coverage Option) is payable on diagnosis of pre-defined Major Cancer condition. The cover under this benefit terminates on the first occurrence and pay-out of any of the covered Cancer.

The list of minor and Major Cancer condition along with the definition and exclusion is provided in Annexure I.

Waiting Period - 90 days for Major Cancer conditions and 180 days for minor Cancer conditions shall be applicable from the policy commencement date.

Survival Period - 0/7/14/30 days survival period is applicable as chosen by the MPH/Insured Member at inception. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid.

Rate Guarantee (Not applicable for OYRT contracts) – Up to 5 years

This optional benefit can be chosen either on level cover or reducing cover basis.

- **Accidental Death Benefit** - In the event of the death of the Life Insured due to an accident provided the death occurs within 180 days from the accident, an additional amount equal to ADB Sum Assured shall be payable in addition to Base Death Benefit.

The ADB Sum Assured, at inception, can be up to Base Sum Assured, as chosen by the MPH/Insured member at inception.

ADB benefit option can be chosen either on level cover or reducing cover basis.

Enhanced Death Benefit - The benefit payable will be equal to 200% of ADB Sum Assured if the death due to accident occurs under any of the following circumstances:

- While the Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
- While the Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers; or
- As a direct result of the burning of the following public buildings only: theatre, cinema, public auditorium, hotel, school and hospital.
- When the Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
- This benefit shall be applicable for only OYRT contracts only.

Waiting/Survival Period – Not Applicable

Rate Guarantee – Throughout the term of the policy / Coverage term

- **Accidental Total and Permanent Disability** – An amount equal to 100% of the applicable Sum Assured (As per the Coverage Option) is payable in the event of pre-defined total and permanent disability conditions provided the disability occurs within 180 days from the occurrence of the event. The disability should occur as a result of bodily injury caused by an accident and should result in at least one of the following:
 - Loss of sight in 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 the entire lower jaw
 - Loss of one hand and loss of sight in one eye
 - Loss of one foot and loss of sight in one eye

Waiting/Survival Period – Not Applicable

Rate Guarantee – Throughout the term of the policy/ coverage term.

This optional benefit can be chosen either on level cover or reducing cover basis.

- **All Cause Total and Permanent Disability Benefit (ACTPD)** - An amount equal to 100% of the applicable Sum Assured (As per the Coverage Option) will be payable, in case of Total and Permanent Disability caused by either an accident, sickness, or disease, provided that the disability occurs within 180 days from either of these causes.

Waiting Period - 90 days applies from the policy commencement date.

Survival Period – 0/7/14/30 days (as chosen by the MPH/Insured Member) for disability due to sickness or disease. Not applicable for Accidental based conditions.

Rate Guarantee (Not applicable for OYRT contracts) - Up to 15 years

All Cause Total and Permanent Disability Benefit can also be opted in acceleration to 42 CI under Major Critical Illness or Comprehensive Critical illness wherein only one claim will be payable on diagnosis of one of the covered CI conditions or happening of TPD due to sickness or accident and the policyholder may not be eligible for any further claims with respect to the above mentioned benefit.

This optional benefit can be chosen either on level cover or reducing cover basis.

- **Accidental Dismemberment Benefits** – A percentage of applicable Sum Assured is payable in the event of dismemberment of the life insured due to an accident within the benefit option term, is paid as per the below table based on the Nature of Losses, provided it occurs within 180 days from that accident:

Nature of Losses	Amount of Benefit (% of applicable Sum Assured)
Loss of Sight of one eye	50%
Loss of Sight of both eyes	100%
Loss of or Loss of Use of one Limb	50%
Loss of or Loss of Use of two Limbs	100%
Loss of Speech and Loss of Hearing	100%
Loss of Hearing – Both Ears	75%
Loss of Hearing – one ear	25%
Loss of Speech	50%
Loss of or Loss of Use of four Fingers and Thumb of Right Hand	40%
Loss of or Loss of Use of four Fingers and Thumb of Left Hand	30%
Loss of or Loss of Use of one Thumb	
Loss of or Loss of Use of one Thumb - both right joints	30%
Loss of or Loss of Use of one Thumb - one right joint	15%
Loss of or Loss of Use of one Thumb - both left joints	20%
Loss of or Loss of Use of one Thumb - one left joint	10%
Loss of or Loss of Use of Fingers – Three right joints	10%
Loss of or Loss of Use of Fingers – Two right joints	7.5%
Loss of or Loss of Use of Fingers – One right joint	5%
Loss of or Loss of Use of Fingers – Three Left joints	7.5%
Loss of or Loss of Use of Fingers – Two Left joints	5%
Loss of or Loss of Use of Fingers – One Left joint	2%
Loss of or Loss of use of toes – All-one foot	15%
Loss of or Loss of use of toes – great both joints	5%
Loss of or Loss of Use of Toes - great-one joint	3%
Shortening of leg by at least 5cms	7.5%

Survival/Waiting Period – Not Applicable

Rate Guarantee (Not applicable for OYRT contracts) - Throughout the Policy Term

This Sum Assured under this optional benefit can be chosen only on level cover basis.

- **Accidental Partial and Permanent Disability (APPD)** – A percentage of applicable Sum Assured shall be payable in case of Partial Permanent Disability caused by an accident, provided that the disability occurs within 180 days from that accident. The percentage of Sum Assured pay-out is as follows –

Nature of Losses	Amount of Benefit (% of applicable Sum Assured)
Loss of All Toes	20%
Great Toe	5%
Other than great toe, if more than one toe lost, each	1%
Loss of hearing – both ears	50%
Loss of hearing – one ear	25%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	25%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of Little Finger	4%
Any other permanent partial disablement	Percentage as assessed by Independent Medical Practitioner

This Sum Assured under this optional benefit can be chosen only on level cover basis.

Survival/Waiting Period – Not Applicable

Rate Guarantee (Not applicable for OYRT contracts) - Throughout the Policy Term

- **Hospital Cash Benefit (HCB)** – A daily benefit amount as chosen by the MPH/Insured Member is payable for non-ICU hospitalization. This amount of daily benefit needs to be chosen at inception and cannot be changed later. The following clauses shall be applicable
 - In case of ICU admission, an additional daily benefit of 1 time of non-ICU daily benefit is payable for hospitalization.
 - This benefit is payable as per the number of days per policy year as per option opted by master policyholder / insured member at inception.
 - The maximum of 900 days of hospitalization over the lifetime of the policy is allowed for Group linked to loan.

- The specified number of days per policy year is inclusive of hospital days in ICU. For this benefit to be payable a minimum of 24 hours /72 hours of hospitalisation is required(as chosen at inception). Hospitalization has to be to treat an injury due to an accident or Sickness and should have been advised in writing by a medical professional.

Waiting Period – 30 days applies from the policy commencement date, or policy revival date.

Survival Period – Not applicable..

Rate Guarantee (Not applicable for OYRT contracts) – 5 Years.

This Sum Assured under this optional benefit can be chosen only on level cover basis.

- Surgical Cash Benefit (SCB)** - A lumpsum amount as a % of applicable Sum Assured is payable on hospitalisation for undergoing medically necessary surgery in India. The benefit amount shall be based on the surgery resulting in the highest claim amount in case of more than one surgery is performed on the life insured during the same hospitalization. The pay-out shall be as follows –

Surgery	Description	Payout (% of applicable Annual Sum Assured)
Listed Day Care Procedures	Day Care Surgeries as per Annexure I	Minimum (10% of Sum Assured, 50,000)
Listed Surgeries	Listed Surgeries by Organ type as per Annexure I	25% to 100%
Non-Listed Surgery	All non-listed surgeries meeting the surgery definition and requiring minimum 24 hours of Hospitalization	10%

The insured member could claim multiple times under this benefit while it is in effect and irrespective of any previous claims paid subject to the following limits:

- 100% of surgical benefit Sum Assured in any one policy year
- Maximum of 3 claims under Day Care procedures in a policy year
- Same surgery for the same site or organ cannot be covered more than once in the same policy year
- Maximum of 30 day-care claims over the benefit term for Group linked to loan.

Waiting Period - 30 days is applicable for surgical benefit from policy commencement date, or policy revival date. Specific waiting period shall be applicable from policy issue date or revival date for specific conditions/ procedures. Please refer to Annexure I for details.

Survival/Cooling Off Period – Not applicable.

Rate Guarantee (Not applicable for OYRT contracts) – 5 Years.

This Sum Assured under this optional benefit can be chosen only on level cover basis.

- Terminal Illness** - An amount equal to 100% of applicable (As per the Coverage Option) Sum Assured is payable on diagnosis of terminal illness. The terminal illness is defined as an advance or rapidly progressing incurable and un-correctable medical condition, which in the opinion of the treating physician is highly likely to lead to death within six months. This is an accelerated benefit; hence, any payout of terminal illness benefit shall reduce the base death benefit. If the terminal illness benefit is equal to the base death benefit, entire Sum Assured shall be paid on the occurrence of terminal illness and the base death benefit along with the terminal illness cover shall be terminated thereafter.

Waiting Period – 180 days applies from the policy commencement date

Survival Period – Not applicable.

This Sum Assured under this optional benefit can be chosen for level or reducing cover basis.

- Waiver of EMI on Hospitalization Benefit** – An amount equal to the number of EMIs to the loan as selected by the member, subject to maximum of 6 EMI's p.a. or INR 5,00,000 whichever is lower shall be paid out as benefit in the event of continuous hospitalisation of at least 7/10/15 days as opted by the insured member at inception. This benefit does not reduce any other benefit.

This Sum Assured under this optional benefit can be chosen for level or reducing cover basis and for non-OYRT contracts.

Waiting Period – 90 days applies from the policy commencement date, or policy revival date.

Survival Period – Not applicable.

Rate Guarantee (Not applicable for OYRT contracts)- 5 Years.

The definition of hospital and corresponding condition and exclusions is defined in Annexure I.

- Waiver of Premium on Major Surgery:** All the future premiums (including base plan and other optional/ rider benefit premiums) shall be waived on occurrence of pre-defined major surgical events. The policy shall continue to remain in-force for the applicable base/ remaining optional benefit.

Waiting Period – 30 days is applicable for surgical benefit from policy commencement date, or policy revival date. Specific waiting period shall be applicable from policy issue date or revival date for specific conditions/ procedures. Please refer to Annexure I for details.

Survival/Cooling Off Period – Not applicable.

Rate Guarantee (Not applicable for OYRT contracts) – 5 Years.

This optional benefit can be chosen either on level cover or reducing cover basis.

- **Waiver of Premium on Major Critical Illness:** All the future premiums (including base plan and other optional/ rider benefit premiums) shall be waived in the event of diagnosis of pre-defined Critical illness. The policy shall continue to remain force for the applicable base/ remaining optional benefit.

Waiting Period - 90 days applies from the policy commencement date.

Survival Period – 0/7/14/30 days survival period is applicable as chosen by the MPH/Insured Member at inception. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid.

Rate Guarantee (Not applicable for OYRT contracts) - Up to 15 years.

This optional benefit can be chosen either on level cover or reducing cover basis.

- **Waiver of Premium on Accident Total and Permanent Disability:** All the future premiums (including base plan and other rider premiums) shall be waived in the event of pre-defined total and permanent disability conditions provided the disability occurs within 180 days from the occurrence of the event. The policy shall continue to remain force for the applicable base/ remaining optional benefit.

Waiting Period – Not applicable

Survival Period – Not applicable

Rate Guarantee – Throughout the policy term

This optional benefit can be chosen either on level cover or reducing cover basis.

All the exclusions and definitions are covered under Annexure 1.

- **Add-on Benefits (to be opted at inception)**
- **Ambulance Cost:** A lump sum amount as mentioned below is payable if an ambulance cost was incurred to transfer the insured member to a hospital. This benefit is payable only if a claim is admissible under Hospital Cash Benefit, Surgical Cash Benefit, Major Critical Illness, Comprehensive Critical Illness, Cancer Care and Cancer Protect.

- Ambulance Cost is HCB – 2 times of daily hospital cash benefit
- SCB/ Critical Illness/ Cancer – 1% of respective Benefit Option Sum Assured

The Ambulance Cost shall be subject to maximum payment of Rs 5000 per annum and shall be payable only once per policy year.

In case more than one benefit option chosen and the claim is triggered for more than one benefit option at the same time, the ambulance cost payable in a policy year shall be respective benefit option's ambulance benefit. The ambulance cover shall continue for the other base benefits (excluding the one for which the payment has been made) for the remainder of the policy year. In case more than one benefit option chosen and the claim is triggered for one benefit option, the respective benefit option's ambulance cost shall be payable in a policy year subject to the maximum limit of ₹ 5000.

- **Indexation of Sum Assured:** The MPH/ Insured Member can opt to increase the Surgical Cash Benefit, Major Critical Illness, Comprehensive Critical Illness, Cancer Care and Cancer Protect by 5% at each policy anniversary during the policy term from second policy year onwards by paying an additional premium for every increase. The maximum Indexation of Sum Assured will be 100% of respective Optional benefit(s) original Sum Assured.

Indexation of Sum Assured is only available with Level Cover Option

- **Diagnostic Test Benefit:** An amount equal to 5% of the claim amount or INR 25,000, whichever is lower shall be payable, if a claim is admissible under Hospital Cash Benefit, Surgical Cash Benefit, Major Critical Illness, Comprehensive Critical Illness, Cancer Care and Cancer Protect,

In case more than one benefit option chosen and the claim is triggered for more than one benefit option at the same time, the diagnostic test cost payable in a policy year shall be the respective benefit option's diagnostic benefit.

- **Restoration Benefit:** The MPH/Insured member shall have option to restore an additional per policy year limit under Hospital Cash Benefit and/or 100% of Sum Assured under Surgical Cash Benefit following the exhaustion of the annual limit. However, the lifetime limit on maximum number of days benefit under Hospital Cash Benefit and maximum Sum Assured under Surgical Cash Benefit shall not be restored. Any claims made under the Hospital Cash Benefit or Surgical Cash Benefit from the restored annual days limits or restored annual Sum Assured will lead to a reduction in the lifetime limit on number of days under the Hospital Cash Benefit or on maximum Sum Assured limit under Surgical Cash Benefit.

The restored limits (as specified above) can only be utilized for next Hospitalization or Surgery and not for the same Hospitalization or Surgery which resulted in the exhaustion of the original annual/per policy year limits.

The Restoration benefit is applicable only once in a policy year for Hospital Cash Benefit and Surgical Cash Benefit.

- **Recuperating Benefit:** A recuperating benefit in the form of lump sum benefit equivalent to 5% of the annual hospital cash benefit will be payable in case of continuous hospitalization (in non-ICU and / or ICU) in one or more hospitals for 7 or more days (excluding the time taken for transit between hospitals) for the same injury or disease, subject to the daily cash benefit being payable at the time of hospitalization. This recuperation benefit is payable only once per policy year.

Recuperation benefit is not payable if the insured member dies during hospitalization.

The Recuperating benefit is applicable only in Hospital Cash Benefit

- **Overseas Treatment Cover** – An additional amount equal to 10% of the Critical Illness Sum Assured/ Cancer Sum Assured is payable on diagnosis of pre-defined Major Critical Illness/ Major Cancer. The cover under this benefit terminates on the first occurrence and pay-out of any of the covered Major CI/ Major Cancer. The list of CI and Cancer conditions along with definition and exclusions is provided in Annexure I. The Overseas treatment cover is only applicable:

- the treatment for this major Critical Illness condition is availed in a foreign country from the list of standard countries as per the board approved underwriting policy within days of diagnosis as specified under Board approved underwriting policy.
- The sum assured chosen under the Major Critical Illness/ Major Cancer option is greater than or equal to INR 10,00,000 and the benefit is payable only in cases where a proof of availing treatment in a foreign country is made available.

The Overseas treatment cover is applicable only in Major Critical Illness, Comprehensive Critical Illness, Cancer Protect and Cancer Care.

- **Surrender Benefit** - The cover can be surrendered either by the Master Policyholder or Insured Member.

Surrender Value/ Unexpired Risk Value shall be acquired during the Member Coverage Term basis the Premium Payment Term as defined below.

PPT Option	Without Return of Premium Option	With Return of Balance Premium Option
Single Pay	Unexpired Risk Value shall be payable at any point during the member coverage period.	Surrender Value shall be payable at any point during the member coverage period.
Limited Pay	Unexpired Risk Value will be available if at least two full years' premiums are paid.	Surrender Value will be available if at least one full year premium is paid.
Regular Pay	Not Applicable	Surrender Value will be available if at least one full year premiums is paid.

The surrender/ unexpired risk value payout shall be as follows:

Surrender Value without Return of Balance Premium option:

Premium Payment Term	Surrender Value
Single Pay	Unexpired Risk value = (70% of the Total Premiums Paid) x (Unexpired Member Coverage Term / Total Member Coverage Term) x (Coverage at the time of surrender / Sum Assured at inception)*
Yearly Renewable	No Surrender Value payable
Regular Pay	No Surrender Value payable
Limited Pay	Unexpired risk Value = (70% of Total Premiums Paid) x (Unexpired Member Coverage Term / Total Member Coverage Term) x (Coverage at the time of surrender / Sum Assured at inception)*

* The Coverage Term shall be calculated independently for Base Death Benefit and Optional Benefit respectively.

Surrender Value with Return of Balance Premium Option

Surrender Value shall be higher of Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV).

Where the GSV and SSV shall be calculated as follows –

Guaranteed Surrender Value(GSV)

The GSV shall be calculated as follows –

Guaranteed Surrender Value = GSV Factor x Total Premiums Paid x X*

Special Surrender Value(SSV)

SSV shall be as follows:

Benefit option	Surrender Value
Base Death Benefit	Factor 1 x RPU Death Benefit plus Factor 2 x RPU Maturity Benefit
Optional Benefit	Factor 3 x RPU for the respective Optional Benefit plus Factor 4 x RPU Maturity Benefit towards the respective Optional Benefit

*X shall be within the range of 10% to 100% chosen by the MPH/Insured Member at the inception of the contract and cannot be altered thereafter.

The Surrender Value factors have been provided in policy terms and are applicable at the end of the year and shall be interpolated, to arrive at the factors applicable at the time of surrender.

The policy can also be surrendered by the Master Policy holder by giving a written intimation to the Insurer. In such cases, post surrender new enrolments will cease and for existing insured members there is an option to continue the cover as an individual policy on same terms and condition as those of the group policy or avail surrender benefit and terminate the insurance cover.

The exits would be alike in the product whereby the coverage ends in case of a claim, cancellations, coverage ending on attaining the maximum coverage age or expiry of term.

Non-forfeiture benefits:

Lapse:

At any time during the member coverage term, if the premiums are not paid within the Grace Period, the coverage will lapse. This will only be true in case of Limited pay / Regular pay option for which premiums have been paid for less than 2 years for Without Return of Premium option and 1 year for With Return of Balance Premium. Such coverage may be reinstated, within five years from the due date of the first unpaid premium. However, if the coverage is not reinstated, no further benefit will be payable and the coverage will terminate.

The member status will be converted into Reduced Paid-up by default, provided premiums for at least one full year is paid for Limited Pay (With Return of Balance Premium Option) / Regular pay (With Return of Balance Premium Option) option and subsequent premiums remain unpaid.

Reduced Paid up is a default non forfeiture benefit. Such reduced paid up coverages can be revived within five(5) years from the due date of first unpaid premium by payment of all due premiums together with interest. Once member status becomes reduced paid up and is not revived till the end of the revival period, it will continue to be in reduced paid-up status.

Reduced Paid-up Benefits:

Reduced Paid up Benefit is applicable only when the base Benefit and Optional Benefits (if any) are chosen with 'Return of Balance Premium'.

The benefits to be paid in case of Reduced Paid up are as follows:

For the purpose of the benefit descriptions below, the "Reduced Paid-up (RPU) Factor" at any point during the member Coverage Term shall be defined as:

$$\text{RPU Factor} = (\text{No of Premiums paid}) / (\text{No of Premiums Payable during the entire Premium Payment Term})$$

Reduced Paid-up Death/ Accidental Death / All Cause Total Permanent Disability Benefit / Accidental Partial Permanent Disability Benefit / Accidental Dismemberment Benefit / Critical Illness/ Cancer Benefit/ Terminal Illness as the case may be = Benefit payable as per the option chosen x RPU Factor

Reduced Paid up Maturity Benefit = $(X * \text{Total Premiums Paid towards the Base Benefit/respective Optional Benefit})$ less claim already paid out under the Base/respective Optional Benefit

Where X shall be within the range of 10% to 100% chosen by the MPH/Insured Member at the inception of the contract and cannot be altered thereafter.

Maturity benefit is payable only if Return of Balance Premium Option is chosen.

Grace Period:

Not applicable for Single Premium option and One year Renewable Term

A Grace Period of fifteen (15) days for monthly mode and thirty (30) days for all other modes, from the due date will be allowed for payment of each subsequent premium. The coverage will remain in force during this period. In case premium in respect of Insured Member is collected by Master Policyholder within Grace Period but is not remitted to the Company for some reason, then on expiry of Grace Period, risk cover will continue in respect of those members. If any premium remains unpaid at the end of its Grace Period the Coverage shall lapse from the due date of the first unpaid premium except as may be provided under Non-Forfeiture Provisions.. If any claim occurs during the Grace Period, any due premium (without interest) for the policy year in which claim occurs, of the Certificate of Insurance, shall be deducted from the claim proceeds payable for the Covered Member.

Revival:

If premiums are not paid within the period of grace, the policy shall lapse

The policy could then be revived within 5 years from the date of the first unpaid premium and the cover will recommence from the date of reinstatement and the premium will be collected accordingly. The company, however, will not be liable to cover the claims occurring during the period for which the master policy is in lapsed condition. In certain circumstances as specified in policy document or scheme rules the company may also change certain terms of the policy.

Revival within 150 days for Yearly Renewable Term:

If a scheme is renewed within 150 days from the end of the Yearly Renewable Term, the revival would be subject to the following:

a. No change in Yearly Renewable Term(YRT):

If the MPH wishes to retain the original Yearly Renewable Term of the policy, on revival the premium payable would be as per the revised quotation issued by the company based on the latest membership data and mortality statistics provided by the MPH/ employer.

Outstanding premium(s) along with interest, if any, would be applicable for the lapse period. Additionally, proportionate premium from the date of reinstatement to the next due date of premium or YRT, as applicable, will be paid.

The interest on outstanding premium would be based on rates declared by the company from time to time. Such revival would be subject to the MPH writing to us that they would not be filing for claims occurred during the lapsed period.

b. Revision in YRT:

An option can be given to the MPH to revise the YRT subject to receiving a letter stating the same. The date of reinstatement would be deemed to be the revised YRT. The premium payable would be as per the revised quotation issued by the company based on the latest membership data and mortality statistics provided by the MPH/ employer.

Revival after 150 days from Yearly Renewable Term:

If a lapsed scheme is renewed after 150 days from the Yearly Renewable Term, then the scheme can be revived subject to change of the YRT and a letter from the MPH accepting the change. The date of reinstatement would be deemed to be the revised YRT. The premium that would be payable would be as per the revised quotation issued by the company based on the latest membership data and the mortality statistics provided by the MPH/ employer

For Single Pay: Not Applicable.

For Limited / Regular Pay years:

If a premium is in default beyond the Grace Period and subject to the Policy/Certificate of Insurance not having been surrendered, it may be revived, in accordance with prevailing Board Approved Underwriting Policy within five years after the due date of the first unpaid premium and before the end of the Coverage Term subject to:

- (i) Insurance cover has not been surrendered;
- (ii) A written application for revival is received from the Insured Member by the Company, together with evidence of insurability of the Insured Member, and
- (iii) Payment of all overdue premiums with applicable interest charged by the Company to revive this cover

The cost incurred by the Company for the medical examination of the Insured Member to revive the Insurance cover, if any, shall also be borne and paid by the Insured Member to the Company.

Any evidence of insurability requested at the time of revival will be based on the prevailing Underwriting Guidelines duly approved by the Board. Revival shall be as per the Board Approved Underwriting Policy.

Interest on premiums will be at a simple annual rate which the Company shall determine. The applicable interest rate for revival is determined using the State Bank of India (SBI) [or any other public sector undertaking bank] domestic term deposit rate for '1 year to less than 2 years', plus 2%. Any alteration in the formula will be subject to prior approval of IRDAI. The interest rate on revival is verified & updated on our company's systems every six months (on 1st April & 1st Oct every year) as per the given formula. The current interest rate on revival from 1st April 2025 is 8.98% simple p.a. (i.e. SBI interest rate of 6.98% + 2%).

The member cover which is not revived by the end of the revival period shall be terminated.

Digital Sales and Online Sales

The Company may allow the purchase of policies through ISNP mode (digital medium) used by Company's Agents and approved intermediaries. Such sourcing will attract a differential commission and shall be determined as per the Board Approved policy on payment of Commission, from time to time.

In case of online sale, the product shall be sold through insurer's website only. No commission/remuneration is payable for such online sales or direct marketing.

For all such digital/online sales where the premium is payable by the insured member at the time purchase of policy, a discount of 2% on 1st year premium in case of Regular/Limited Pay and 1% in case of Single pay/ OYRT will be offered to such customers.

Loyalty Program Reward:

The loyalty program are usually designed to foster brand loyalty, customer retention and long-term customer relationship. Such loyalty programs administered by empanelled service provider typically involve membership sign-up, accrual of loyalty points based on investment /purchases and redemption of these points and rewards across the company or service providers' eco-systems. A rewarding loyalty program can help increase investments / persistency, build long-term customer loyalty and brand advocacy.

Customers who are member of loyalty programs administered by service provider empanelled by the Company, shall be offered reward expressed as y% of Annualized / Single Premium in the first policy year; basis the category as defined below. Such reward will be offered in the form of points or coins, as the case may be, in line with the Loyalty Program offered by such platform.

Category	Cat A	Cat B	Cat C	Cat D	Cat E
LP / RP	2%	3%	5%	6%	7%
SP	0.25%	0.50%	1%	1.50%	2.0%

The category of the reward (as defined above) shall be objectively determined as per various parameters including but not limited to customer demographics, reward tier etc and shall be driven by pricing & product policy of the Company.

The Company shall transfer the rupee value of the reward to the service provider(s), so empanelled, to enable the service provider to extend such coins or points.

Please note the following:

- The availability of "Loyalty Program Reward" shall be subject to the availability of suitable service provider(s) and a mutual arrangement with the intermediary.
- The Loyalty Program reward shall be directly provided by the service provider(s). The rights and liabilities of the Policyholder/ Life Insured with respect to the Loyalty Program, shall be governed by the terms and conditions applicable to loyalty program.

- The Loyalty Program service is being provided by third party service provider(s) and the Company shall not be liable for such services.
- The liability of the Company is limited to the transfer of the value of the reward to the service provider, so empaneled, in case where it is offered in the form of coins / points.
- The Company reserves the right to discontinue the service or change the service provider(s) at any time and such changes shall be updated on the Company's website.
- The eligibility conditions including the quantum of reward shall be determined as per the Company's extant Policy and subject to change. Please refer Company's website for updated eligibility conditions. Such changes will be applicable prospectively.
- The Loyalty Program reward shall be applicable post completion of the free-look period, given the policy is still in-force at the time of extending such reward.

Health Status

The Premium rates so derived above will be further adjusted basis the Health Status (HS) of the insured lives, wherever available. The Health Status will be measured through a Health Score, which in turn will be driven by objective criteria dependent on a range of parameters comprising of outcomes of a health & lifestyle assessments, level of physical activity and outcome of clinical health check-up etc., as per the Board Approved Policy.

The Health Status will be classified into various categories such as Platinum, Gold, Silver & Bronze basis the Health Score and the applicable premium adjustment factor for each of the respective status shall be used to derive the premium rate. The above will be as per the Board Approved Policy, as updated from time to time. Further the Health Score at a member level will be determined as per the detailed grids in the Board Approved Policy. The current applicable grid / criteria is provided in Annexure 1.

Health Management Services

The Insured Member(s) of TATA AIA Group Sampoorna Raksha Supreme who are eligible for Health Management Services may avail Second Opinion / Personal Medical Case Management / Medical Consultation services from service provider(s) affiliated to/registered with the Tata AIA Life Insurance Co. Ltd. The services are expected to assist the life insured(s) to ascertain correct diagnosis of a medical condition and obtain due care for the life insured(s) in case of illness.

These services are subject to:

- the availability of suitable service provider(s);
- primary diagnosis has been done by a registered medical practitioner as may be authorized by a competent statutory authority;

- Health Management Service is available to be utilised throughout the policy/coverage term, subject to prevailing eligibility conditions.
- the eligibility of the life insured(s) as may be determined by Board Approved Underwriting Policy which will be reviewed periodically and updated on our website. The changes shall apply without any discrimination to all existing and new customers of the product.
- Policyholders can check their eligibility by visiting our website or contacting the Call Centre.
- Whenever the eligibility criteria changes or the service is withdrawn, the same shall be communicated to all the policyholders. Prior to effecting any changes, we shall inform the same to IRDAI

Note:

- These services are aimed at improving engagement with MPH/Insured Member and reducing exits from the Company's in-force book.
- The cost of these services is expected to be offset by either lower costs of claims or better economies of scale or higher revenue due to better persistency.
- These value added services are completely optional for the eligible customer to avail
- For customers availing such services, they are offered at no additional cost to the Life Insured.
- Premiums charged to the policyholder shall not depend on whether such a service(s) is availed by the Policyholder.
- These services have been transparently stated in the Sales Literature and Policy Document with clear guidance on how to verify eligibility etc.
- The Life Insured may exercise his/her own discretion to avail the services.
- These services shall be directly provided by the service provider(s).
- The services can be availed only where the policy / rider is in-force.
- All the supporting medical records should be available to avail the service.
- We reserve the right to discontinue the service or change the service provider(s) at any time.

The services are being provided by third party service provider(s) and we will not be liable for any liability.

Terms and Conditions

1. Free Look Period

The MPH/ insured member has a period 30 days whether received electronically or otherwise where the policy term is greater than equal to 1 year and 15 days where the policy term

is less than 1 year from the date of receipt of the policy document/certificate of insurance, to review the terms and conditions of the Policy Document/ Certificate of Insurance and if the MPH/ insured member disagrees to any of those terms or conditions, they have the option to return the Policy Document/Certificate of Insurance to the Company for cancellation, stating the reasons for objection.

Where free look cancellation is exercised by the MPH/Insured Member, the Policy shall terminate forthwith and all rights, benefits and interests under the Policy shall cease immediately. The premiums received by the Company shall be refunded, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination (if any) of the Insured Member(s) along with applicable taxes and cesses or levies, if any

Further, the cover in respect of existing Insured Members will continue as per the terms of Certificate of Insurance. No new Insured Members will be enrolled under the Policy.

Suicide Exclusion:

a) Employer-Employee groups on a compulsory basis

No exclusion

b) Other than a)

In case of death due to suicide by the Life Assured, whether sane or insane, within 12 months from the date of commencement of risk under the Policy or from the date of revival of the Policy, as applicable, the nominee or beneficiary of the Insured Member shall be entitled to the following:

In case of Single Life, at least 80% of the Total Premiums Paid till the date of death or the Surrender Value available as on the date of death whichever is higher, in respect of that individual member during the current policy year would be refunded without interest, provided the member policy is in force.

In case of Joint Life where each member is insured for entire 100% of Sum Assured (as per section 8.5), at least 80% of Total Premiums Paid till the date of death or Surrender Value whichever is higher for those Joint Life insured member(s) during the current policy year would be refunded without interest provided the policy is in in force and the cover shall cease for other joint life insured member(s).

In case of Joint Life where each member is insured up to his/her respective share of Sum Assured, at least 80% of Total Premiums Paid till the date of death or Surrender Value whichever is higher for that respective deceased life(s) during the current policy year would be refunded without interest provided the policy is in in force. Further, the policy shall remain inforce for the surviving Life(s) to the extent of Sum Assured applicable for that life(s).

In addition to the above, if the member has opted for increase in Sum Assured, the following additional clause shall be applicable for schemes on Voluntary basis (Both Employer Employee and Other than Employer Employee, wherever applicable)

- From the date of increase of Sum Assured, the nominee or beneficiary of the Insured Member shall be entitled to 80% of the Total Premiums Paid (excluding any extra premium, any rider premium and taxes) for the increased tranche(s). The original death benefit (based on the Sum Assured chosen at the time of purchase) and any increased death benefit purchased by exercising the increasing Sum Assured option subsequently but prior to 12 months from the date of death (due to suicide) will remain payable in full.

Justification: We have extended the suicide clause for the first 12 months of exercising the increase in death benefit under the schemes with Voluntary Sum Assured with a view to limit the new anti-selection risk exposure faced by the company post a Insured Member exercising this option. To ensure fairness to the customer, we would pay the full death benefit existing in the contract 12 months prior to the date of suicide.

Terminal Illness Exclusion: The Life Insured will not be entitled to any Terminal Illness benefit if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide, whether medically sane or insane

The above exclusions may be waived by the Company based on Underwriting.

2. Actively at Work:

This participatory clause applies to Employer-Employee groups coming into effect for the first time or after a period of discontinuance.

An employee of the Master Policyholder is said to be "Actively at Work" if he/she meets both the conditions listed below:

- i) he/she is not absent on the grounds of ill health or maternity leave at the time of joining the coverage, and
- ii) he/she has not have availed any leave on the grounds of ill-health for a continuous period of fifteen (15) days or more in the previous coverage year and/or year preceding his/her admission into the coverage as applicable.

The above exclusions may be waived by the Company based on Claims Underwriting.

3. Tax Benefits

Premiums paid under this plan are eligible for tax benefits under Section 80C of the Income Tax Act, 1961 and are subject to modifications made thereto from time to time. Moreover, Life Insurance proceeds enjoy tax benefits as per Section 10(10D) of the said Act.

Income Tax benefits would be available as per the prevailing income tax laws, subject to fulfillment of conditions stipulated therein. Income Tax laws are subject to change from time to time. Tata AIA Life Insurance Company Ltd. does not assume responsibility on tax implication mentioned anywhere in this document. Please consult your own tax consultant to know the tax benefits available to you.

4. Nomination

Nomination allowed as per provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

Prohibition of Rebates - 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.

DISCLAIMER:

- This product is underwritten by Tata AIA Life Insurance Company Ltd.
- Insurance cover is available under this product.
- This plan is not a guaranteed issuance plan and it will be subject to Company's underwriting and acceptance.
- In case of non-standard lives and on submission of non-standard age proof, extra premiums will be charged as per our underwriting guidelines.
- All Premiums and interest payable under the policy are exclusive of applicable taxes, duties, surcharge, cesses or levies which will be entirely borne/ paid by the Policyholder, in addition to the payment of such Premium or interest. Tata AIA Life shall have the right to claim, deduct, adjust and recover the amount of any applicable tax or imposition, levied by any statutory or administrative body, from the benefits payable under the Policy.