



About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons and AIA Group Limited (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:**
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Protection solutions

Tata AIA Life Insurance

Group Sampoorna Raksha

Non-Linked, Non-Participating, Group Protection Plan

Tata AIA Life Insurance Group Sampoorna Raksha

Non-Linked, Non-Participating, Group Protection Plan

Consistent lifestyle and financial security for self and family is what we all aspire for. But, how do we ensure both, in a life that is so uncertain? Children's education, Home loan, Family's health and much more -we need to ensure that our family is not deprived of anything even in our absence.

Tata AIA Life Insurance Group Sampoorna Raksha offers you the opportunity to cover a host of life's uncertainties – Death, Terminal Illness, Total Permanent Disability, Accidental Death, Cancer and Critical Illness. Should any of these eventualities come across, we will ensure the financial security by protecting the lives of your customers and employees, the most critical asset of an organization.

A simple Life Insurance cover at an affordable rates for your customers.

About Plan

Tata AIA Life Insurance Group Sampoorna Raksha is a comprehensive group insurance plan that provided protection in the event of Death, Illness or Disability. This plan can be offered to both Employer - Employee and Non-Employer - Employee groups. Upon the death of an insured member, a benefit equal to member's Sum Assured, applicable at time of death, will be payable.

Key Features

- Provides comprehensive cover against Death, Illness or Disability
- Flexibility to choose benefit options along with Death Benefit
 - Cancer Protect, , Critical Illness, Terminal Illness, Total Permanent Disability and Accidental 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 and Limited/Regular
- Lower premium rates for female lives except for Yearly Renewable
- You may be eligible for tax benefits, as per applicable tax laws

Eligibility Criteria

Plan Parameters			
Age at Entry* (Years)	Base Death Benefit:	14 years	84 years
	Optional Benefits	Minimum	Maximum
	Cancer Protect (Additional)	18 Years	65 Years
	Critical Illness (Accelerated / Additional)	18 Years	65 Years
	Accidental Death Benefit (Additional Benefit)	14 Years	84 Years
	Total and Permanent Disability (Accelerated)	18 Years	65 Years
	Terminal Illness (Accelerated)	14 Years	84 Years
	For Yearly Renewable, the minimum entry age shall be 14 years for Base Death Benefit and 18 years for all Optional Benefits.		
Age at Maturity* (Years)		15 Years	85 Years
Premium Paying Term:	PPT	Premium Payment Term	
	Yearly Renewable	Same as Policy Term	
	Single	Single payment at inception	
	Limited Pay	2,3,4 and 5 years	
	Regular Pay	2 months to 480 months	
Policy Term (Years)	Minimum: 1 years for Yearly Renewable option Without Return of Premium Option for both, Base Death Benefit and Optional Benefits:		
	Premium Payment Term Option		Minimum
	Single		1 month
	Limited Pay		3 years*
	Regular Pay		2 months
	*Minimum term for Limited Pay option is (PPT + 12) months With Return of Premium Option		
	Premium Payment Term Option	Base Death Benefit	Optional Benefits
	Single	10 years	15 years
	Limited Pay	10 years	15 years
	Regular Pay	NA	NA
	Maximum: Without Return of Premium Option		
	PPT Option		Maximum Term
	Single		40 years
	Limited Pay		40 years
	Regular Pay		40 years

Policy Term (Years)	With Return of Premium Option	
	PPT Option	Maximum Term
	Single	40 years
	Limited Pay	40 years
	Regular Pay	NA
	This will be subject to the Member coverage term 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/ Coverage Term for Critical Illness/Cancer Protect options shall be equal to the base Policy Term or 7/10 years (as chosen), whichever is lower.	
	Minimum	Maximum
Basic Sum Assured (₹)	₹5,000 (Under Base Death Benefit and Each Optional Benefit)	No Limits (Based on Board Approved Underwriting Policy)
Premium	₹1 per scheme	Based on the Maximum Sum Assured
Group Size for Employer Employee (Insured Members)	10	No Limit
Group Size for Non Employer Employee (Insured Members)	50	
Premium Payment Mode	Yearly Renewable/ Single / Annual / Half-yearly / Quarterly / Monthly	

*Any reference to age is as on last birthday

How does the plan work?

The customers are enrolled under Tata AIA Life Insurance Group Sampoorana Raksha as Insured Members upon completion of the enrollment process and payment of requisite premium. A minimum of 10 members are required for an employer employee group to avail this Group Policy.

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

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.

Key Benefits in Detail

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

- 1) **Level Coverage:** The Sum Assured will remain unchanged throughout the term
- 2) **Reducing Coverage:** If the Sum Assured is linked to a loan, the Sum Assured will decrease in line with the loan repayment schedule. The reduction in Sum Assured shall be 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%.

If the Sum Assured is not linked to the loan then only Level coverage is available.

Both the types of cover and the available benefit options must be chosen at inception and cannot be changed thereafter.

If the Sum Assured is linked to a loan, it should not exceed the loan amount.

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

- i) **Cancer Protect (Additional)** - (Minor 25% and Major 100%) - Benefit term will be equal to the Policy Term/ Coverage Term or 7/10 years whichever is lower
- ii) **Critical Illness (Accelerated / Additional)** - Benefit term will be equal to the Policy Term/ Coverage term or 7/10 years whichever is lower
- iii) **Accidental Death Benefit (Additional Benefit)**
- iv) **Total and Permanent Disability (Accelerated)**
- v) **Terminal Illness (Accelerated)**

Following are the restriction on benefit options that can be chosen:

- i) Critical Illness (Additional) and Cancer Protect covers are allowed for level term covers only
- ii) Member/ Master Policyholder of a scheme can avail only one of Critical Illness (Additional), Critical Illness (Accelerated), Cancer covers
- iii) Members/ Master Policyholder can avail only one of Total Permanent Disability benefit and Critical Illness (Additional) benefit

Below are the possible combinations of benefit options available to the Policyholder/ Insured Member:

Sr. No.	Base	Critical Illness Additional	Critical Illness Accelerated	Cancer	Terminal Illness	Accidental Death Benefit	Total and Permanent Disability
1	✓						
2	✓	✓					
3	✓		✓				
4	✓			✓			
5	✓				✓		
6	✓					✓	
7	✓						✓
8	✓	✓			✓		
9	✓	✓				✓	
10	✓	✓			✓	✓	
11	✓		✓		✓		
12	✓		✓			✓	
13	✓		✓				✓
14	✓		✓		✓	✓	
15	✓		✓		✓		✓
16	✓		✓			✓	✓
17	✓		✓		✓	✓	✓
18	✓			✓	✓		
19	✓			✓		✓	
20	✓			✓			✓
21	✓			✓	✓	✓	
22	✓			✓	✓		✓
23	✓			✓		✓	✓
24	✓			✓	✓	✓	✓
25	✓				✓	✓	
26	✓				✓		✓
27	✓				✓	✓	✓
28	✓					✓	✓

The available benefit options must be chosen at Policy/ Coverage inception and cannot be changed thereafter.

For Critical Illness (Accelerated) / Total Permanent Disability / Terminal Illness, the benefit will be equal to Sum Assured under the plan. For Critical Illness (Additional) / Cancer Protect (Additional), the benefit can be up to a maximum of the base Sum Assured. For Critical Illness and Cancer Protect the cover term is lower of Policy Term/ Coverage Term or 7/10 years but for Total Permanent Disability and Accidental Death Benefit, the cover term is same as Policy Term/ Coverage Term.

Accelerated Benefit shall be part of base sum assured and on occurrence of any of the events, the accelerated benefit is paid to the customer and the policy shall be terminated.

Flexibility and Benefits to suit your needs

Joint Life Option:

Joint Life 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. The product proposes to offer coverage to one or more member, against Death, Cancer, Critical Illness, Accidental Death Benefit, Total Permanent Disability and Terminal Illness, as the case may be.

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 both joint Insured Members at the same time, only one benefit equal 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 both 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, Joint Life discount is not applicable in case each member is insured up to his/her share of the Sum Assured.

Death Benefit

In case of Single Life:

Upon death of an Insured Member during the Coverage Term provided the coverage is in force, the Sum Assured shall be payable.

If the Sum Assured is linked to loan,

1. Where Policyholder is a Regulated Entity under the Lender-Borrower Group Schemes, the Sum Assured on the life of such Insured Member shall be payable as mentioned below:
 - a) Outstanding Loan amount as per the loan repayment schedule in favor of Master Policyholder of the Policy, provided the authorization for such payment is obtained from the Insured Member.
 - b) Balance claim amount, if any, after deduction of the Outstanding Loan amount as per the loan repayment schedule will be paid to the nominee or beneficiary of the deceased Insured Member.
2. Other than Lender-Borrower Group Schemes– The payment of benefits shall be made in the name of the Claimant.

The cover on the life of an Insured Member ceases once the death claim is paid on his/her life.

“Regulated Entity” shall mean an entity administering Lender-Borrower Group Scheme and shall be the Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks), NBFCs having Certificate of Registration from RBI, National Housing Bank (NHB) Regulated Housing Finance Companies, National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies, Small Finance Banks regulated by RBI, Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies, Microfinance companies registered under section 8 of the Companies Act, 2013 or any other category as approved by the Authority.

In case of Joint Life:

- a) When each borrower is insured for entire Sum Assured:

Each of the joint borrowers will be insured for 100% of the Sum Assured. In case claim is paid for one joint borrower, the cover ceases for the surviving joint borrower.

If the insured event is triggered on more than one joint Insured Members at the same time, only one benefit equal to Sum Assured shall be payable in respect of the first Insured Member as stated on the Certificate of Insurance.

- b) When each of the joint borrowers is insured up to his / her respective share of Sum Assured:

If the claim is paid on occurrence of insured event of an Insured Member, then the cover shall cease only for that Insured Member. However, the cover shall continue for the other surviving Insured Member to the extent of his/her share of the Sum Assured.

If the insured event is triggered on more than one joint Insured Members at the same time, Sum Assured shall be payable once to each, as per Insured Member's share of the Sum Assured stated on the Certificate of Insurance.

The death benefit payable to any of the insured members irrespective of the nature/ cause of death shall be in accordance with the provisions of EDLI Scheme, 1976 and shall supersede death benefit payable in case of suicide, mentioned in the product, if the policy is availed in lieu of Employee's Deposit Linked Scheme (“EDLI”)

Flexible Payout:

For this option, the following can be chosen at Policy/ Coverage inception and these parameters would remain the same throughout the Coverage Term:

- a) Amount of Lump sum benefit, (if any)
- b) Income period - the period for which income is expected (Minimum income term of 1 month and up to a maximum of 480 months). The income period shall commence immediately on death 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/ Coverage have ended.

- c) Amount of Annual Income during the income period. This income will be payable monthly in arrears, in 12 equal instalments.
- d) 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.

If the Sum Assured is linked to a loan,

- a) Where Master Policyholder is a Regulated Entity under the Lender-Borrower Group Schemes - The payment of benefits to the extent of loan outstanding shall be made to the Master Policyholder, provided the authorization for such payment is obtained from the Insured Member. Any balance Sum Assured shall be paid via income instalments during the income period, if chosen.
- b) Other than Lender-Borrower Group Schemes – The payment of benefits shall be made to the claimant via income instalments during the income period.

“Regulated Entity” shall mean an entity administering Lender-Borrower Group Scheme and shall be the Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks), NBFCs having Certificate of Registration from RBI, National Housing Bank (NHB) Regulated Housing Finance Companies, National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies, Small Finance Banks regulated by RBI, Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies, Microfinance companies registered under section 8 of the Companies Act, 2013 or any other category as approved by the Authority.

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. 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 6.90% 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.

The Policyholder/ Covered Member can choose additional Accidental Death Benefit with the above type of cover, where an additional Sum Assured is payable on Death due to Accident. The Accidental Death Benefit will be equal to Sum Assured under the plan.

The Policy shall terminate on acceptance of death claim.

Maturity Benefit:

If the Insured Member has opted for return of premium, We shall pay the premiums received for Insured Member's coverage, after

deduction of the applicable taxes, cesses and levies, at Maturity. The return of premium option is available as below:

- a) Policy Term 10 years with return of premium option for base Death Benefit; or
 - b) Policy Term greater than or equal to 15 years with return of premium option for Benefit Option/s
- There is no Maturity Benefit for other options under this plan.

Survival Benefit:

There is no Survival Benefit under this plan.

Moratorium Period:

Moratorium Period benefit is 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 loan amount. Insured member may choose a moratorium period of 1 month to 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:

- a) With payment of interest during the Moratorium Period: where interest is paid by the borrower during the Moratorium Period, the Sum Assured during the Moratorium Period is level, equal to the initial loan amount.
- b) With no payment of interest during the Moratorium Period: where no interest is paid by the borrower during the Moratorium Period, the Sum Assured at any time during the Moratorium Period is the initial loan amount plus the accrued interest till that time.

For both the above options the Sum Assured after the Moratorium Period will be up to a maximum of the outstanding loan amount as per the loan repayment schedule.

Benefit Options and Exclusions:

Accelerated Terminal Illness:

Terminal Illness is defined as an advanced or rapidly progressing incurable & un-correctable medical condition, which in the opinion of the treating physician is highly likely to lead to death within the next six months. A Specialized Medical Practitioner needs to opine that the life expectancy of the Insured Member is less than six months. The Waiting Period for Terminal Illness benefit is 180 days.

Waiting Period will not be applicable for existing members of take over and renewal schemes if the additional benefit is existing. It will be applicable for all new members of a scheme (take over or renewal) and for all members if the additional benefit is being introduced for the first time.

Critical Illnesses:

Critical Illness is defined as illnesses the signs or symptoms of which first commence more than ninety (90) days following the Date of Commencement of Risk (which is same as date of inception of the policy) or Effective Coverage Date of member or date of revival of the member coverage whichever is later,

and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered surgeries stated in this document. This benefit is payable if the Policy/ Member Coverage is in force as on date of first diagnosis or occurrence of any of the covered 35 Critical Illnesses listed below Critical Illnesses, post completion of 90 days from Date of Commencement of Risk or date of revival of the member coverage:

Sr. No	Covered Critical Illness
1	Alzheimer's Disease
2	Bacterial Meningitis resulting in permanent neurological deficit
3	Apallic Syndrome
4	Benign Brain Tumor
5	Severe Rheumatoid Arthritis
6	Cardiomyopathy
7	Cancer of specified severity
8	Coma of specified severity
9	Deafness
10	End stage Liver Failure
11	End stage Lung Failure
12	Myocardial Infarction (First Heart attack of specified severity)
13	Kidney failure requiring regular dialysis
14	Chronic Pancreatitis
15	Loss of Limbs
16	Blindness
17	Loss of speech
18	Third Degree Burns
19	Major Head Trauma
20	Open chest CABG (Coronary Artery Bypass Grafting)
21	Major organ/bone marrow transplant
22	Motor Neuron Disease With Permanent Symptoms
23	Multiple Sclerosis with persisting symptoms
24	Muscular Dystrophy
25	Medullary Cystic Disease
26	Open Heart replacement or repair of heart valves
27	Parkinson's Disease
28	Permanent Paralysis of limbs (Paraplegia)
29	Primary (Idiopathic) Pulmonary Hypertension
30	Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
31	Encephalitis leading to permanent neurological deficit
32	Surgery to Aorta
33	Poliomyelitis
34	Stroke resulting in permanent symptoms
35	Aplastic Anemia

There will be a survival period of 30 days applicable from the date of diagnosis of a Critical Illness (not applicable if Accelerated Critical Illness opted for)

For more details on the Critical Illness conditions, kindly refer the Policy Terms and Conditions on www.tataaia.com.

Exclusions for Critical Illness Benefit:

Apart from the exclusions specified in each of the diseases above, the following exclusions shall apply to the policy benefits admissible under this policy.

- Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the Effective Date of the Policy issued/ Coverage Effective Date/ Date of Revival by the Insurer or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the Effective Date of the Policy/ Coverage Effective Date or its revival.
 - c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the Policy/Coverage Effective Date/ Date of Revival in a diagnostic illness or medical condition
- Any covered event or its signs or symptoms having occurred within the Waiting Period of 90 days from the Date of Commencement of Risk or Effective Coverage Date of member or revival of coverage whichever is later.
- Self-inflicted injuries, attempted suicide, insanity and deliberate participation of the Insured Member in an illegal or criminal act with criminal intent.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified Medical Practitioner
- War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence with criminal intent.
- Sexually transmitted diseases.
- Radioactive contamination due to nuclear accident.
- Any treatment of a donor for the replacement of an organ.
- Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, UK, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time on the basis of Board Approved Underwriting Policy & Board Approved Claims Manual. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.

- Engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement, however Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

Waiting Period will not be applicable for existing members of take over and renewal schemes if the additional benefit is existing. It will be applicable for all new members of a scheme (take over or renewal) and for all members if the additional benefit is being introduced for the first time

Cancer Benefit

Carcinoma-in-Situ of any organ:

Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

The diagnosis of the Carcinoma in situ must always be supported by a histopathological report and should be certified by an Oncologist. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

- In the case of the cervix uteri, classified as cervical intraepithelial Neoplasia grade SEVERE or as Tis according to the TNM staging method or FIGO stage 0. Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.
- Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, and CIN II (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.
- Breast, where the tumour is classified as Tis according to the TNM staging method and actual mastectomy is covered, however partial mastectomy / lumpectomy do covered.

- Corpus, uteri, vagina, or fallopian tubes where the tumour is classified as Tis according to TNM staging method or FIGO stage 0
- Ovary include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1AN0M0, T1BN0M0 or FIGO 1A, FIGO 1B
- Colon and rectum
- Penis
- Testis / Orchiectomy
- Lung
- Liver
- Stomach and esophagus
- Urinary tract: Cystectomy for Cis of urinary bladder/T1N0M0, actual undergoing of total radical Cystectomy due to Cis / papillary carcinoma. Segmental Cystectomy is not covered.
- Nasopharynx

Early stage Cancers:

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

- Thyroid tumour is defined as papillary carcinoma of the thyroid that is less than 10 mm in diameter and is characterised by the uncontrolled growth and spread of malignant papillary thyroid cancer cells with invasion and destruction of normal thyroid tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification. The cancer is confined to the thyroid gland and has not spread to nearby lymph nodes or elsewhere in the body.
- Prostate tumour should be histologically described as TNM (T1N0M0) Classification T1a or T1b or T1c are of another equivalent classification, where the tumour is localized in the prostate but not palpable or detectable with imaging. This condition is characterised by uncontrolled growth and spread of malignant prostate cancer cells with invasion and destruction of normal prostate tissue. The cancer is still within the prostate and has not spread to nearby lymph nodes [N0] or elsewhere in the body [M0]. The diagnosis must always be on the basis of a microscopic examination of fixed tissue showing a Gleason Score of two to six. All grades of Prostate Intraepithelial Neoplasia (PIN) are not covered under this definition.
- Chronic Lymphocytic Leukaemia is categorized as the uncontrolled growth and spread of malignant lymphocyte white blood cells within the bone marrow and the blood. The Chronic Lymphocytic Leukaemia must be diagnosed and classified as Rai stage 0, 1, or 2. These early Rai stages of leukaemia imply that there is an elevated malignant monoclonal lymphocyte count with or without enlarged lymph nodes or spleen, but there is no anaemia and no thrombocytopenia.

- d) Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin
- e) Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- f) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

Exclusions will be same as for Critical Illness benefit.

Additional points under Cancer benefit:

- A waiting period of 180 days shall be applicable from the date of issue of the policy Date of Effective Coverage or Date of Revival of Policy or Member Coverage whichever is later:
- For any claim to be valid under this policy/ Member Coverage Term, the incidence of the condition must be the first occurrence in the lifetime of the Insured Member.
- Any claim made against one of the covered conditions will reduce the opted Sum Assured under the Policy/Member Coverage and the balance amount will be available for subsequent claims.
- 4 minor claims can be made under this benefit subject to the below mentioned cooling off period.

For multiple minor conditions claims of an individual member to be admissible, there needs to be a period of at least 180 days between the date of diagnosis of a minor condition claim and date of diagnosis of subsequent minor condition claim. However this requirement of 180 days is not applicable in case of diagnosis of a major condition claim following a minor condition claim.

- In no case, the total claims payout shall exceed 100% of the chosen Sum Assured as mentioned in the Policy Schedule.
- Any covered condition will be covered only once during Policy/ Coverage. For example once a Minor Stage Cancer claim is paid, no payment for any future claims under the Minor Stage of the same Cancer would be admissible. Same cancer means cancer of the same organ and histological type. Where the organs are in a pair such as breasts, lungs, kidneys, testes, ovaries etc., the entire pair is considered as one organ.

Waiting Period will not be applicable for existing members of take over and renewal schemes if the additional benefit is existing. It will be applicable for all new members of a scheme (take over or renewal) and for all members if the additional benefit is being introduced for the first time.

Accelerated Total Permanent Disability:

"Total Permanent Disability" means disablement of the Insured Member.

The Insured Member has become totally and irreversibly disabled as a result of accident or illness and can be in any one of the below forms:

- 1) The total and permanent loss by severance or loss of use of both hands, and both feet, or both eyes, and a combination of any two (i.e. severance or loss of one hand and loss of sight of one eye or loss of one foot and loss of sight of one eye or loss of one hand and one foot), will also result in the Insured Member being regarded as totally and permanently disabled. or
- 2) The Insured Member must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit. or
- 3) The Insured Member must be unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living".

Waiting period of 90 days (from the date of commencement of risk or revival whichever is later) is applicable for TPD due to illness. No waiting period for any TPD due to accident.

Waiting Period will not be applicable for existing members of take over and renewal schemes if the coverage is existing. It will be applicable for all new members of a scheme (take over or renewal) and for all members if the coverage is introduced for the first time.

Activities of Daily Living

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

The above disability must have lasted without interruption for at least six (6) consecutive months (180 days) and must be deemed permanent by a Medical Practitioner appointed by the Company of concerned specialty.

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 limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only.

Loss of sight means total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or;
- the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

The diagnosis must be certified by a qualified ophthalmologist.

Exclusions under Total Permanent Disability

- Attempted suicide or self-inflicted injury, whether the Insured Member is sane or insane.
- Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the Effective Date of the Policy issued/ Coverage Effective Date/ Date of Revival by the Insurer or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the Effective Date of the Policy/ Coverage Effective Date or its revival.
 - c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the Policy/Coverage Effective Date/ Date of Revival in a diagnostic illness or medical condition
- War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, or civil commotion.
- Radioactive contamination due to nuclear accident.
- Service in the armed forces, of any country at war or service in any force of an international body.
- Taking part in any naval, military or air force operation during peace time.
- Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
- Engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not.
- Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Registered Medical Practitioner
- Participation by the insured person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable, however Pilots, Cabin crew, aeronautical staff

members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

Accidental Death Benefit

An Accident refers to a sudden, unforeseen and involuntary event caused by external, violent & visible means which occurs during the lifetime of the Insured Member but excludes illness and diseases.

An Accidental death means the death of the Insured Member which results directly, solely and independently of any other causes from bodily injury and occurs within 180 days of the date of accident.

If the death is caused by Accident under Level Cover, provided the Policy/ Member Coverage is in force, We shall pay an additional amount equal to the Sum Assured payable under 'Death or Accelerated Terminal Illness'. The benefit of additional Accidental Death benefit can be availed only under Level Cover and is not available under Reducing Cover.

Where Accident leading to death has occurred during the Coverage Term but Accidental Death has occurred after the expiry of Coverage Term, however within 180 days from the date of Accident, we shall pay the Accidental Death benefit. No Sum Assured shall be payable since the Coverage Term has expired.

In the event of the death of the Insured Member after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit. The coverage must be in-force at the time of accident. The Company shall not be liable to pay this benefit in case the death of the Insured Member occurs after the date of termination of the Policy/ Member Coverage.

Accidental Death Exclusions:

Death due to accident should not be caused by the following:

- Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Insured Member is under the influence of any narcotic substance or drug or intoxicating liquor unless taken in accordance with the lawful directions and prescription of a Registered Medical Practitioner; or
- Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route however Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy; or
- The Insured Member with criminal intent, committing any breach of law; or

- Due to war, whether declared or not or civil commotion; or
- Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

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 Policy Term/ Member Coverage Term basis the Premium Payment Term as defined below.

- In case of Single Premium policies, surrender value/Unexpired risk value shall be payable at any point during the Member Coverage Term for both with and without Return of Premium Option.
- In case of Limited Pay option, the surrender benefit/Unexpired risk value will be available if at least two full years’ premiums are paid, in case of both with and without Return of Premium Option.
- In case of Regular Pay option, the surrender benefit/Unexpired risk value will be available if at least two full years’ premiums are paid, in case of With Return of Premium Option

By Insured Member - In case of Regular Premium or Limited Premium option, the surrender benefit will be available if at least two full years premiums are paid.

By Master Policyholder - In case of Regular Premium or Limited Premium option, the Policy can be surrendered by the Master Policyholder by giving a written intimation to the Company. In such cases, post surrender new enrolments will cease and the existing insured members shall continue to be covered under the Policy as an individual coverage on same terms and condition as those of the group Policy or avail surrender benefit and terminate the insurance cover.

Surrender Value without Return of Premium option:

Premium Payment Term	Unexpired risk value
Single Pay	Unexpired Risk premium value = (50% 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 Unexpired risk value payable
Regular Pay	No Unexpired risk value payable
Limited Pay	Unexpired Risk premium value= (50% of Total Premiums Paid) x (Unexpired member Coverage Term / Total member Coverage Term) x (Coverage at the time of surrender / Sum Assured at inception)

Surrender Value with Return of Premium Option

Surrender Value = Special Surrender Value factor x Total Premiums Paid

Given that the pricing interest rate reflects the prevailing market conditions, the Company may revise the SSV factors from time to time subject to the Asset and Liability committee's (ALCO) approval. However, any change in the methodology/formula for calculating SSV factors shall be subject to IRDAI approval. Any change in SSV factors shall be filed with the Authority.

For more details on Surrender Value Factors, kindly refer the Policy Terms and Conditions on www.tataaia.com.

Health Status

The Premium rates derived for OYRT, and Non-Single Pay will be 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 as mentioned below

Health Status	Adjustment Factor
Status - Bronze	100%
Status - Silver	98%
Status - Gold	90%
Status - Platinum	80%

Revised Premium Rate = Premium Rate X Adjustment Factor

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. Any change in the scoring structure will be communicated to the life assured with a notice of minimum 30 days in advance. The above is aimed to mitigate the underlying risk through an improvement in health status of the insured members and thereby reducing claims / exits. Hence it is expected to form an important consideration while pricing a given group scheme. The measurement / assessment / classification of health status may be undertaken by the Company or through any other service provider(s).

Tata AIA Health Score Grid and Criteria:

The health status level of the Insured shall be monitored over

the duration of each policy year and a health Status shall be earned throughout the year. The health Status shall be used to determine the premium adjustment factor. The health Status shall not be at the discretion of the Insurer and shall be driven by an objective criterion in line with the board approved underwriting policy. The health Status attributed to the Insured shall be based on a score-based structure and shall be either Bronze, Silver, Gold or Platinum. The health scores are allocated through a range of parameters comprising of online assessments, physical activity & health check-up.

Health Status – Score

The Health Status is driven by accumulation of health score. The scores are allocated through a range of parameters comprising of online assessments, physical activity & health check-up. The table below gives point distribution structure for determining Health status:

Health Status	Accumulated Health Score
Bronze	0 – 9,999
Silver	10,000 – 19,999
Gold	20,000 – 24,999
Platinum	25,000 and above

Health Score Accumulation Structure

The Life Insured can earn health score through a range of parameters as provided below:

Details	Limits
Online Assessment	3,900
Health Screening	12,000
Physical activity	15,000

Online Assessment – Annual

Points / Activity	Activity	Max Health Score (limit p.a.)	Remarks
Assessments	Health Review	1,000	Assessment are available for all Life Insured irrespective of Health Status. Health Score are allocated to all Life Insured who have completed the assessment.
	Nutrition Assessment	1,000	
	Mental Wellbeing	900	
	Declaration: Smoker / Non-Smoker	1,000	

Health Screening – Annual (to be undertaken by the Life Assured)

Details	Score for doing the health screening	Additional Score if the results are within the clinically accepted range	Remarks
BMI	1,500	1,500	Health score are allocated to Life Assured basis health screenings conducted and also if the results of the test being in line with WHO recommended clinical range
Blood Pressure	1,500	1,500	
Cholesterol	1,500	1,500	
Glucose	1,500	1,500	

Physical Activity – Daily¹

Steps / Heart Rate	Health Score per day
Steps: 7,500-9,999 Or, Heart rate: At least 30 mins of physical activity in one exercise session a day at an average heart rate of 60% or more of your age-related maximum heart rate	50
Steps: ≥10,000 Or, Heart rate: At least 30 mins of physical activity in one exercise session a day at an average heart rate of 70% or more of your age-related maximum heart rate Or, Heart rate: At least 60 mins of physical activity in one exercise session a day at an average heart rate of 60% or more of your age-related maximum heart rate	100

Each of these parameters have capping limits to ensure that the life assured engages in all the parameters defined above as this will lead to overall improvement of life insured’s health.

A maximum of one exercise event is allowed per day to earn health scores for physical activity. If more than one event is recorded in a single day, the event with the highest number of scores will be awarded.

Health Management Service

The health management services may be offered to groups, depending on the cost-benefit analysis of offering such services. These services will include medical second opinion / Personal Medical Case Management / Medical Consultation services, which is expected to help reduce claim cost of the group.

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;
- This Service is available to be utilised throughout the policy term, subject to prevailing eligibility conditions.
- The eligibility will be driven by the Board Approved Policy and there will be objective way of quantifying the cost – benefit analysis such that the expected savings in mortality is atleast more than offset the cost involved in offering this service.
- These health management services are completely optional to avail for the customer of group to which it is offered
- For Life Insured/Master Policyholder availing such services, they are offered at no additional cost.
- The Life Insured/Master Policyholder 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.
- The Company 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 the Company will not be liable for any liability.

Non-forfeiture benefits:

Lapse:

At any time during the Policy Term/ Coverage Term, if the premiums are not paid within the Grace Period, the Policy/ Coverage of the Insured Member will lapse. This will only be true in case of those Limited Pay/Regular Pay policies for which premiums have been paid for less than 2 years. Such Policy/ Coverage of the Insured Member may be revived, within five years from the due date of the first unpaid premium. However, if the policy/ Coverage of the Insured Member is not revived, no further benefit will be payable and the Policy/ Coverage of the Insured Member will terminate.

The Policy/ Coverage of the Insured Member will be converted into a Reduced Paid-up by default, provided premiums for at least full 2 years is paid for Limited Pay (With and Without Return of Premium Option) / Regular pay (With Return of Premium Option) policies 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 Policy/ Coverage of Insured Member 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:

The Policy/ Coverage of the Insured Member will be converted into a Reduced Paid-up policy by default, provided the policy has acquired a surrender value and subsequent premiums remain unpaid.

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

For the purpose of the benefit descriptions below, the "Reduced Paid-up (RPU) Factor" at any point during the term of the policy shall be defined as: $RPU \text{ Factor} = (\text{No of Premiums paid}) / (\text{No of Premiums Payable during the entire premium payment term})$

a.) Death/ Accidental death /Accelerated Terminal Illness/Accelerated Critical Illness/Accelerated Total Permanent Disability Benefit/ Additional Critical Illness/ Additional Cancer Benefit (as the case may be) = Benefit payable as per the option chosen x RPU Factor

b.) Reduced Paid up Benefit in case of Return on Premium Benefit option, Total Premiums paid is payable at Maturity.

The surrender value/**Unexpired Risk Value** shall be acquired during the member coverage term basis the Premium Payment Term as defined below.

- In case of Single Premium, surrender value/Unexpired Risk Value is payable at any point during the member coverage term for both with and without Return of Premium Option.
- In case of Limited Pay option, the surrender benefit/Unexpired Risk Value will be available if at least two full years' premiums are paid, in case of both with and without Return of Premium Option.
- In case of Regular Pay option, the surrender benefit/Unexpired Risk Value will be available if at least two full years' premiums are paid, in case of With Return of Premium Option.

Grace Period:

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 the full premium for the first 2 years of coverage remains unpaid at the end of their Grace Period for Limited / Regular Pay 5 years, the Coverage shall lapse from the due date of the first unpaid premium. 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:

For Single Pay: There is no revival option for Single Premium.

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 Underwriting Guidelines duly approved by the Board 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 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 we 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 455 days', 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 2023 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.

Terms and Conditions

Free Look Period

The Policyholder/ Insured Member has a free look period of 15 days from the date of receipt of the Policy Document/ Certificate of Insurance and the period shall extend to 30 days, if the policy is sourced through electronic or distance marketing mode, to review the terms and conditions of the Policy Document/ Certificate of Insurance and if the Policyholder/ Insured Member disagree 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 Policyholder

The Policy shall terminate forthwith and all rights, benefits and

interests under the Policy shall cease immediately. We will refund the premiums received by the Company, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Insured Member(s) along with applicable taxes and cesses or levies, if any. No new Insured Members will be enrolled under the Policy.

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

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 policyholder 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/Unexpired Risk 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, at least 80% of Total Premiums Paid till the date of death or Surrender Value/ Unexpired Risk 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 force. Further, the policy shall remain in force for the surviving Life to the extent of Sum Assured applicable for that life(s).

Active at Work:

This exclusion 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.

Tax Benefits

Premiums paid under this plan may be 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 may 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.

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

- 1. 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.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS	IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint
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