



Protecting your loved ones with the promise of total security

Aditya Birla Sun Life Insurance Poorna Suraksha Kawach

A Non-Linked Non-Participating Individual Pure Risk Premium Life Term Insurance Plan

**Aditya Birla Sun Life
Insurance Co. Ltd.**



**ADITYA BIRLA
CAPITAL**

LIFE INSURANCE

Introducing ABSLI POORNA SURAKSHA KAWACH

Life changes every minute around us. In a world full of uncertainties, what remains constant is your desire to shield your loved ones from any contingencies. You strive to accommodate all the necessities of your family and look after their sense of well-being, happiness, and security. However, unforeseen circumstances can act as a hindrance in this regard, and you need a specialised solution to guarantee your family's happiness and aim to secure their future, even in your absence.

Introducing **ABSLI Poorna Suraksha Kawach**, a complete and comprehensive protection solution, specifically designed to fulfil your financial requirements and secure your family's future in the face of uncertainties.

Why Should You Buy ABSLI POORNA SURAKSHA KAWACH?



Choice of 6 Plan Options offering comprehensive life insurance coverage to suit your varied protection needs



Return of Premium (ROP) and Early Return of Premium (ERoP) option along with life insurance cover to secure your savings



Waiver of Premium (WOP) on CI (Critical Illness) and TPD (Total Permanent Disability) for added financial security



Flexibility to avail a 'One Time Exit Value' and get back your premiums paid as a dependable support system in case of emergencies



Inbuilt Terminal Illness Benefit



Accelerated Critical Illness (ACI) Benefit option covering 42 specified critical illnesses, on payment of additional premium

Your Choices At Inception

Step 1: Choose your Plan Option:

You will have the flexibility to choose between **6 Plan Options** as given below:

- **Option 1: Level Cover Option:**
Get a simplified protection cover to shield your family against unfortunate death of the Life Insured.
- **Option 2: Return of Premium (ROP) Option:**
Get all your premiums back at the end of the Policy Term along with a protection cover during the Term.
- **Option 3: Early Return of Premium (EROP) Option:**
Get all your premiums back after a chosen Retirement Age along with a protection cover during the Policy Term.
- **Option 4: Level Cover plus Waiver of Premium on CI/TPD Option:**
Get protection against death, disease and disability under one plan
- **Option 5: Increasing Cover Option:**
Get a dynamic protection cover that increases by a chosen Sum Assured Escalation Rate during the Policy Term.
- **Option 6: Sum Assured Reduction Option:**
Get a protection cover which goes hand-in-hand with your changing needs and decreases after a chosen Retirement Age.

The Plan option once selected cannot be changed at a later date. Premium payable will vary depending upon the Plan Option chosen.

Step 2: Choose your Sum Assured:

Choose the amount of life cover basis your protection needs

Step 3: Choose your Policy Term:

Choose how long you wish to be covered for basis your financial requirements

Step 4: Choose your Premium Payment Term and Premium Payment Mode

Choose how long you wish to pay premiums under your Policy along with the mode of premium payment

Step 5: Choose specifications basis your chosen Plan Option*

Choose your Retirement Age, Sum Assured Escalation Rate and/or Sum Assured Reduction Factor applicable to your Plan Option

*Only applicable for Plan Option 3, 5, 6.

Your Plan Options in Detail

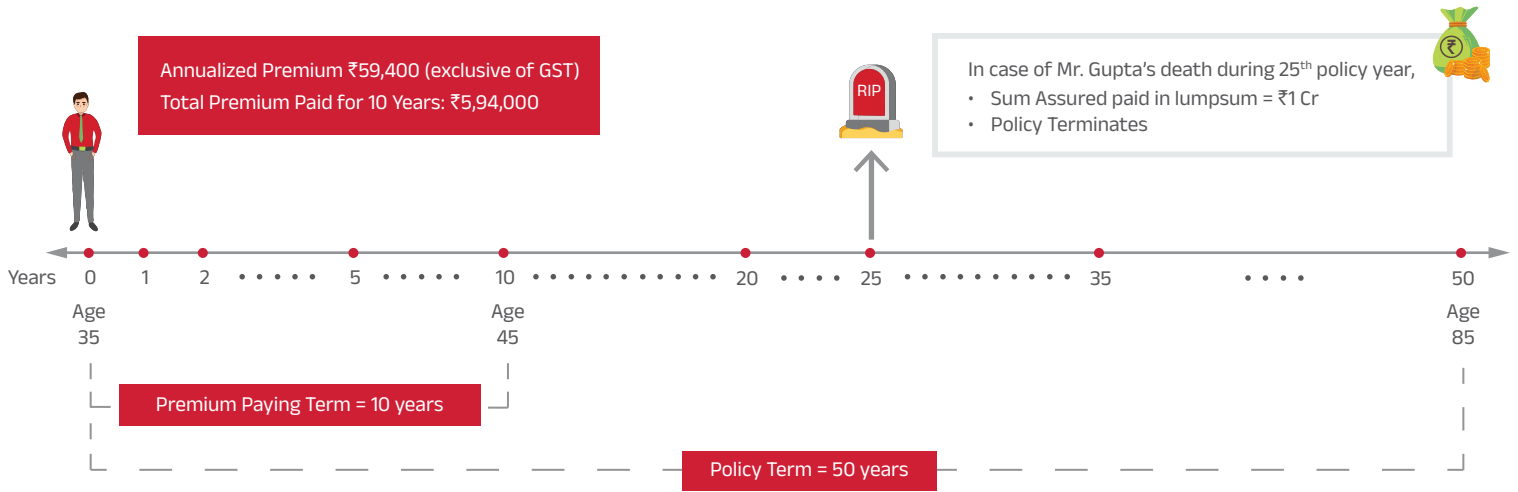
Let us look into all these Plan Options in detail:

Option 1: Level Cover Option

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in lump-sum.

- **How does this Plan Option work?**
Let us take an example of Mr. Gupta, 35 years old, who opts for ABSLI Poorna Suraksha Kawach – Level Cover Option for a Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 10 years.

Unfortunately, he dies during the 25th Policy year. His Nominee is paid a lump-sum equal to ₹1 crore and the Policy terminates. The same is illustrated below:



Premiums are exclusive of taxes.

- Your choices at inception:**

You will have to choose the Sum Assured, Policy Term, Premium Payment Term and mode of premium payment.

- Your eligibility criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male Female Transgender	18 years	65 years	Single Pay	5 years	55 years	Single	85 years	Min: ₹25 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay	PPT + 5 years		Annual Semi-Annual Quarterly Monthly		
			7 Pay					
			10 Pay					
			12 Pay					
		15 Pay						
60 years	20 Pay							
54 years	To age 60							
65 years	Regular Pay	10 years						

Option 2: Return of Premium (ROP) Option

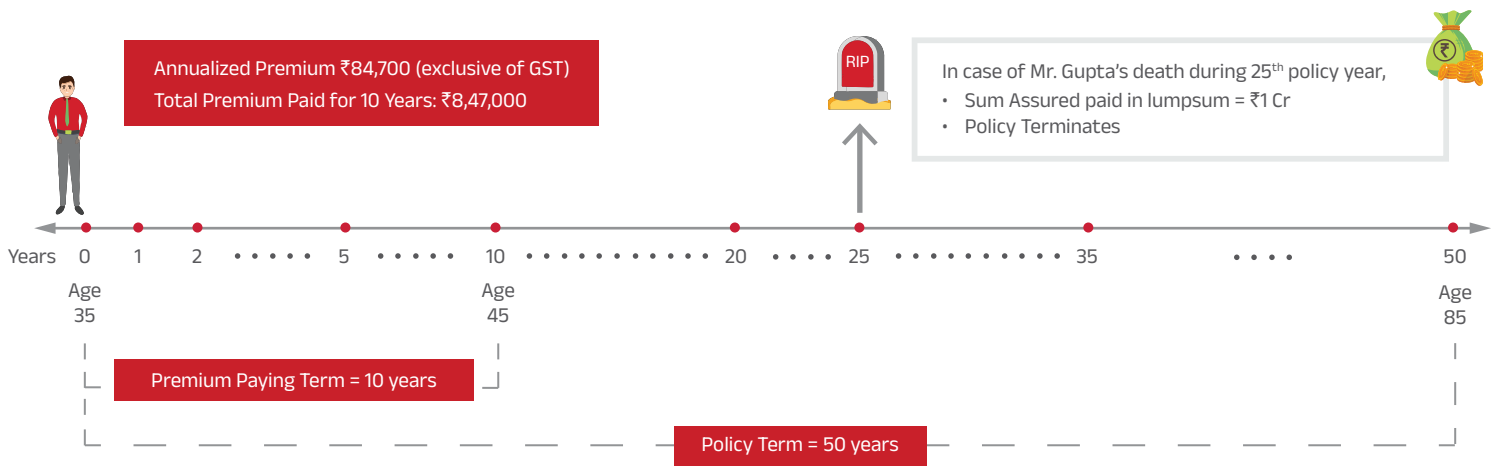
Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in lump-sum.

Additionally, on survival of Life Insured till the end of the Policy term, 100% of the Total Premiums Payable will be paid.

- How does this Plan Option work?**

Let us take an example of Mr. Gupta, 35 years old, who opts for ABSLI Poorna Suraksha Kawach – Return of Premium Option or a Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 10 years.

Unfortunately, he dies during the 25th Policy year. His Nominee is paid a lump-sum equal to ₹1 crore and the Policy terminates. The same is illustrated below:



Premiums are exclusive of taxes.

In case of his survival till the end of the Policy Term, he will be paid a Maturity Benefit of ₹8,47,000 (₹84,700 x 10 years).

Your choices at inception:

You will have to choose Sum Assured, Policy Term, Premium Payment Term and mode of premium payment

Your eligibility criteria:

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male Female Transgender	18 years	65 years	Single Pay	20 years	55 years	Single	85 years	Min: ₹25 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			6 Pay					
			8 Pay					
			10 Pay					
			Regular Pay	10 years		Annual Semi-Annual Quarterly Monthly		

Option 3: Early Return of Premium (EROP) Option

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in lump-sum.

Additionally, basis your financial needs, you will have the flexibility to choose a Retirement Age at inception among the following:

Retirement Age	60 years	65 years	70 years	75 years
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On survival till the policy anniversary falling after your chosen Retirement Age, 100% of the Total Premiums Payable will be payable to you.

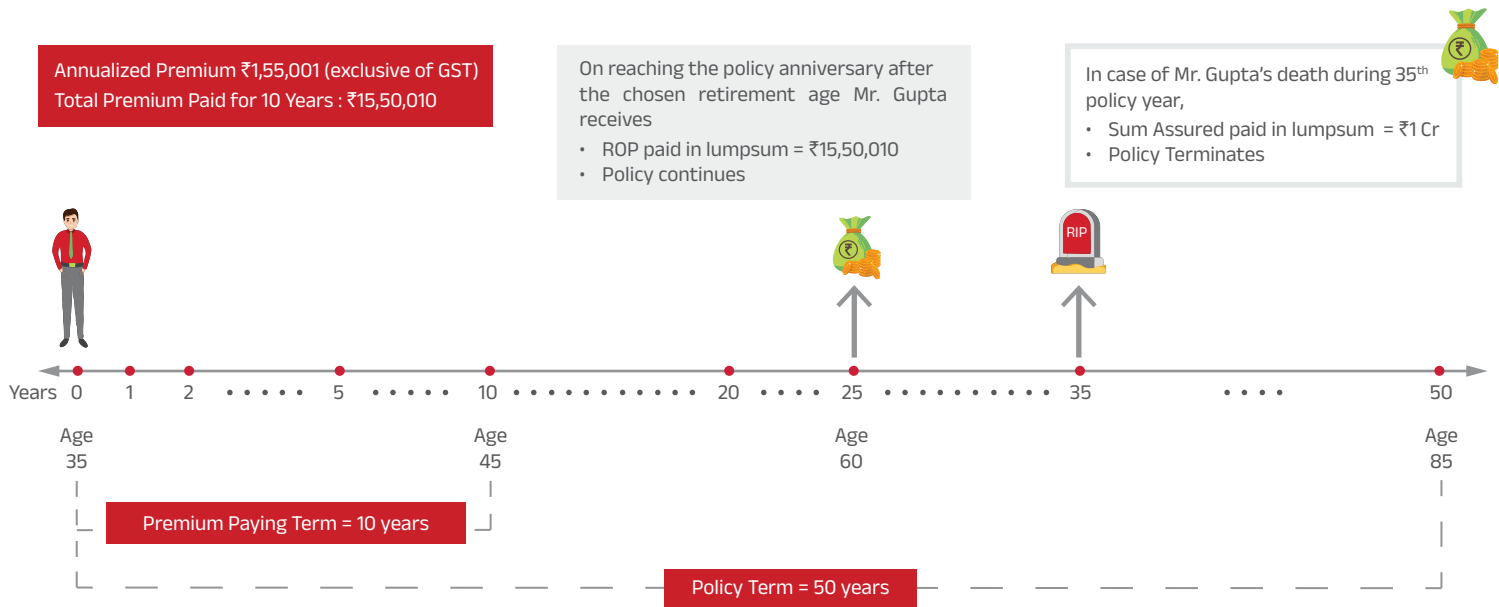
Please note: The Retirement Age should be at least 5 years more than the age of the Life Insured at the end of the Premium Payment Term and should be less than the Maturity Age.

• **How does this Plan Option work?**

Let us take an example of Mr. Gupta, 35 years old, who opts for ABSLI Poorna Suraksha Kawach – Early Return of Premium Option for a Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 10 years.

He also chooses a Retirement Age of 60 years. On the policy anniversary falling after attaining Age 60, he will receive an amount equal to Total Premiums Payable i.e., ₹15,50,010 (₹155,001 * 10 years). The policy will continue with life cover intact.

Unfortunately, he dies during the 35th Policy year. His Nominee is paid a lump-sum equal to ₹1 crore and the Policy terminates. The same is illustrated below:



Premiums are exclusive of taxes. Policy Anniversary coincides with his Date of Birth.

• **Your choices at inception:**

You will have to choose Sum Assured, Policy Term, Premium Payment Term, Retirement Age, and mode of premium payment

• **Your eligibility criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male Female Transgender	18 years	65 years	Single Pay	20 years	55 years	Single	85 years	Min: ₹25 lakhs Max: No Limit, subject to Board approved Underwriting Policy
		64 years	6 Pay			Annual Semi-Annual Quarterly Monthly		
		62 years	8 Pay					
		60 years	10 Pay					

Option 4: Level Cover plus Waiver of Premium on CI/TPD option

Under this option, in case of unfortunate death of the Life Insured during the Policy Term, provided all due premiums have been paid, the Nominee(s) will be paid Sum Assured on Death, in lump sum.

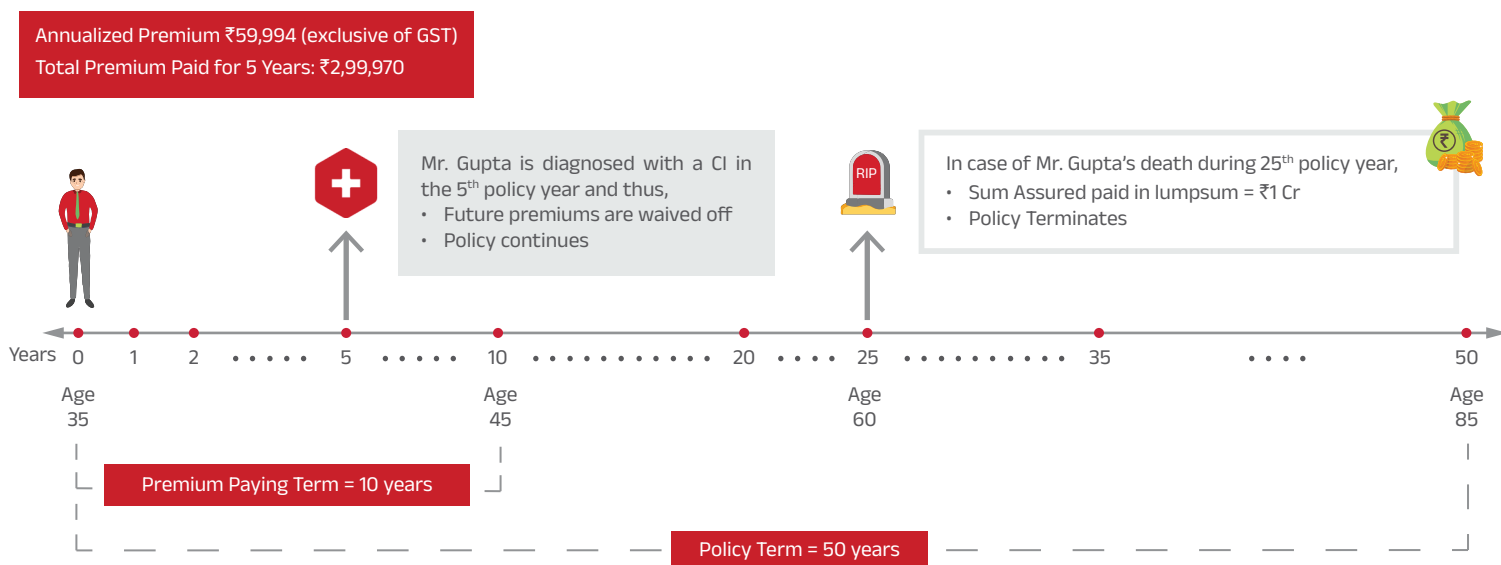
In case the Life Insured is diagnosed with a critical illness (from the specified list of critical illnesses defined later) or total and permanent disability (TPD) during the Premium Payment Term, provided the Policy is in-force and the life insured is aged no more than 65 years at the date of diagnosis, future due premiums shall be waived off and the policy will continue.

• **How does this Plan Option work?**

Let us take an example of Mr. Gupta, 35 years old, who opts for ABSLI Poorna Suraksha Kawach – Level Cover plus WOP on CI/TPD Option for Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 10 years.

He contracts a critical illness during the 5th policy year. As a result, all the future premiums are waived off and the policy continues.

Unfortunately, he dies during the 25th Policy year. His Nominee is paid a lump-sum equal to ` 1 crore and the Policy terminates. The same is illustrated below:



Premiums are exclusive of taxes.

• **Your choices at inception:**

You will have to choose Sum Assured, Policy Term, Premium Payment Term and mode of premium payment.

• **Your eligibility criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male Female Transgender	18 years	50 years	5 Pay	(PPT + 5) years	55 years	Single	85 years	Min: ₹25 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			7 Pay					
			10 Pay					
12 Pay								
15 Pay								
20 Pay	To age 60	Annual Semi-Annual Quarterly Monthly						
49 years								
		50 years	Regular Pay	10 years				

Option 5: Increasing Cover Option

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in a lump-sum as applicable on date of death. The Sum Assured chosen at inception will increase by a fixed percentage at each Policy anniversary, referred to as the Sum Assured Escalation Rate.

At Policy inception, you can choose to enhance your Sum Assured at each Policy anniversary by a Sum Assured Escalation Rate of 5% p.a. (simple) or 10% p.a. (simple).

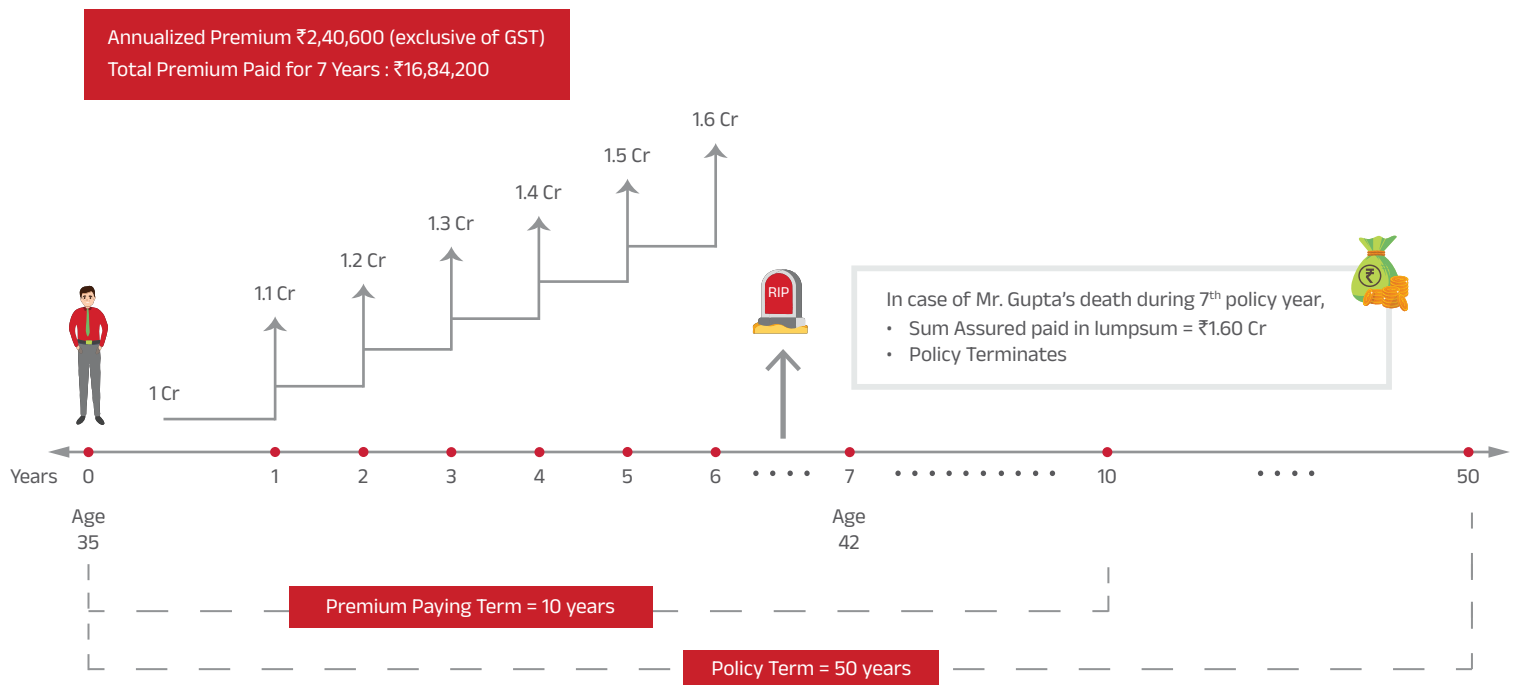
Please note: The Sum Assured Escalation Rate cannot be changed during the term of the Policy.

- **How does this Plan Option work?**

Let us take an example of Mr. Gupta, 35 years old, who opts for ABSLI Poorna Suraksha Kawach – Increasing Cover Option for a Sum Assured of ₹1 crore and a Sum Assured Escalation Rate of 10% p.a. (simple). He chooses a Policy Term of 50 years and Premium Payment Term of 10 years.

Unfortunately, he dies during the 7th Policy year. His Nominee is paid a lump-sum equal to the then applicable Sum Assured of ₹1.60 crore and the Policy terminates. The same is illustrated below:

SA increases every policy year @ 10% p.a. simple i.e., by ₹10 lakh



- **Your choices at inception:**

You will have to choose the Sum Assured, Sum Assured Escalation Rate, Policy Term, Premium Payment Term and mode of premium payment.

- **Your eligibility criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male Female Transgender	18 years	65 years	Single Pay	5 Years	55 years	Single	85 years	Min: ₹25 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay	(PPT + 5) years		Annual Semi- Annual Quarterly Monthly		
			7 Pay					
			10 Pay					
			12 Pay					
		15 Pay						
		60 years	20 Pay					
		54 years	To age 60					
65 years	Regular Pay	10 years						

Option 6: Sum Assured Reduction Option

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in a lump-sum as applicable on the date of death. The Sum Assured chosen at inception will decrease by a fixed percentage, referred to as 'Sum Assured Reduction factor' post Retirement Age chosen by you.

You have the option of choosing from the following Retirement Ages and the following Sum Assured Reduction factors:

Retirement Age	60 years	65 years	70 years	75 years
Sum Assured Reduction Factor	25% of Sum Assured OR 50% of Sum Assured			

Please note: The Retirement Age should be at least 10 years more than the age of the Life Insured at inception of the Policy and less than the maturity age. Also, the Retirement Age and the Sum Assured Reduction Factor cannot be changed during the term of the Policy.

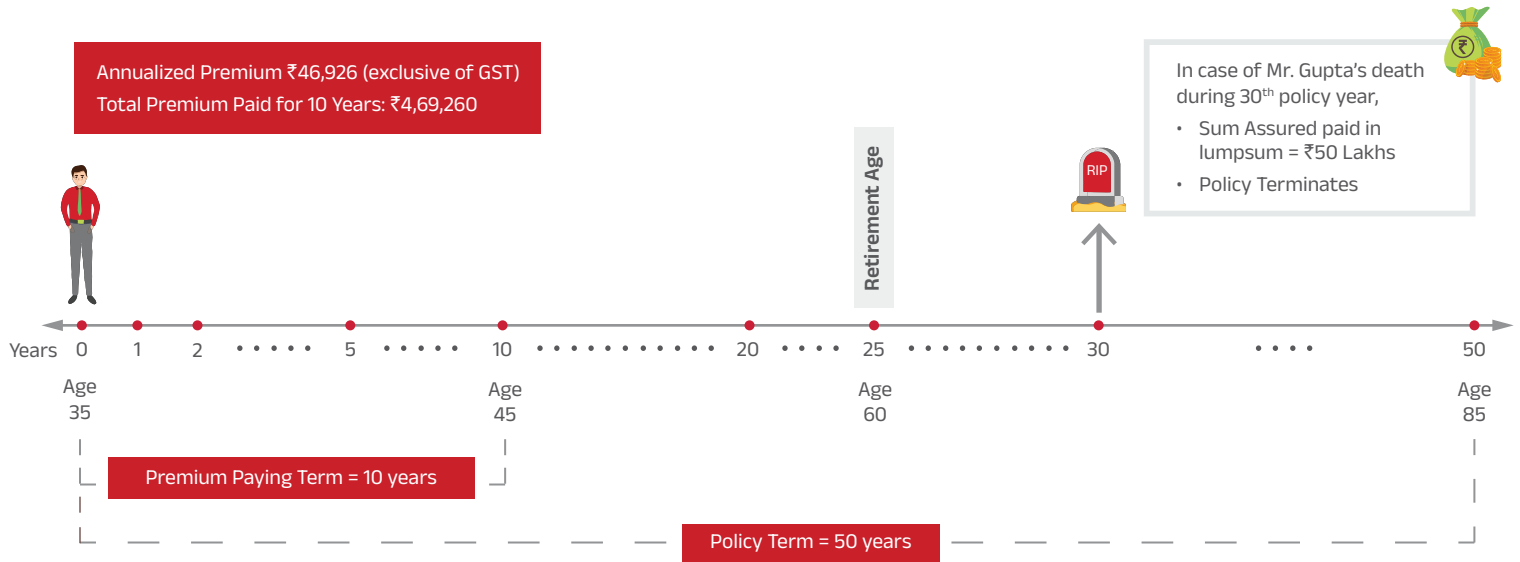
- **How does this Plan Option work?**

Let us take an example of Mr. Gupta, 35 years old, who opts for ABSLI Poorna Suraksha Kawach – Sum Assured Reduction Option for a Sum Assured of ₹1 crore and a Sum Assured Reduction Factor of 50% at a Retirement Age of 60 years. He chooses a Policy Term of 50 years and Premium Payment Term of 10 years.

Unfortunately, he dies during the 30th Policy year. His Nominee is paid a lump-sum equal to the then applicable reduced Sum Assured of ₹50 lakhs and the Policy will be terminated. The same is illustrated below:

Sum assured of ₹1 Cr

Sum assured reduced by 50% to ₹50 lakhs after age 60



Premiums are exclusive of taxes.

Your choices at inception:

You will have to choose Sum Assured, Retirement Age, Sum Assured Reduction Factor, Policy Term, Premium Payment Term and mode of premium payment.

Your Eligibility criteria:

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male Female Transgender	18 years	65 years	Single Pay	11 Years	55 years	Single	85 years	Min: ₹25 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay	11 Years				
			7 Pay	(PPT + 5) years				
			10 Pay					
			12 Pay					
		15 Pay	60 years	20 Pay				
		54 years		To age 60				
65 years	Regular Pay	11 years						

Sample Premium Rates

Below are the sample premiums (excl. taxes) applicable for a non-smoker Male life opting for ₹1 crore Sum Assured with coverage till age 80 years.

Plan Options	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5	Plan Option 6
Age at Entry/ Premium Payment Term	Level Cover Option	Return of Premium (RoP)	Early Return of Premium (ERoP) ²	Level Cover plus Waiver of Premium on CI/TPD	Increasing Cover Option ¹	Sum Assured Reduction Option ²
	Regular Pay	Regular Pay	10 Pay	10 Pay	Regular Pay	Regular Pay
25 years	15,100	19,300	54,036	33,229	49,800	14,798
35 years	22,200	30,500	85,799	50,399	67,700	21,534
45 years	38,800	57,500	1,50,368	86,108	98,300	36,860
55 years	66,000	1,15,200	NA	NA	1,36,500	61,380
65 years	1,16,300	3,12,200	NA	NA	1,81,900	1,00,018

¹Sum Assured Escalation Rate @ 10%

²Retirement Age 75 years & Sum Assured Reduction Factor for Option 6 - 50%

Your Policy Benefits

Death Benefit

In case of unfortunate demise of the Life Insured during the Policy Term, the Death Benefit will be Sum Assured on Death payable in lump sum.

In case Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim has already been paid, the Death Benefit payable shall be reduced to the extent of reduction in Sum Assured on account of Terminal Illness and/or Accelerated Critical Illness (ACI) Benefit already paid

The policy shall be terminated once the Death Benefit is paid.

Where,

Sum Assured on Death for a Regular Pay and Limited Pay Policy will be the highest of -

- 11 times of the Annualized Premium; or
- 105% of Total Premiums paid as on the date of death; or
- The Effective Sum Assured as on the date of death

Sum Assured on Death for Single Pay Policy will be the highest of -

- 125% of Single Premium; or
- The Effective Sum Assured as on the date of death

Annualized Premium shall be the premium amount payable in a year chosen by the Policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. Any extra premium on account of ACI Benefit, if any, is also excluded.

Single premium is the lump-sum payable by the Policyholder to effect this Policy, excluding any underwriting extra premiums, if any. Applicable taxes and any applicable rider premiums will be collected additionally. Any extra premium on account of ACI Benefit, if any, is also excluded.

Total Premiums paid means total of all the premiums received, excluding any extra premium, any loadings for modal premiums, any rider premium and taxes, if any. Any extra premium on account of ACI Benefit, if any, is also excluded.

The Effective Sum Assured as on the date of death reflects any increase or reduction in Sum Assured chosen at inception of the Policy in accordance with the Plan Option chosen as defined below:

- For Option 1,2,3,4 – Effective Sum Assured will be the same as Sum Assured throughout the Policy Term.
- For Option 5 – Sum Assured escalating at the chosen Sum Assured Escalation Rate at each policy anniversary till the end of the Policy Term.
- For Option 6 –
 - Before Retirement Age: Effective Sum Assured will be the Sum Assured
 - After Retirement Age: Effective Sum Assured will be the Sum Assured chosen reduced by the Sum Assured Reduction Factor till the end of the Policy Term.

Survival Benefit

For Plan Option 1, 2, 4, 5, 6:

No Survival Benefit will be payable.

For Plan Option 3:

On survival of the Life Insured till the policy anniversary falling after the chosen Retirement Age, Survival Benefit will be payable i.e., an amount equal to Total Premiums Payable excluding underwriting extra premiums and loadings for modal premiums, if any, rider premiums if any and applicable taxes. Any extra premium on account of ACI Benefit, if any, is also excluded.

Maturity Benefit

For Plan Option 1, 3, 4, 5, 6:

No Maturity Benefit will be payable.

For Plan Option 2:

On the survival of Life Insured till the end of Policy Term, we will pay the Total Premiums Payable excluding underwriting extra premiums and loadings for modal premiums, if any, rider premiums if any and applicable taxes. Any extra premium on account of ACI Benefit, if any, is also excluded.

Terminal Illness Benefit

In case Life Insured is diagnosed with a Terminal Illness during the Policy Term and Life Insured has not exceeded the Age of 80 years, 50% of the applicable Sum Assured on Death, subject to a maximum of ₹2 Crore, will be paid immediately and future due premiums are waived off. On subsequent death of the Life Insured during the policy term, the Sum Assured on Death shall be reduced by the amount of Terminal Illness Benefit already paid.

Terminal Illness Benefit shall only be payable on the first diagnosis of any Terminal Illness of the Life Insured during the Policy Term.

Example: Ajay (aged 35) opts for ABSLI Poorna Suraksha Kawach – Level Cover Option for Sum Assured ₹1 crore with Policy Term of 50 years and Premium Payment Term of 10 years. He pays annual premium of ₹59,400 (excl. taxes) p.a. During 17th Policy Year, Ajay is diagnosed with Terminal Illness, 50% of Sum Assured i.e., ₹50 lakh is paid immediately as lump-sum and future due premiums are waived off. On his unfortunate demise after 2 months from the diagnosis of Terminal Illness, Death Benefit of ₹50 Lakh is paid in lump sum to his Nominee.

Accelerated Critical Illness (ACI) Benefit

Under this benefit, Accelerated Critical Illness (ACI) Sum Assured will be payable to policyholder on the first diagnosis of any of the specified critical illnesses, as provided in the Annexure, during the ACI Benefit Cover Period, provided the policy is in-force and meets the required ACI terms and conditions. Once the ACI Sum Assured is paid on the first occurrence of any of the specified critical illness during the ACI Term, the ACI benefit will terminate.

Upon payment of the ACI Benefit Sum Assured, the Death Benefit will be reduced for the ACI benefit already paid, for the rest of the Policy Term and the Policy will continue provided all premiums are paid in full on due dates. Future premiums payable under the Policy for Death Benefit will also reduce proportionately and in the same proportion as Death Benefit is reduced post payment of ACI Benefit Sum Assured.

The ACI Sum Assured is fixed and will not change even if the Sum Assured under the base policy changes during the Policy Term. The ACI Benefit is accelerated and not an additional benefit i.e. policy will continue till maturity after the ACI benefit is paid, provided the policy is in-force and all premiums are paid in full.

Accelerated Critical Illness Sum Assured will be minimum 5 Lakhs and maximum 50% of Base Sum Assured, subject to maximum limit of 50 lakhs. It will be allowed in steps of 5 lakhs only.

Example: Sachin (aged 35) opts for ABSLI Poorna Suraksha Kawach – Level Cover Option for Sum Assured ₹1 crore and ACI Sum Assured of ₹25,00,000 with Policy Term of 50 years and Premium Payment Term of 10 years. He pays annual premium of ₹68,025 (excl. taxes) p.a., where ₹59,400 is for Death Cover and ₹8,625 for ACI cover.

During 16th Policy Year, Sachin is diagnosed with Cancer of Specified Severity, ACI Sum Assured ₹25,00,000 is paid in lump sum immediately and further Policy continues with proportionately reduced Sum Assured of ₹75,00,000 and premium of ₹44,550 (excl taxes) till the end of Policy Term.

List of Critical Illness covered under ACI benefit

SR. No.	List of Critical Illnesses	SR. No.	List of Critical Illnesses
1	Cancer of Specified Severity	22	Alzheimer's Disease
2	Myocardial Infarction (First Heart Attack of Specific Severity)	23	Aplastic Anaemia
3	Open Chest CABG	24	Medullary Cystic Disease
4	Open Heart Replacement or Repair of Heart Valves	25	Parkinson's Disease
5	Coma of Specified Severity	26	Systemic Lupus Erythematosus - with Lupus Nephritis
6	Kidney Failure Requiring Regular Dialysis	27	Apallic Syndrome
7	Stroke Resulting in Permanent Symptoms	28	Major Surgery of the Aorta
8	Major Organ /Bone Marrow Transplant	29	Fulminant Viral Hepatitis - resulting in acute liver failure
9	Permanent Paralysis of Limbs	30	Primary Cardiomyopathy
10	Motor Neuron Disease with Permanent Symptoms	31	Muscular Dystrophy - resulting in permanent loss of physical abilities
11	Multiple Sclerosis with Persisting Symptoms	32	Poliomyelitis - resulting in paralysis
12	Benign Brain Tumor	33	Sporadic Creutzfeldt-Jakob Disease (sCJD)
13	Blindness	34	Chronic Recurring Pancreatitis
14	Deafness	35	Bacterial Meningitis - resulting in persistent symptoms
15	End Stage Lung Failure	36	Chronic Adrenocortical Insufficiency (Addison's Disease)
16	End Stage Liver Failure	37	Loss of Independent Existence
17	Loss of Speech	38	Encephalitis
18	Loss of Limbs	39	Progressive supranuclear palsy
19	Major Head Trauma	40	Severe Rheumatoid arthritis
20	Primary (Idiopathic) Pulmonary Hypertension	41	Scleroderma
21	Third Degree Burns	42	Systematic lupus Erythematosus with Renal Involvement

ACI terms and conditions:

- No ACI benefit will be payable if the critical illness is diagnosed within a waiting period of 90 days from the risk commencement date or revival date of the Policy, whichever is later.
- The maximum maturity age for ACI Benefit is 70 years (age last birthday).
- The ACI Cover Period cannot exceed the Premium Paying Term of the Policy. Hence, the ACI Cover Period is ACI Cover Period = Minimum [Premium Paying Term, 70 – Entry Age]
- The ACI Sum Assured will always be paid as a lump-sum benefit and on the payment of Accelerated Critical Illness (ACI) Sum Assured the ACI benefit cover will be terminated.
- Premium applicable for ACI Benefit is guaranteed for 5 years and may be reviewed by us thereafter, subject to prior approval from IRDAI. Once revised, the new premium rates become guaranteed for a period of next 5 years.
- The policyholder can discontinue the ACI Benefit at any time during the Policy Term. Upon discontinuance of ACI Benefit, base policy will continue as per the Plan Option chosen by Policyholder.
- This option cannot be exercised if CI rider is opted.

Termination of ACI Benefit:

The ACI Benefit will terminate immediately upon the occurrence of any of the following events, whichever is earliest

- At the end of ACI Term;
- At the end of the Premium Payment Term of the Policy,
- On attainment of age 70 years by the Life Insured
- On payment of ACI benefit;
- On death of the Life Insured;
- If the Policy has not acquired a Surrender Value for Plan Options 2 & 3 or Unexpired Risk Premium Value for Plan Options 1, 4, 5 and 6, the date on which the revival period ends;
- The date on which we receive a free look cancellation request;
- The date on which the Policyholder chooses to opt out or discontinue the ACI Benefit.

ACI Benefit – Exclusions:

The Life Insured shall not be entitled to any ACI Benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

- Any Pre-Existing Disease. "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 by the insurer or its latest revival date, whichever is later; 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 or its latest revival date, whichever is later.

This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception;

- Any sickness-related condition manifesting itself within 90 days from the Policy commencement date or its latest revival date, whichever is later;
- Any sexually transmitted diseases;
- Any congenital condition
- Suicide or attempted suicide or self-inflicted injury, irrespective of mental condition;
- Participation in a criminal, unlawful or illegal activity;
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a registered medical practitioner acceptable to us;
- Nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- 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.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

One Time Exit Value (OTEV)

As an additional protection against emergencies, at any point during the Policy Term, subject to the terms and conditions given below and provided the policy is in-force and all due premiums have been paid, you will have an option to avail a One Time Exit Value (OTEV), equal to Total Premiums Paid under the policy.

No additional premium is payable to avail this option.

This option can be exercised by cancelling the policy subject to the following conditions:

- This option can be exercised in any policy year greater than 30, but not during the last 5 policy years.
- This option shall not be available with Plan Option 2 and 3.

One Time Exit Value (OTEV) shall be applicable on the base cover premium only and not to premiums for additional optional benefits.

Customisable Benefits

For added protection, you can enhance your insurance coverage during the Policy Term by adding following riders for a nominal extra cost.

- ABSLI Accidental Death and Disability Rider (UIN: 109B018V03) provides 100% of Rider Sum Assured as an additional lump sum amount in case of death due to accident of Life Insured or in the event of disability due to accident.
- ABSLI Critical Illness Rider (UIN: 109B019V03) provides lump sum on survival of 30 days from the date of diagnosis of any of the specified critical illnesses.
- ABSLI Surgical Care Rider (UIN: 109B015V03) provides lump sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- ABSLI Hospital Care Rider (UIN: 109B016V03) provides lump sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- ABSLI Accidental Death Benefit Rider Plus (UIN:109B023V02) provides 100% of Rider Sum Assured as an additional lump sum amount in case of death due to accident of Life Insured. Additionally, the rider premiums collected after the date of Accident till date of death, shall be refunded with interest, along with death benefit payable.
- ABSLI Waiver of Premium Rider (UIN: 109B017V03) waives off all future premiums of the base plan and the attached riders throughout the rest of the premium payment in case of diagnosis of Critical Illness or Disability.

Riders are not available for Plan Option 6.

You can only opt for either ABSLI Accidental Death and Disability Rider or ABSLI Accidental Death Benefit Rider Plus

Please refer to detailed brochures on riders, consult your financial advisor or visit our website for further details.

Surrender / Premium Discontinuance / Policy Revival Terms

1. What happens if you surrender the Policy?

The surrender benefit available under the product varies by the Option chosen. The policy will terminate upon payment of this benefit. You can surrender the Policy any time during the Policy Term after the Policy has acquired a Surrender Value.

Plan Options 1, 4, 5, and 6:

Under these Options We will pay Unexpired Risk Premium Value on Surrender which is as follows:

There is no Unexpired Risk Premium Value payable for a Regular Pay policy.

For a Limited Pay policy, if a Policy is surrendered during the Premium Payment Term, no benefit shall be payable, however, upon Surrender of the Policy after completion of the Premium Payment Term, provided all due premiums have been paid in full, we shall pay you the Unexpired Risk Premium Value.

Under Single Premium option, we shall pay you the Unexpired Risk Premium Value upon Surrender any time after your policy is issued.

Plan Option 2 and 3:

Under Limited Pay option, the Policy shall acquire a Surrender Value provided all the due Premiums for the first two Policy Years have been paid by the Policyholder.

Under Single Pay option, we shall pay the Surrender Value upon Surrender any time after the policy is issued.

The surrender value is the higher of the Guaranteed Surrender Value and the Special Surrender Value.

Guaranteed Surrender Value (GSV) is defined as a percentage of Total Premiums Paid.

Special Surrender Value (SSV) is determined by the company from time-to-time basis changing economic scenario. The Company may revise the SSV factors based on the then prevailing market conditions. Any change in the methodology/formula for calculating the SSV factors shall be subject to IRDAI approval.

2. What happens when you discontinue paying your premiums?

A. Discontinuance of Payment of Premium before the Policy has acquired surrender value

If you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the Grace Period, the Policy shall Lapse w.e.f. the due date of unpaid premium, and all benefits under the Policy, including the insurance cover, shall cease and no benefits shall be payable, however, you will have the option to revive the Policy within 5 years from the due date of first unpaid premium.

B. Discontinuance of Payment of Premium after the Policy has acquired surrender

For Plan Option 2 and 3, if you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the grace period, the Policy shall become Reduced Paid Up (RPU) Policy. The Policy will however lapse for ACI risk coverage, if any, and no ACI benefit will be payable thereafter.

After the Policy has become RPU, the benefits payable will be amended as follows:

The RPU Terminal Illness Benefit, RPU Survival Benefit, RPU Sum Assured, RPU Effective Sum Assured and RPU Maturity Benefit shall be equal to the Terminal Illness Benefit, Survival Benefit, Sum Assured, Effective Sum Assured and Maturity Benefit respectively, multiplied by the ratio of:

- The number of premium instalments paid to date; over
- The total number of premium instalments originally due for the Policy Term.

After the Policy has become RPU, the benefits payable will be amended as follows:

Death Benefit for RPU Policies:

For Plan Options 1,4,5,6: Not Applicable

For Plan Options 2,3: If the Life Insured dies during the Policy Term, the RPU Death Benefit will be the RPU Effective Sum Assured as on the date of death less any previously paid Terminal Illness benefit and/or ACI Benefit.

Terminal Illness Benefit for RPU Policies:

For Plan Options 1,4,5,6: Not Applicable

For Plan Options 2,3: If the Life Insured is diagnosed with a Terminal Illness during the Policy Term, the benefit payable shall be the RPU Terminal Illness Benefit applicable at that time

Survival and Maturity Benefit for RPU Policies:

For Plan Options 1, 4, 5 and 6: Not Applicable

For Plan Option 2: The RPU Maturity Benefit is payable at the end of the Policy Term

For Plan Option 3:

The RPU Survival Benefit is payable at the policy anniversary falling after the Life Insured's chosen Retirement Age.

3. What happens when you wish to revive your Policy?

Policyholder will have the option to revive the lapsed/Reduced Paid up policy for its full coverage within five years from the due date of the first unpaid premium by paying all outstanding premiums together with interest and/or late fees as declared by ABSLI from time to time and by providing a satisfactory evidence of insurability, expenses of which shall be borne by the policyholder. The monthly interest rate charged on unpaid premiums will be declared by ABSLI on June 1st of each calendar year and is determined as $(x+1\%)/12$ rounded to the next 0.5%, where x is the base rate of the State Bank of India. The interest rate, as declared on June 1st, 2023 is 1% per month.

Upon revival, all benefits, shall be restored to their full value. In case the policy is not revived within the revival period, the policy cannot be revived thereafter, and the lapsed policy shall stand terminated with no benefits payable thereafter. However, a Reduced Paid-Up policy shall continue under the Reduced Paid-up mode till the end of the policy term.

Important Definition

Terminal Illness

Terminal Illness is an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners appointed by us, is highly likely to lead to death within 6 months. Further, the Life Insured must not be receiving any form of treatment other than palliative medication for symptomatic relief.

Medical Practitioner

Medical Practitioner is a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Such Medical Practitioner is not the Policyholder's spouse, father (including stepfather) or mother (including stepmother), son (including stepson), son's wife, daughter, daughter's husband, brother (including stepbrother) and sister (including stepsister) or Life Insured / Policyholder under this Policy and would be independent of the insurer.

Critical Illness and Total Permanent Disability Definitions for Plan Option 4

1. "Myocardial Infarction (First Heart Attack of specified severity)"

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

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial for e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

2. "Cancer of Specified Severity"

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- All Thyroid cancers histologically classified as T1N0M0 (TNM classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3;
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

3. "Stroke Resulting In Permanent Symptoms"

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. "Major Organ / Bone Marrow Transplant"

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of Langerhans are transplanted.

5. "Permanent Paralysis of Limbs"

Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

6. "Parkinson's Disease"

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor

7. "Multiple Sclerosis with Persisting Symptoms"

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage such as SLE is excluded.

8. "Alzheimer's Disease"

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- No disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily). The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Other forms of dementia due to brain or systemic disorders or psychiatric conditions

9. "End Stage Lung Disease"

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- Dyspnea at rest.

10. "Muscular Dystrophy"

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne Muscular Dystrophy (DMD)
- Becker Muscular Dystrophy (BMD)
- Emery-Dreifuss Muscular Dystrophy (EDMD)
- Limb-Girdle Muscular Dystrophy (LGMD)
- Facioscapulohumeral Muscular Dystrophy (FSHD)
- Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

- Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

11. "Open Chest CABG"

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive

keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

12. "Coma of Specified Severity"

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days
- after the onset of the coma.

The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

13. "Kidney Failure Requiring Dialysis"

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

14. "End Stage Liver Failure"

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- I. Permanent jaundice; and
- II. Ascites; and
- III. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

Total and Permanent Disability

"Total and Permanent Disability" is defined as the loss of the physical ability through an illness or Injury to do at least 3 of the 6 tasks listed below ever again. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The insured person must need the help or supervision of another person and be unable to perform the Activities of Daily Living on their own.

The activities are:

1. Bathing - 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;
2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Getting in and out of bed - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Maintaining personal hygiene - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Feeding oneself - the ability to feed oneself once food has been prepared and made available.
6. Getting between rooms - the ability to move indoors from room to room on level surface.

Total and Permanent Disability must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. In the event of death of the Person Insured within the above period, no benefits will be payable under Total and Permanent Disability. TPD benefit can be claimed only once in the lifetime starting from the first year.

Accelerated Critical Illness (ACI) Definitions

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of Specific Severity)

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

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded: Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Neurological damage due to SLE is excluded.

12. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Blindness

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.

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

15. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- Dyspnea at rest.

16. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- 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 oneself once food has been prepared and made available. The following are excluded: Spinal cord injury.

20. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

22. Alzheimer's Disease

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- o disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Other forms of dementia due to brain or systemic disorders or psychiatric conditions

23. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- Bone marrow stimulating agents
- Immunosuppressants
- Bone marrow transplantation
- The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

24. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- The diagnosis must be confirmed by a Consultant Nephrologist.
- For the above definition, the following are not covered:
- Polycystic kidney disease
- Multicystic renal dysplasia and medullary sponge kidney
- Any other cystic kidney disease

25. Parkinson's Disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

or the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor

26. Systemic Lupus Erythematosus - with Lupus Nephritis

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants
- Additionally, one of the following organ involvements must be diagnosed:
- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.
- The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.
- or the above definition, the following are not covered:
- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

27. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- Complete unawareness of the self and the environment
- Inability to communicate with others
- No evidence of sustained or reproducible behavioural responses to external stimuli
- Preserved brain stem functions
- Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

28. Major Surgery of the Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

29. Fulminant Viral Hepatitis - resulting in acute liver failure

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis
- Development of hepatic encephalopathy
- Decrease in liver size
- Increase in bilirubin levels
- Coagulopathy with an international normalized ratio (INR) greater than 1.5
- Development of liver failure within 7 days of onset of symptoms
- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)

Fulminant viral hepatitis associated with intravenous drug use

30. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- Transient reduction of left ventricular function due to myocarditis
- Cardiomyopathy due to systemic diseases
- Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

31. Muscular Dystrophy - resulting in permanent loss of physical abilities

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne Muscular Dystrophy (DMD)
- Becker Muscular Dystrophy (BMD)
- Emery-Dreifuss Muscular Dystrophy (EDMD)
- Limb-Girdle Muscular Dystrophy (LGMD)
- Facioscapulohumeral Muscular Dystrophy (FSHD)
- Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

- Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

32. Poliomyelitis - resulting in paralysis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

33. Sporadic Creutzfeldt-Jakob Disease (sCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- Progressive dementia
- At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal / extrapyramidal signs, akinetic mutism
- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- No routine investigations indicate an alternative diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Iatrogenic or familial Creutzfeldt-Jakob disease
- Variant Creutzfeldt-Jakob disease (vCJD)

34. Chronic Recurring Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- Exocrine pancreatic insufficiency with weight loss and steatorrhea
- Endocrine pancreatic insufficiency with pancreatic diabetes
- Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- Chronic pancreatitis due to alcohol or drug use
- Acute pancreatitis

35. Bacterial Meningitis - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

Aseptic, viral, parasitic or non-infectious meningitis.

36. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

- ACTH stimulation test
- ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood level

For the above definition, the following are not covered:

- Secondary, tertiary and congenital adrenal insufficiency
- Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

37. Loss of Independent Existence

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

38. Encephalitis

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- Encephalitis in the presence of HIV
- Encephalitis caused by bacterial or protozoal infections
- Myalgic or paraneoplastic encephalomyelitis

39. Progressive supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist.

40. Severe Rheumatoid arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- Continuous treatment with corticosteroids
- Treatment with a combination of “Disease Modifying Anti-Rheumatic Drugs” (e.g. methotrexate plus sulfasalazine / leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

Reactive arthritis, psoriatic arthritis and activated osteoarthritis

41. Scleroderma

A definite diagnosis of scleroderma evidenced by all of the following:

- Typical laboratory findings (e.g. anti-Scl-70 antibodies)
- Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Localized scleroderma without organ involvement
- Eosinophilic fasciitis
- CREST-Syndrome

42. Systemic lupus Erythematosus with Renal Involvement

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

Your Options

Paying Premiums

You can pay your premium annually, semi-annually, quarterly or monthly mode (automated mode of payment). Modal loadings are given below:

Mode	Annual	Semi Annual	Quarterly	Monthly
Modal Loading	0%	4%	6%	8%

Taking a Policy Loan

There is no loan facility in this plan.

Termination Of The Policy

The Policy will terminate on the earliest of the following events:

- a. The date of settlement of the Death Benefit; or
- b. The date of payment of the Surrender Benefit or the date of payment of the One-Time Exit Value, if any; or
- c. If the Policy has not acquired a Surrender Value for Plan Options 2 & 3 or unexpired risk premium value for Plan Options 1, 4, 5 & 6, the date on which the revival period ends
- d. The date of maturity of the Policy; or
- e. The date on which the sum assured on death has completely been paid out through ACI Benefit and/or Terminal Illness claim.
- f. The date of payment of free look cancellation amount.

Terms & Conditions

Free-Look Period

You have a free look period of 30 days from the date of receipt of the Policy, to review the terms and conditions of the Policy, in case You disagree with the terms & conditions of Your Policy, you have the option to return the original policy document to us for cancellation. We will refund the premium paid post receipt of written notice of cancellation (along with reasons thereof) together with the original Policy document from Your end. We may reduce the amount of the refund by proportionate risk premium for the period of cover and expenses incurred by us on medical examination, if any and stamp duty charges while issuing Your Policy in accordance with IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

Grace Period

If the Policyholder is unable to pay the due premium by the payment due date, he/she will be given a grace period of 30 days for all premium payment modes except monthly mode, where grace period shall be 15 days. Risk coverage shall be available during the grace period and the company shall accept due premiums during the grace period with any interest/late fees.

In case the Death or diagnosis of Terminal Illness or Critical Illness under ACI benefit during the grace period, the Company shall be entitled to deduct the unpaid premiums from the benefits payable to the nominee.

Grace Period not applicable for Single Pay.

Goods and Services Tax (GST)

For Plan Option 1,4,5,6 - 18% of the annual premium payable per year

For Plan Option 2,3, - 4.50% of annual premium payable for first year and 2.25% of annual premium from second year onwards.

Tax Benefits

You may be entitled to certain applicable tax benefits on the premiums paid and benefits received under your Policy. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. It is advisable to seek an independent tax advice.

Exclusions

Suicide

In case the Life Insured, dies due to suicide within 12 months from the Risk Commencement Date or date of revival of the Policy, the Policy shall immediately terminate, and Company shall pay the following to the Nominee:

- Where the Policy has acquired the surrender value/ unexpired risk premium value, higher of Surrender value/unexpired risk premium value or (Total Premiums Paid plus underwriting extra premiums paid plus loadings for modal premiums paid excluding applicable taxes) till date of death.
- Where the Policy hasn't acquired the Surrender value/ unexpired risk premium value, Total Premiums Paid plus underwriting extra premiums paid plus loadings for modal premiums paid excluding applicable taxes till date of death.

Terminal Illness Benefit 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.

Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website <https://lifeinsurance.adityabirlacapital.com/>

Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, Nominations as mentioned under the Base Policy Contract including any changes made, if any, shall apply to this Rider Contract please refer to our website <https://lifeinsurance.adityabirlacapital.com/>

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 or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

Fraud and Mis-statement

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years.

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by the Insurance Laws (Amendment) Act, 2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
 - a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of Revival of Policy or
 - d. the date of rider to the Policywhichever is later.
2. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of Revival of Policy or
 - d. the date of rider to the Policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or Nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or Nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or Nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The bonus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.
9. The insurer can call for proof of Age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of Age of Life Insured. So, this Section will not be applicable for questioning Age or adjustment based on proof of Age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]

Risk Factors And Disclaimers

This Policy is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI). This is a non-linked non-participating individual pure risk premium life insurance plan; upon Policyholder's selection of Plan Option 2 (Return of Premium Option [ROP]) and Plan Option 3 (Early Return of Premium [EROP]) this product shall be a non-linked non-participating individual savings life insurance plan. All terms & conditions are guaranteed throughout the Policy Term. GST and any other applicable taxes will be added (extra) to your premium and levied as per extant tax laws. An extra premium may be charged as per our then existing underwriting guidelines for substandard lives, smokers or people having hazardous occupations etc. This brochure contains only the salient features of the plan. For further details please refer to the Policy contract. This product shall also be available for sales through online channel. Tax benefits are subject to changes in the tax laws. For more details and clarification call your ABSLI Insurance Advisor or visit our website and see how we can help in making your dreams come true.

About Aditya Birla Sun Life Insurance Company Limited

Aditya Birla Sun Life Insurance Company Limited ("ABSLI") is a part of Aditya Birla Capital Ltd ("ABCL"). ABSLI was incorporated on August 4th, 2000 and commenced operations on January 17th, 2001. ABSLI is a 51:49 joint venture between the Aditya Birla Group and Sun Life Financial Inc., an international financial services organization in Canada.

ABSLI offers a range of products across the customer's life cycle, including children future plans, wealth protection plans, retirement and pension solutions, health plans, traditional term plans and Unit Linked Insurance Plans ("ULIPs").

As of Dec 31st, 2023, total AUM of ABSLI stood at Rs.82,043 Crore (21% Increase YOY). ABSLI recorded a gross premium income of Rs.11,101 Crore in 9M FY24 and registering a y-o-y growth of 10% in Gross Premium with YTD Individual Business FYP with Single Premium at 10% at Rs 1,974 Crore. ABSLI has a nationwide distribution presence through 360+ branches, 11 bancassurance partners, 6 distribution channels, over 56000+ direct selling agents, other Corporate Agents and Brokers and through its website. The company has over 22,000 employees and 19.5 lakh active customers.

About Aditya Birla Capital Limited

Aditya Birla Capital Limited ("ABCL") is the holding company for the financial services businesses of the Aditya Birla Group.

With subsidiaries/JVs that have a strong presence across Protecting, Investing and Financing solutions, ABCL is a financial solutions group that caters to the diverse needs of its customers across their life cycle. Powered by about 47,000 employees, the businesses of ABCL have a nationwide reach with over 1,462 branches, more than 2,00,000 agents/channel partners and several bank partners.

As of December 31, 2023, Aditya Birla Capital Limited manages aggregate assets under management of over Rs. 4.10 lakh Crore with a consolidated lending book of about Rs 1.15 lakh Crore through its subsidiaries and joint ventures.

Aditya Birla Capital Limited is a part of the US\$65 billion global conglomerate Aditya Birla Group, which in the league of Fortune 500. Anchored by an extraordinary force of over 187,000 employees belonging to 100 nationalities, the Group is built on a strong foundation of stakeholder value creation. With over seven decades of responsible business practices, the Group's businesses have grown into global powerhouses in a wide range of sectors – from metals to cement, fashion to financial services and textiles to trading. Today, over 50% of the Group's revenues flow from overseas operations that span over 40 countries in North and South America, Africa, Asia and Europe.

Aditya Birla Sun Life Insurance Co. Ltd.



LIFE INSURANCE

Contact our advisor or visit our website <https://lifeinsurance.adityabirlacapital.com> to know more about the various solutions. We provide a wide range of Life Insurance solutions to cater to your specific protection needs.

Protection Plans	Health Plans	Children's Future	Retirement Plans	Wealth Plans with Protection	Savings Plans with Protection
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As per section 10(10D) of the Income-tax Act, 1961, proceeds from life insurance policy issued on or after 1 April 2023 shall be taxable as income from other sources if the cumulative annual premium payable by taxpayer for life insurance policies exceeds ₹ 5 lacs.

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Website: <https://lifeinsurance.adityabirlacapital.com> IRDAI Reg No.109 CIN: U99999MH2000PLC128110
UIN:109N138V03 ADV/5/24-25/456

BEWARE OF SPURIOUS / FRAUD PHONE

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.

