

Tata AIA Life Insurance Non-Linked Comprehensive Health Rider

A Non-Linked, Non- Participating Individual Health rider

Congratulations on completing the first step towards protecting you family. While you are considering an insurance policy for the financial protection of your family, your goals and dreams, you also need to ensure this protection is complete without any gaps. Tata AIA Life Insurance Non-Linked Comprehensive Health Rider helps complement the existing protection available under your base plan and provides all round protection to you and your family. This rider allows you to choose multiple risk covers from a list of 5 which include disability, hospitalization and illness related covers.

Why Tata AIA Life Insurance Non-Linked Comprehensive Health Rider?

- **Enhanced Protection:** Choice of one or more Benefit Options (risk covers) from a list of 5 available which includes disability, hospitalization and illness
- **Multiple claims and cover for minor conditions:** The rider provide coverage against minor injuries / illness as well as major stage ailments and allows multiple claim payouts.
- **Need based benefit payout:** Flexibility to receive benefit amount as a lump sum or as monthly income for up to 10 years or a combination of both.
- **Cover you loved ones:** The rider allows you to extend protection to your loved ones too under the same plan
- **Option to receive return of balance premiums on maturity**
- **Flexibility** to cover yourself as well as your family against the risks covered either at policy inception or at any policy anniversary
- **Income tax benefits** as per the prevailing tax laws.

What benefits can be availed under this Rider?

The Tata AIA Life Insurance Non-Linked Comprehensive Health Rider offers coverage against a range of risks. You may opt for coverage against one or more risks as per your needs by choosing from the following Benefit Options.

Benefit Option	Brief description of risk covered	Rider Benefit Payout Option
Accidental Permanent Total / Partial Disability Benefit (APPD)	Permanent Total or Partial Disability due to an accident (multiple claims covered in case partial disability)	Flexibility to choose between <ul style="list-style-type: none"> • Lump sum benefit • Income for the income period chosen • Combination of Lump sum and income for the income period chosen
Multistage Critical Illness Benefit	39 Critical Illness covered including minor stage illness	
Multistage Cancer Care Benefit	Covers early as well as late stage cancers	
Multistage Cardiac Care Benefit	Covers 14 minor as well as 8 major cardiac and related ailments	
Hospicare Benefit (HCB)	Pays fixed amount on Hospitalization, ICU benefit and also Recuperation benefit in case of hospitalization for 7 or more days	<ul style="list-style-type: none"> • Lump sum benefit

Details of benefits under each Benefit Option is as provided below.

1. Accidental Permanent Total / Partial Disability Benefit

In the event of Total / Partial and Permanent disability of the life insured due to an accident within the Benefit Option term, a percentage of Insured Amount under Benefit Option is paid as per the below table based on the description of disability, provided the disability occurs within 180 days from that accident is payable as below:

Description of Disability	Amount of Benefit (% of Insured Amount under Benefit Option)
Total and Permanent Disability	100%
Partial and Permanent Disability:	
Permanent loss of	
- each arm at the shoulder joint	60%
- each arm to a point above elbow joint	55%
- each arm below elbow joint	50%
- each hand at the wrist	50%
- each thumb	20%
- each index finger	10%
- each finger other than the thumb or index finger	5%
- each leg above center of the femur	60%
- each leg up to a point below the femur	55%
- each leg to a point below the knee	50%
- each foot at the ankle	40%
- each big toe	5%
- each toe other than the big toe	2%
Loss of sight in Each eye	50%
Loss of Hearing in each ear	30%

In case the benefit payable is less than 100% of the Insured Amount under the Benefit Option the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the Insured Amount under the Benefit Option.

For calculation of the cumulative value of Insured Amount, only the payout to the extent of percentage of the Insured Amount under the Benefit Option mentioned above shall be considered.

Double Benefit

The amount of benefit payable will be doubled if the Injury for which the benefit is payable occurs under any of the following circumstances:

1. While the Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
2. While the Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers; or

3. As a direct result of the burning of the following public buildings ONLY: theatre, cinema, public auditorium, hotel, school and hospital.
4. When the Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

The benefit will be payable if the accident occurs within the Benefit Option Term even if the disability occurs beyond the term (however within 180 days of the accident)

Please refer 'Definitions and Exclusions Annexure' for definitions of accident, Total Permanent Disability etc.

2. **Multistage Critical Illness Benefit**

- In the event of diagnosis of Life Insured with an illness or undergoing of a procedure covered under this Benefit Option, the following benefits shall be payable.

Minor Stage Critical Illness	25% of the 'Insured Amount under the Benefit Option'
Major Stage Critical Illness	100% of the 'Insured Amount under the Benefit Option' less <u>any previously paid claims</u> under the Benefit Option

- Multiple minor claims for different minor Critical Illnesses will be admissible till the total payout does not exceed 100% of the Insured Amount under the Benefit Option'.
- For multiple minor stage claims, there needs to be a Cooling off period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario.
- However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.
- Any minor Critical Illness can be claimed only once during the Benefit Option Term.
- In case the payout under the Benefit Option is less than 100% of the 'Insured Amount under the Benefit Option' the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the 'Insured Amount under the Benefit Option'.

Following critical illnesses are covered under this Benefit Option.

Major Critical Illnesses			
1	Apallic Syndrome	17	Aplastic Anaemia
2	Benign Brain Tumor	18	Deafness
3	Blindness	19	Loss of Speech
4	Severe Rheumatoid Arthritis	20	Medullary Cystic Kidney Disease
5	End Stage Lung Failure	21	Motor Neuron Disease with Permanent Symptoms
6	Coma of Specified Severity	22	Multiple Sclerosis with Persisting Symptoms
7	End Stage Liver Failure	23	Muscular Dystrophy

8	Kidney Failure requiring Regular Dialysis	24	Parkinson's Disease
9	Encephalitis	25	Progressive Scleroderma
10	Third Degree Burns	26	SLE with Renal Involvement
11	Major Head Trauma	27	Bacterial Meningitis
12	Major Organ (less heart)/ Bone Marrow Transplant	28	Chronic Recurrent Pancreatitis
13	Permanent Paralysis of Limbs	29	Loss of Independent Existence
14	Loss of limbs	30	Poliomyelitis
15	Fulminant Viral Hepatitis	31	Creutzfeldt-Jacob disease
16	Alzheimer's Disease		
Minor Critical Illnesses			
32	Severe Osteoporosis	36	Cirrhosis of the Liver
33	Brain Surgery	37	Nephrectomy/removal of one kidney
34	Pneumonectomy	38	Portal vein Thrombosis
35	Small Bowel Transplant	39	Ulcerative Colitis

The benefit will be payable only upon first occurrence of any of the conditions covered under this benefit during the lifetime of the Individual covered.

Please refer 'Definitions and Exclusions Annexure' for definitions of Critical Illness covered, exclusions etc

3. Multistage Cancer Care Benefit

- In the event of diagnosis of the Life Insured with cancer as defined under this Benefit Option, the following benefits shall be payable.

Minor Stage Cancer	25% of the 'Insured Amount under the Benefit Option'
Major Stage Cancer	100% of the 'Insured Amount under the Benefit Option' less any previously paid claims under the Benefit Option

- Multiple minor claims for different minor cancers will be admissible till the total payout does not exceed 100% of the Insured Amount under the Benefit Option.
- For multiple minor stage claims, there needs to be a Cooling off period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario.
- However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.
- Any minor cancer can be claimed only once during the Benefit Option Term. More than 1 unrelated Minor stage cancer condition can be claimed. Unrelated cancer means cancer which does not belong to the same organ and same histological type or has not metastasized and occurred because of a prior cancer. Where the organs are in a pair

such as breasts, lungs, kidneys, testes, ovaries etc., the entire pair is considered as one organ.

- In case the payout under the Benefit Option is less than 100% of the 'Insured Amount under the Benefit Option' the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the 'Insured Amount under the Benefit Option'.

Additional Benefits for Female lives - Reconstructive Breast Surgery

If the Life Insured is diagnosed as suffering from breast cancer as defined under “**Major stage cancer of specified severity**”, and the same is intimated to the company within 30 days of diagnosis, an additional benefit amount of 30% of the 'Insured Amount under the Benefit Option' will be payable to her for reconstructive breast surgery. This payment will be made on the actual undergoing of Reconstructive Breast Surgery on the diagnosis of the breast cancer and it being confirmed by an oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the company.

Following Cancer related Conditions are covered under this Benefit Option.

Minor Stage Cancers:	Major Stage Cancer
- Early stage Cancer	- Cancer of Specified Severity
-Carcinoma-in-Situ	

The benefit will be payable only upon first occurrence of any of the conditions covered under this benefit during the lifetime of the individual covered.

Please refer 'Definitions and Exclusions Annexure' for definitions of Cancer covered, exclusions etc

4. Multistage Cardiac Care Benefit

- In the event of diagnosis of Life Insured with an illness or actual undergoing of a procedure covered under the Benefit Option, the following benefit shall be payable.

Minor Stage Cardiac condition	25% of the 'Insured Amount under the Benefit Option' (subject to a maximum of Rs. 5 Lacs in case the life insured undergoes angioplasty)
Major Stage Cardiac Condition	<u>100% of the 'Insured Amount under the Benefit Option' less any previously paid claims under the Benefit Option</u>

- Multiple minor claims for different minor cardiac conditions will be admissible till the total payout does not exceed 100% of the 'Insured Amount under the Benefit Option.
- For multiple minor stage claims, there needs to be a Cooling off period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario.
- However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.

- Any minor cardiac condition can be claimed only once during the Benefit Option Term.
- In case the payout under the Benefit Option is less than 100% of the Insured Amount under the Benefit Option the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the Insured Amount under the Benefit Option.

Following Cardiac Conditions are covered under this Benefit Option:

Minor Stage Cardiac Conditions		Major Stage Cardiac Conditions	
1	Angioplasty	1	Myocardial Infarction (First Heart Attack of specified severity)
2	Balloon Valvotomy or Valvuloplasty	2	Open Chest CABG (Coronary Artery Bypass Graft)
3	Carotid Artery Surgery	3	Open Heart Replacement or Repair of Heart Valves
4	Implantable Cardioverter Defibrillator	4	Major surgery of Aorta
5	Implantation of Pacemaker of Heart	5	Heart transplant
6	Infective Endocarditis	6	Cardiomyopathy (of specified severity)
7	Minimally Invasive Surgery of Aorta	7	Stroke resulting into permanent symptoms
8	Pericardiectomy	8	Primary (Idiopathic) Pulmonary Hypertension
9	Pulmonary Thromboembolism		
10	Surgery for Cardiac Arrhythmia		
11	Surgery to Place Ventricular Assist Devices or Total Artificial Hearts		
12	Renal Angioplasty		
13	Pulmonary Artery Graft		
14	Percutaneous Procedures for Heart Valve Surgery		

The benefit will be payable only upon first occurrence of any of the conditions covered under this benefit during the lifetime of the individual covered.

Please refer 'Definitions and Exclusions' Annexure for definitions of Cardiac conditions covered, exclusions etc

5. Hospicare Benefit (HCB)

The following benefits shall be payable subject to hospitalization of the Life Insured for medically necessary treatment of any illness or injury for a minimum period of consecutive 24 hours.

Benefit	Percentage of Hospicare Benefit Insured Amount	Yearly Limit	
Hospital Cash Benefit	0.5% per day paid in case of hospitalization for medically necessary treatment of any illness or injury for a minimum period of 24 hours	Maximum 30 days per policy year, subject to a maximum of 200 days during the	

		entire policy term of the contract	
ICU Benefit[^]	0.5% per day is paid for each day of stay in the Intensive Care Unit (ICU)	Max 15 days per policy year	
Recuperation Benefit[^]	1.5% of the Hospicare benefit Insured Amount will be payable in case of continuous hospitalization in one or more hospitals for 7 or more days (excluding the time taken for transit between hospitals) for the same injury or disease.	This benefit will be paid once in a policy year	

[^] Both ICU and Recuperation benefit are payable subject to the daily cash benefit being payable at the time of hospitalization. Recuperation Benefit is not payable if the Life Insured dies during Hospitalization

Hospicare benefit will terminate on payment of a 100% of the 'Insured Amount' under the Benefit Option.

The Insured Amount under any Benefit Option, however, shall be payable only if the base plan is in force. In case policyholder has chosen multiple benefit options and he/she has claimed under a particular condition, coverage under other conditions shall continue to remain in force.

What if no eventuality occurs till the end of the Benefit Option Term?

The rider also offers the flexibility to choose the Return of Balance Premium (ROP) Benefit Option which can be chosen at inception of the rider cover with one or more of the Benefit Options chosen.

With this option an amount equal to the 'Total Premiums Paid (excluding loading for modal premiums) towards the respective Benefit Option, less any claim amount already paid out under the respective Benefit Option, shall be payable at the end of the Benefit Option Term, provided the Benefit Option is in force and all due premiums have been paid.

Lives Covered:

With this rider, you can cover one or more of your loved ones too under the same plan subject to insurance interest and as per the Board Approved Underwriting Policy (BAUP). e.g. spouse/child/parent/parent-in-law or sibling of the Policyholder under the base plan subject to board approved underwriting policy.

What are the Rider Benefit Payout Options?

You can choose to receive the benefits payout as either

- Lump sum benefit OR
- Income for the income period chosen OR
- Combination of lump sum and income for the income period chosen

If income payout is chosen, i.e. (ii) or (iii), the Policyholder can choose to receive the same monthly, quarterly, half-yearly or, annually for a chosen duration of up to 10 years. The chosen yearly income will be paid in arrears as per the chosen payment frequency and for the income period chosen starting from the date of occurrence of insured event. The payment frequency can't be changed once the regular income commences. Any accrued income, due before intimation of claim, will be paid along with the first payout under this option.

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

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

The nominee also has an option to receive the commuted value of the future yearly income benefits as a lumpsum, discounted at the higher of (4.00%, SBI domestic term deposit rate for '5 years and up to 10 years' + 2.00%).

Where the Insured Amount is higher than the Sum Assured under Benefit Option, the excess amount shall be paid in lump sum.

“Sum Assured under Benefit Option” shall be the sum of - (a) Lump sum and (b) Present value of all future yearly income streams – chosen under the respective Benefit Option.

(For the purpose of premium calculation, sum assured for the income portion will be computed as the discounted value of the yearly income stream using a discount rate of 4% p.a.)

In case of a Reduced Paid-up policy, the regular income payable shall be based on the adjusted Yearly Income defined as: *(Number of Premiums paid under benefit option / Number of Premiums payable under benefit option) * Yearly Income applicable at the time of Reduced Paid-Up.*

The income option is not applicable for HospiCare Benefit (HCB).

Definitions for Benefits Payable:

The following definitions have been used:

“**Sum Assured under Benefit Option**” shall be the sum of - (a) Lump sum and (b) Present value of all future yearly income streams – chosen under the respective Benefit Option.

‘**Rider Sum Assured**’ is the maximum of all ‘Sum Assured under Benefit Option’ for the respective Benefit Options chosen by the Policyholder.

The ‘**Insured Amount**’ payable under each option shall be:

Highest of:

- 11 times the Annualized Premium[^] for Limited Pay/Regular Pay and 1.25 times for Single Premium[^] for the respective Benefit Option

- 105% of Total Premiums Paid (excluding loading for modal premiums) as up to the date of incidence of underlying insured event
- Sum Assured under the Benefit Option

[^] excluding the underwriting extra premiums, modal loading and applicable taxes, cess or levies (if any) charged under the applicable benefit option.

‘Annualized Premium’ shall be the premium payable in a year chosen by the Policyholder for a particular Benefit Option, excluding the taxes, underwriting extra premiums, loading for modal premiums, if any.

‘Total Premiums Paid’ shall be defined as the sum of all the premiums paid to date under the respective benefit option excluding any extra premium and taxes.

‘Benefit Option Term’ is the duration for which coverage is available under a particular Benefit Option

‘Return of Balance Premium’ is the ‘Total Premiums Paid’ (excluding loading for modal premiums) towards the respective Benefit Option, less any claim amount already paid out under the respective Benefit Option

‘Life Insured’ refers to the life covered under the respective Benefit Option

How can we enhance protection using this rider?

You may choose to opt for any one or more Benefit Options as per your protection needs

- The rider can be opted at inception along with your policy.
- If however you have missed the opportunity to enhance your coverage at the policy inception, you can opt for the required benefit option subject to the eligibility criteria of the option chosen.
 - Single Pay: at any policy anniversary post premium payment term of the base plan provided the base policy is fully paid-up
 - Non-Single Pay: at any policy anniversary during the premium payment term of the base plan.

Who can opt for coverage under this Rider?

You can opt for coverage under the various Benefit options provided you meet the following Eligibility Criteria:

Benefit Option	Minimum Entry age (years)	Maximum Entry age (years)	Maximum Maturity age (years)	Sum Assured (Rs.) under the Benefit Option	
				Minimum	Maximum
Accidental Permanent Total / Partial Disability Benefit	18	65	75	100,000	Subject to board approved underwriting policy [^]
Multistage Critical Illness Benefit	18	65	75	200,000	
Multistage Cancer Care Benefit	5	65	75	200,000	
Multistage Cardiac Care Benefit	18	65	75	200,000	
Hospicare Benefit	18	65	75	100,000	

- All ages are as on last birthday and are applicable to the life insured under the Benefit Option.
- Rider Sum Assured cannot exceed the Death Benefit at inception of the Base Plan
- Sum Assured should be in multiples of Rs. 1,000
- * Subject to a minimum maturity age of 18 years

Benefit Option Terms and Premium Payment Options

Benefit Option Term: Coverage under the various Benefit Options are as available for a term as follows:

Benefit Option	Without Return of Balance Premium Option		With Return of Balance Premium Option	
	Minimum	Maximum	Minimum	Maximum
Accidental Permanent Total / Partial Disability Benefit	5	57	10	57
Multistage Critical Illness Benefit	5	57	10	57
Multistage Cancer Care Benefit	5	70	10	70
Multistage Cardiac Care Benefit	5	57	10	57
Hospicare Benefit	5	57	10	57

- The Benefit Option Term shall not exceed the outstanding policy term of the base plan
- The Benefit Option will terminate on the Life Insured attaining the maximum age at maturity of the Benefit Option
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Premium Payment Option	Premium Payment Term*	
	Minimum	Maximum
Single Pay	1	1
Limited Pay	5	Benefit Option Term <i>minus</i> 1
Regular Pay (premium payment term same as the Benefit Option Term)	5	Same as Benefit Option Term

Premium Payment Mode: Same as the Premium Payment Mode of the base plan (Single, Annual, Half-yearly, Quarterly, Monthly).

Survival and Waiting period:

Survival Period:

Any benefit will be paid only if the person covered under a Benefit Option survives for a period as specified below following the date of confirmed diagnosis of the covered condition.

Benefit option	Survival Period
, Accidental Permanent Total / Partial Disability Benefit, Hospicare Benefit	Not Applicable
Multistage Cancer Care Benefit	7 days
Multistage Cardiac Care Benefit	14 days

Multistage Critical Illness Benefit	30 days

*The evidence of "full histopathological diagnosis" of the cancer, including stage and grading should be available during the claim. Failure to do so entitles the Insurance company to refuse any claim under this cover.

Waiting Period:

'Waiting Period' means a period during which specified diseases/treatments which have been diagnosed and/or have received medical advice/treatment are not covered

In the event of occurrence of any of the scenarios mentioned above, during the applicable waiting period,

- No benefit shall be payable
- the premiums paid under the respective Benefit Option during the waiting period will be refunded# without any interest
- the Benefit Option shall terminate and no future premiums and benefits shall be payable

#However, no refund shall be made where coverage is called in question on the grounds as provided under section 45 of the Insurance Act, 1938 as amended from time to time.

Waiting period applicable under the various Benefit Options is as under

Benefit Option	Waiting Period applicable^
Accidental Permanent Total / Partial Disability Benefit	Not Applicable
Multistage Critical Illness Benefit, Multistage Cancer Care Benefit, Multistage Cardiac Care Benefit,	A waiting period of 90 days is applicable on the first diagnosis of any of the major illness covered under the respective benefits. A waiting period of 180 days is applicable on the first diagnosis of any of the minor illness covered under the respective benefits.
Hospicare Benefit	A waiting period of 90 days is applicable for all benefits payable under Hospicare Benefit (except for hospitalization due to an accident). <ul style="list-style-type: none"> • A specific waiting period of 2 years for specific conditions mentioned in the Exclusion section of the 'Definitions and Exclusions' Annexure will be applicable for all benefits covered under the Hospicare

^ The waiting period for each Benefit Option shall be applicable from later of

- Risk Commencement Date (if Benefit Option is opted at inception)
- Policy anniversary at which Benefit Option is opted (if Benefit Option is opted for on the policy anniversary)

- Date of revival (in case of revival of the Benefit Option)

Guarantee

The sum assured shall remain unchanged for a period as specified under 'Guaranteed Period' from the Date of Commencement of the Benefit Option. Upon the completion of 'Guaranteed Period', the sum assured as applicable for the Benefit Option may be revised subject to IRDAI's approval. Any revision in the Sum Assured under the benefit option shall be notified to the Policyholder at least three months prior to the policy anniversary (i.e. the effective date of change) and policy holder will be given a period of 30 days from the effective date of change to confirm with the revised terms under the Benefit Option. If the Policyholder is not willing to continue the Benefit Option with the revised terms, all coverage under the respective Benefit Option will get surrendered. The Sum Assured, if and when revised, shall be guaranteed to the Policyholder for a subsequent block as specified under 'Guaranteed Period'.

Benefit Option	Guaranteed Period
Accidental Permanent Total / Partial Disability Benefit	5 years
Multistage Cancer Care Benefit Multistage Cardiac Care Benefit Multistage Critical Illness Benefit Hospicare Benefit	3 years

What if I don't pay the premiums?

If any premium for a non-single pay Benefit option remains unpaid at the end of the Grace Period, the Benefit Option shall lapse/be converted to a reduced paid-up from the due date of the first unpaid premium. The following is the treatment under various scenarios:

Premium Paying options		Cover Continuance		Treatment during and at the end of Revival Period	Treatment post revival period and at Maturity
		Before 2 years' premium paid	After 2 years' premium paid		
Regular Pay	Without Return of balance premium	Cover ceases to exist	Cover ceases to exist	No amount is payable	No amount is payable
	With Return of balance premium	Cover ceases to exist	Cover continues with Reduced Paid-Up Sum Assured	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured[^] is payable in case of claim • Surrender Value[#] as is payable 	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured[^] is payable in case of claim • Total Return of balance premiums* is payable at maturity
Limited pay	Without Return of balance premium	Cover ceases to exist	Cover ceases to exist	Surrender Value [#] is paid out in case <ul style="list-style-type: none"> • Policyholder surrenders 	No amount is payable as benefit option is terminated by the end of the revival period

				<ul style="list-style-type: none"> • On Expiry of Revival Period or at maturity, whichever is earlier 	
	With Return of balance premium	Cover ceases to exist	Cover continues with Reduced Paid-Up Sum Assured	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured^ is payable in case of claim • Surrender Value# is payable 	<ul style="list-style-type: none"> • Reduced Paid-Up Sum Assured^ is payable in case of claim • Total Return of balance premiums* is payable at maturity

#Surrender Value is as defined in the 'Surrender Benefit' section below

^ Reduced Paid-Up Sum Assured is as defined in the 'Reduced Paid-Up Benefit' section below

*Return of balance premiums as defined in the 'Definitions for Benefits Payable' section above.

Revival:

If a premium is in default beyond the Grace Period and subject to the Policy and Benefit Option not having been surrendered, it may be revived, within the Revival Period applicable to the base product after the due date of first unpaid premium and before the date of maturity, subject to:

- (i) Policyholder's written application for revival;
- (ii) production of Insured's current health certificate and other evidence of insurability, satisfactory to the Company; and
- (iii) Payment of all overdue premiums with interest.
- (iv) The Board approved underwriting Policy

Any evidence of insurability and medical requirements requested at the time of revival will be based on the prevailing underwriting guidelines duly approved by the Board.

The interest rate applicable on revival should be the same as that applicable in the base plan

If the base policy had lapsed, on revival of the base policy on repayment of all due premium within the revival period, the Benefit Option will get revived along with the base policy. The Benefit Option cannot be revived independently and can only be revived along with the revival of the base policy.

Any revival shall only cover loss or insured event which occurs after the revival date subject to the waiting period applicable for the respective Benefit Option. Upon revival of the Benefit Option, all benefits shall be restored and be applicable with effect from the date of revival.

If the rider is not revived along with the base policy, the rider shall be terminated by paying any residual surrender value as on the date of revival of the base policy and revival of such terminated rider will not be allowed at a later stage.

Reduced Paid-Up Benefit:

The Benefit Option will be converted into a Reduced Paid-up in scenarios as described in the table above, provided the policy is in force. Reduced paid up policies can be revived within the Revival period mentioned in the base product, from the due date of first unpaid premium by payment of all due

premiums together with interest as mentioned above. Once the Benefit Option becomes reduced paid up and is not revived till the end of the revival period, the coverage will continue to be in reduced paid-up status with the Insured Amount re-set to the Reduced Paid Up Sum Assured under the Benefit Option less any claims paid/payable.

Reduced Paid-Up Sum Assured under Benefit Option =
(Number of Premiums paid under benefit option / Number of Premiums payable under benefit option) X
 Sum Assured under the Benefit Option

Upon revival, the benefits of the Benefit Option shall be restored and be applicable with effect from the date of revival.

In case the policy is reduced paid up, Maturity Benefit will only be paid if the Policyholder has opted for a Return of Premium option. The maturity amount will be the total return of balance premiums as defined under the 'Definitions for Benefits Payable' section above.

Surrender Benefit:

It is advisable to continue the policy till the chosen term. However, due to some unfavorable circumstances if the policy cannot be continued with and needs to be surrendered, the Surrender Benefit (Higher of GSV or SSV), as applicable under the following scenarios will be payable:

Premium Paying options		Conditions for acquiring Surrender Value	Guaranteed Surrender Value (GSV)	Special Surrender Value (SSV)
Single Pay	Without Return of balance premium	Immediately on receiving the premium	Not available	75% * (sum of premiums paid) * (1-premium paying term / benefit option term) * (Balance benefit option term / benefit option term) less any claims paid/payable.
	With Return of balance premium	Immediately on receiving the premium	GSV Factor x Return of Balance Premiums as on date of surrender	SSV Factor x Return of Balance Premiums as on date of surrender
Regular Pay	Without Return of balance premium	Not available	Not available	Not available
	With Return of balance premium	If at least 2 full years' premiums have been paid	GSV Factor x Return of Balance Premiums as on date of surrender	SSV Factor x Return of Balance Premiums as on date of surrender

Limited pay	Without Return of balance premium	If at least 2 full years' premiums have been paid	Not available	75% * (sum of premiums paid excluding the first years' premium) * (1- premium paying term / benefit option term) * (Balance benefit option term / benefit option term) less any claims paid/payable.
	With Return of balance premium	If at least 2 full years' premiums have been paid	GSV Factor x Return of Balance Premiums as on date of surrender	SSV Factor x Return of Balance Premiums as on date of surrender

Any or all of the benefit options alone may be surrendered / discontinued separately or it gets surrendered / discontinued if the base product is surrendered / discontinued or made paid-up.

No surrender benefit is payable if the total claim/s value paid exceeds the total premiums paid by the Policyholder.

For Surrender Value factors, please refer the Policy Document on our website: www.tataaia.com. Company may review this Special Surrender Value factor from time to time based on the experience and any change in SSV factors will be subject to prior approval of IRDAI.

Termination

The Benefit Option/s under this rider shall automatically terminate on the occurrence of the earliest of the following:

- a. End of term of the respective health Benefit Option; or
- b. Payment of surrender value of the respective health Benefit Option or the base plan; or
- c. On the payment of 100% of the benefit or commencement of Income Benefit payment under the respective Benefit option under the Rider or the date of intimation of repudiation of the claim; or
- d. Free Look Cancellation of respective health Benefit Option or base plan by the Policyholder; or
- e. If the base policy along with Benefit Option is not revived within revival period of the base policy; or
- f. On the Maturity/Expiry Date or the date on which the base Policy is surrendered, converted into reduced paid-up (when the Benefit Option has not acquired Surrender Value), terminated or cancelled for any reason; or
- g. On cancellation/ termination of the respective health Benefit Option or base plan by Us on grounds of misrepresentation, fraud or non- disclosure established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time.

Additional Features:

- **Medical Second Opinion:** The life insured may avail Second Opinion / Personal Medical Case Management services from service providers affiliated to/registered with the Tata AIA Life Insurance Co. Ltd. The services are expected to assist the life insured to ascertain correct diagnosis of a medical condition and obtain due care for the life insured in case of illness.

These services are subject to:

- the availability of a suitable service provider;
 - primary diagnosis has been done by a registered medical practitioner as may be authorized by a competent statutory authority; and
 - the eligibility of the Life Insured as may be determined by the Company from time to time.
- **Free Look Period:** You have a period of 15 (Fifteen) days (30 (Thirty) days if the Benefit Option has been sourced through distance marketing or electronic modes), from the date of receipt of the document for the Benefit Option to review the terms and conditions of the Benefit Option under the rider. If you disagree to any of the terms or conditions, you have the option to return the original documents to us, by stating the objections/reasons for such disagreement. Upon return, the Benefit Option will terminate forthwith and all rights, benefits and interests under the Benefit Option in the Rider will cease immediately. We will only refund the Premiums for the respective Benefit Option received by us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.
 - The clauses covering Incontestability, Fraud & Non-Disclosure, Misstatement of Age & Gender and Exclusions will be the same as in the base policy.
 - **Policy Loan:** Loan is not available against this rider
 - **Grace Period:** A Grace Period of fifteen (15) days for monthly mode and thirty (30) days for all other modes, from the due date will be allowed for payment of each subsequent premium. The Benefit Option will remain in force during this period. If the full premium for the Benefit Option for the first 2 years from the risk commencement date under the Benefit Option, remains unpaid at the end of the grace period and the Benefit Option has not acquired a surrender value, the Benefit Option shall lapse from the due date of the first unpaid premium for the Benefit Option. If any claim occurs during the grace period, any due premium (without interest) towards for the Benefit Option for the policy year, in which the insured event has occurred will be deducted from the claim pay out.
 - **Nomination:** Nomination for the Benefit Option shall be as per provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
 - **Assignment:** Assignment for the Benefit Option shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time and prevailing regulations.
 - All Premiums, Charges, and interest payable under the policy are exclusive of applicable taxes, duties, surcharge, cesses or levies which will be entirely borne/ paid by the Policyholder, in addition to the payment of such Premium, charges or interest. Tata AIA Life shall have the right to claim, deduct, adjust, recover the amount of any applicable tax or imposition, levied by any statutory or administrative body, from the benefits payable under the Policy.
 - **Tax benefits:** Premiums paid under this plan may be eligible for tax benefits as per applicable tax laws and are subject to modifications made thereto from time to time. Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. The Policyholder is advised to seek an opinion of tax advisor in relation to the tax benefits and liabilities applicable.

Exclusions:

Please refer '*Definitions and Exclusions Annexure*' (Definitions and Exclusions) on our website (www.tataaia.com) for definitions of illnesses and conditions covered under the rider.

Details of the Exclusions applicable under the various 'Health Benefit options' are given below.

Event	Exclusion
Accidental Total / Partial and Permanent Disability Benefit	<p>Accidental Disability Benefit shall be not payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> • Injury occurred before the risk commencement date • If the Disability occurs after 180 days from the date of the accident • If the Disability has not persisted for at least 180 days and is not in the opinion of a medical practitioner, deemed to be permanent. • attempted suicide, attempted self-destruction or self-inflicted injury, irrespective of mental condition. • No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same. Wherever the proximate cause is accident which has occurred after the rider inception date, this exclusion shall not apply. • Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner. • War, invasion, act of foreign enemy, hostilities (whether war is declared or not), terrorism, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power or taking part in any riot, strikes, industrial disputes or civil commotion • 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. • Taking part in any naval, military or air force operation during peace time. • Engaging or Taking part in or practicing for any professional sport(s) or any adventurous pursuits or hazardous sports / pastimes including but not limited to taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. • Taking part in any act of a criminal or illegal nature or committing any breach of law with criminal intent • Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature and any kind of biological and chemical contamination. • Disability as a result of any disease or infection
Hospicare Benefit (HCB)	<p>The Life Insured will not be entitled to any benefits if the surgery or hospitalization is directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:</p> <ul style="list-style-type: none"> • Any pre-existing condition (disease, illness or injury) and its complications which manifested itself prior to the effective date of the Benefit Option or its latest revival date, whichever is later. Wherever the proximate cause is accident which has occurred after the rider inception date, this exclusion shall not apply. • Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness. • attempted suicide, attempted self-destruction or self-inflicted injury, irrespective of mental condition. • Complications of Sexually Transmitted Diseases or Venereal Disease

	<ul style="list-style-type: none"> • Any covered condition which is diagnosed and/or received medical advice/treatment within the waiting period. • Engaging or Taking part in or practicing for any professional sport(s) or any adventurous pursuits or hazardous sports / pastimes including but not limited to taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. • A 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. • Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner. • War, invasion, act of foreign enemy, hostilities (whether war is declared or not), terrorism, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power or taking part in any riot, strikes, industrial disputes or civil commotion. • Taking part in any act of a criminal or illegal nature or committing any breach of law with criminal intent • Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature and any kind of biological and chemical contamination. • Taking part in any naval, military or air force operation during peace time. • Admission, Diagnosis or Treatment taken outside India • Circumcision, any cosmetic procedures or plastic surgery • Pregnancy, childbirth or their complications, abortion, medical termination of pregnancy, infertility including IVF surrogate or vicarious pregnancy or services including complications arising due to supplying services or Assisted Reproductive Technology or sex change operation • Organ donation (as a donor) • External and known congenital conditions or birth defects • Dental treatment except if arising from an accident • Any form of Non-Allopathic treatment • Purely investigative procedure not resulting in any treatment or elective procedures • All preventive care, vaccinations including inoculation and immunizations • Study and treatment of sleep disorder or sleep apnea • Any hospitalization / surgery performed within 90 days from the start of coverage or the revival date. • Treatment for developmental problems including learning difficulties e.g. Dyslexia, behavioral problems • Any treatment received in convalescent homes, convalescent hospitals, nature cure clinics, rest care, rehabilitation, or similar establishments • Charges incurred in connection with cost of external aids, spectacles and contact lenses, hearing aids, laser surgery for correction of refractive errors other than for focal error of +/-7 or more and medically necessary. • Routine eye examinations and ear examinations, cochlear implants, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, hair fall treatment & products, and all other similar external appliances and / or devices whether for diagnosis or treatment.
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	<ul style="list-style-type: none"> • Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices any illness or treatment, which is a result or a consequence of undergoing such experimental or unproven treatment. • Any Stem Cell Transplant therapies or hormone replacement therapy • Treatment of obesity or morbid obesity including any complication arising from these treatments or any other weight control programme. • Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health and/ or who has been declared brain dead, as demonstrated by: <ul style="list-style-type: none"> ○ Deep coma and unresponsiveness to all forms of stimulation; or ○ Absent pupillary light reaction; or ○ Absent oculovestibular and corneal reflexes; or ○ Complete apnea. • Screening, counseling, treatment or complications related to autoimmune diseases. • Hospitalization only for investigation, evaluation and observation not covered. <p>Excluded for first two policy years</p> <p>Specific waiting period of 2 years from policy issue date or revival date for conditions/procedures mentioned below will apply for all benefits.</p> <ul style="list-style-type: none"> ○ Hernia Repair ○ Corrective procedure for gall stones ○ Corrective procedure for kidney or urinary tract stones ○ Discectomy, Laminectomy ○ Hemi / Partial Thyroidectomy ○ Corrective procedure for anal fistula or anal fissure, abscess of anal and pilonidal sinus ○ Removal of uterus, fallopian tubes and/or ovaries, except for malignancy ○ Corrective procedure for female genital Prolapse, Endometriosis/ Adenomyosis, Polycystic Ovarian Disease fibroids, uterine prolapse, or dysfunctional uterine bleeding ○ Corrective procedures for Hemorrhoids ○ Cataract & Joint replacement surgeries (other than caused by accidents) ○ Hyperplasia of Prostate (BPH), Hydrocele, and spermatocele ○ Knee replacement surgery (other than caused by accidents) ○ Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoporosis, Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis ○ Varicose veins and varicose ulcers of lower extremities, ○ Disease of middle ear and mastoid including Otitis Media (CSOM), Cholesteatoma, Perforation of Tympanic Membrane, any other benign ear, nose and throat disorder or surgery. ○ All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump, ○ Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract, ○ Tonsils and Adenoids, Nasal Septum including deviated nasal sinus and Nasal Sinuses, sinusitis and related disorder, ○ Internal Congenital Anomaly
Multistage Cancer Care Benefit /	In addition to the disease specific exclusions given along with definitions of the respective diseases covered under the Benefit Option, no benefit will be payable if death or the illness covered under the policy is caused or aggravated directly or indirectly by any of the following:

<p>Multistage Cardiac Care Benefit / Multistage Critical Illness Benefit</p>	<ul style="list-style-type: none"> • Pre-Existing Diseases are not covered. Any pre-existing disease at the time of inception of the policy. • Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness. • No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same. • Any covered condition which is diagnosed and/or received medical advice/treatment within the waiting period. • Self-inflicted injuries, suicide, insanity, and deliberate participation of the Life Insured in an illegal or criminal act with criminal intent. • Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a medical practitioner. • Any illness due to an external congenital defect • Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. • Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on regular routes and on a scheduled timetable unless agreed by special endorsement. • War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action. • Any treatment of a donor for the replacement of an organ • Nuclear reaction due to nuclear accident, Biological, Chemical or Radioactive contamination • Diagnosis and treatment outside India. • Ayurvedic, Homeopathy, Unani, herbalist treatment, any other treatments other than Allopathy / western medicines.
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Prohibition of Rebates - Section 41 - of the Insurance Act, 1938, as amended from time to time

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons Ltd. and AIA Group Ltd (AIA). Tata AIA Life combines Tata's pre-eminent leadership position in India and AIA's presence as the largest, independent listed pan-Asia life insurance group in the world spanning 18 markets in Asia Pacific. Tata Sons holds a majority stake (51 per cent) in the company and AIA holds 49

per cent through AIA International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

Disclaimer

- **Medical Second Opinion / Personal Medical Case Management** is an optional service offered to you at no additional cost. You may exercise your own discretion to avail the services and to follow the treatment path suggested by the service provider. These services shall be directly provided by the service provider. The services can be availed only where policy/rider is in force. All the supporting medical records should be available to avail the service. We reserve the right to discontinue the service or change the service provider at any time. The services are being provided by third party service provider and Tata AIA Life Insurance Company Ltd will not be liable for any liability.
- The brochure is not a contract of insurance. This brochure should be read along with the base product brochure and sales Illustration before concluding a sale. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.
- This rider is underwritten by Tata AIA Life Insurance Company Ltd. This rider is not a guaranteed Issuance rider and it will be subject to Company's underwriting and acceptance.
- Riders are not mandatory and are available for a nominal extra cost.
- Participation by customers shall be on voluntary basis.

Beware of Spurious/Fraud Phone Calls:

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.

Tata AIA Life Insurance Company Limited
(IRDA of India Regn. No.110 • CIN - U66010MH2000PLC128403)
Registered & Corporate Office

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Visit us at: www.tataaia.com.

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