Axis Max Life Group Critical Illness Secure (Accelerated Benefit) Rider
Non Linked Non Participating Group Pure Risk Health Insurance Rider
UIN: 104B032V03

PROSPECTUS

CRITICAL ILLNESS COVERAGE IS AVAILABLE IN THIS PRODUCT

ABOUT AXIS MAX LIFE INSURANCE

Axis Max Life Insurance Limited, formerly known as Max Life Insurance Company Ltd., is a Joint Venture between Max Financial Services Limited ("MFSL") and Axis Bank Limited. Axis Max Life Insurance offers comprehensive protection and long-term savings life insurance solutions through its multi-channel distribution, including agency and third-party distribution partners. It has built its operations over two decades through a need-based sales process, a customer-centric approach to engagement and service delivery and trained human capital. As per the annual audited financials for FY2023-24, Axis Max Life Insurance has achieved a gross written premium of INR 29,529 Cr. For more information, please visit the company website at https://www.axismaxlife.com

AXIS MAX LIFE GROUP CRITICAL ILLNESS SECURE (ACCELERATED BENEFIT) RIDER

An important lever for any business is to insure loans against the possibility of death or inability to pay due to illness of the borrower. The purpose of the Group Critical Illness Secure (Accelerated Benefit) Rider plan is to minimize the risk of loan default in the event of your member being diagnosed with critical Illness during the period of coverage and also helps your member get rid of his/her liability in such tough times.

Benefit to the Policyholder/financial Institution – Group Critical Illness Secure (Accelerated Benefit) Rider protects the lender from loan defaults, in case the borrower is diagnosed with Critical Illness. The Rider Sum assured (as per the option chosen) is paid out by Axis Max Life Insurance Limited.

Benefit to the Loan borrower – In the event of the member is diagnosed with Critical Illness, the family does not have to surrender/ forgo the asset since part of the loan will be paid out as the rider sum assured by Axis Max Life Insurance Limited & hence reducing the burden of the regular installments.

Please note that the benefit is payable only in the event of Critical Illness during the period of coverage and no other cover is provided under this rider.

KEY FEATURES & BENEFITS

This rider accelerates the chosen rider sum assured from the base sum assured in case your member is diagnosed with any of the specified critical illnesses and the base plan continues for the rest of the policy term with the remaining base sum assured. This rider offers:

a) **Choice of Critical Illness Variant**

This rider offers you/member 2 variants (Gold & Silver). Gold Variant provides coverage against 20 critical illnesses while Silver variant covers you against 10 critical illnesses.

b) **Flexibility To Choose Rider Sum Assured Upto 100% of the base plan**

Your member has the flexibility to choose the rider sum assured as per your requirement & risk appetite. Rider sum assured can't exceed the base policy sum assured and is subject to a maximum of ₹1crore.

c) **Choice of Rider Term**

Your member has the flexibility to select the rider term between 2 to 10 years basis your need. The rider term can't exceed the base plan term.

AXIS MAX LIFE GROUP CRITICAL ILLNESS SECURE (ACCELERATED BENEFIT) RIDER AT A GLANCE

Item	Modification
Product to which the rider will be attached	Axis Max Life Group Credit Life Secure (UIN: 104N072V04) Axis Max Life Group Credit Life Premier (UIN : 104N095V03)
Minimum Entry Age (last birthday)	18 years
Maximum Entry Age (last birthday)-	69 years
Maximum Maturity Age (last birthday)	77 years
Minimum Policy Terms	*The term 'Rider Coverage Term' has been used to refer to the policy period of accelerated critical illness rider coverage for individual members* 2 years
Maximum Policy Terms	*10 years* *The Rider Coverage Term cannot be higher than base plan Policy Term*
Premium Payment Term	*Min: Single Premium* *Max: Single Premium*
Policy Term	*Pick a term: 2-10 Years; subjected rider policy term cannot exceed base plan term* *The option to choose the term under a scheme rolled out by Master policyholder lies with individual member*
Minimum Rider Sum Assured	*₹10,000 per member at cover inception* *"Sum assured under health cover" means an absolute amount of benefit which is guaranteed to become payable on happening of insured health related contingency in accordance with the terms and conditions of the policy under health cover.* *The term 'Rider SA (or Rider Sum assured)' has been used to refer to the Sum assured under health cover for this rider, as defined above*
Maximum Rider Sum Assured	*Insured member can choose the Rider Sum Assured as a fixed proportion of base Sum Assured, up to 100% of base Sum Assured [capped at 1 Cr.]* *The option to choose the Rider Sum Assured under a scheme rolled out by Master policyholder lies with individual member.*

Minimum Annualized Premium	Minimum premium per member is subject to minimum Rider Sum Assured per member and applicable premium rates. Sub-standard lives will be rated for extra premiums as per the Board approved underwriting policy of the company.
Maximum Annualized Premium	Maximum premium per member is subject to maximum Rider Sum Assured per member and applicable premium rates. However, the premium pertaining to health related or critical illness riders shall not exceed 100% of premium under the base product and the premiums under all other life insurance riders put together shall not exceed 30% of premiums under the base product
Premium Rate Guarantee	The CI Premium (Single Premium) shall be guaranteed for full duration of cover opted.
Type of Loans	a) Home Loan b) Personal Loan c) Car Loan d) Education Loan e) Loan against Property f) Other loans* *Agri equipment/other vehicles/other loan
Co-borrower Option	Same as base plan. Under this option, cover on lives of Primary borrower and Co-borrowers will be considered as separate insurance covers to the extent of total loan amount subject to necessary financial and medical underwriting requirements. This would be referred to as Co-borrower cover option. In the event of occurrence of covered contingency to the primary borrower/ co-borrower, cover on the other life will continue as they are independent insurance covers.
Variants/options	Gold – 20 Critical Illnesses will be covered. Silver – 10 Critical Illnesses will be covered List attached in annexure 1. The Master Policyholder can choose one or both of the CI Coverage option in a Master Policy. The insured member can opt one of the CI Coverage Option provided that the option was chosen by the Master Policyholder.
Policy Loan Provisions	No loans will be available under the policy

Benefit Payable Under the Rider	The accelerated Critical Illness rider shall pay an amount equal to Critical Illness Rider SA following a confirmed diagnosis of the life assured suffering from one of the insured Critical Illness Conditions as specified in *Annexure 1* and subject to applicable exclusions and waiting period. The Critical Illness Rider SA is payable on a valid CI claim during the Critical Illness Coverage Term, subject to rider benefit is in-force. For any claim to be valid under this rider, the incidence of the condition must be the first occurrence in the lifetime of the Life Insured. In case of confirmed diagnosis of any of the specified CIs the rider shall accelerate the base Sum Assured to the extent of the Critical Illness Rider SA and thereafter the base Sum Assured will reduce proportionately & will continue until end of the base coverage term provided it is in force.
Type of Cover	As per base plan (Decreasing/Level Cover) The following Rider SA options as opted by the insured member under the base plan are available: A. **Decreasing Rider SA**: The rider SA decreases as per the schedule provided in the Certificate of Insurance. In case of occurrence of covered contingency, the applicable rider SA at that time will be paid. B. **Level Rider SA:** The rider Sum Assured is the amount payable on happening of covered contingency equal to the initial amount of cover chosen.
Waiting Period	A waiting period of 90 days from the date of commencement of risk. No critical illness benefit will be payable if there is a diagnosis of any critical illness within the waiting period as applicable from the date of issue of policy. In such case the critical illness benefit will terminate and Company will refund the premium paid corresponding to the rider benefit.
Survival Period	No survival period applicable
Death Benefit	There is no death benefit payable under this rider
Maturity Benefit	There is no maturity benefit payable under this rider

Free look	The Master Policyholder and / or the Life Insured / Scheme Member, except for the Policy / Certificate of Insurance with tenure of less than a year, have a period of 30 (Thirty) days beginning from the date of receipt of the Policy / Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of the Policy / Certificate of Insurance. If the Master Policyholder/ the Member disagrees to any of the terms or conditions of the Policy / Certificate of Insurance, or otherwise and has not made any claim, Master Policyholder / the Member shall have the option to return the Policy / Certificate of Insurance for cancellation to Us by stating the reasons for the same. •Free Look in Case of Master Policyholder: In case free look cancellation is exercised by the Master Policyholder, the Policy shall terminate forthwith and all rights, benefits and interests under the coverage shall cease immediately. However, the cover in respect of existing members will continue as per the terms of Certificate of Insurance as applicable. No new members will be enrolled under the Policy. • •Free Look in Case of Member: Certificate of Insurance shall terminate forthwith and all rights, benefits and interests under the Certificate of insurance shall cease immediately. The Member shall be entitled to a refund of the premium paid subject only to a deduction of the proportionate risk premium for the period of cover and the expenses, if any, incurred by the Company on medical examination and stamp duty charges.
Grace Period	Not applicable

LIST OF CRITICAL ILLNESS

	Silver	Gold
No. of CI covered	**10**	**20**
1	Cancer Of Specified Severity	Cancer Of Specified Severity
2	Open Chest CABG	Open Chest CABG
3	Kidney Failure Requiring Regular Dialysis	Kidney Failure Requiring Regular Dialysis
4	Permanent Paralysis Of Limbs	Permanent Paralysis Of Limbs
5	Coma Of Specified Severity	Coma Of Specified Severity
6	Myocardial Infarction (First Heart Attack Of Specific Severity)	Myocardial Infarction (First Heart Attack Of Specific Severity)
7	Stroke Resulting In Permanent Symptoms	Stroke Resulting In Permanent Symptoms

8	Major Organ / Bone Marrow Transplant	Major Organ / Bone Marrow Transplant
9	Loss Of Limbs	Loss Of Limbs
10	Surgery To Aorta	Surgery To Aorta
11		Apallic Syndrome
12		Benign Brain Tumour
13		Primary (Idiopathic) Pulmonary Hypertension
14		End Stage Liver Failure
15		End Stage Lung Failure
16		Open Heart Replacement Or Repair Of Heart Valves
17		Multiple Sclerosis With Persisting Symptoms
18		Blindness
19		Third Degree Burns
20		Major Head Trauma

For any claim to be valid under this policy, the incidence of the condition must be the first occurrence in the lifetime of the Life Insured and comply with the definitions and exclusions as detailed below. Definitions for covered Critical Illnesses are given in Annexure I.
There are no hospitalization benefits under this rider.

Surrender Benefit

This is a Single Premium accelerated critical illness rider. If a life insured surrenders the rider cover due to any reason, a surrender value under rider benefit would be paid. The rider surrender value payable at any point of time during rider coverage term will be computed using the below formula:

70% of Premium paid for rider * (Unexpired Rider Coverage Term in months) / Total Rider Coverage Term in months) * (Rider Sum Assured applicable at time of Surrender / Rider Sum Assured at inception)

Note that the rider can be surrendered only when the base plan is surrendered and not alone.

Termination of Coverage

The rider cover shall terminate upon the happening of the first of the following events:

i. on the date on which we receive the free look cancellation request
ii. death of Life Insured
iii. on settlement of claim under this rider
iv. on the expiry of the rider coverage term;
v. on date on which the rider or base cover is cancelled or terminated for any reason;
vi. on receipt of written request from the life insured for surrender of the rider;
vii. on cancellation/ termination of the cover by the Company on grounds of misrepresentation, fraud or non-disclosure subject to section 45 of the Insurance Act, 1938 as amended from time to time.

The Master Policy may be terminated by either the Policyholder or the Company by giving 90 (Ninety) days prior written notice to the other party. In the event of such termination each Member's coverage shall continue until the date of the expiration of the period of coverage.

Upon termination of the master policy, no new enrolment application forms for eligible members will be accepted by us from the date such termination, but all obligations in respect of the members enrolled under the master policy shall continue until the expiry of the period of coverage of each member or surrender of the Certificate of Insurance, whichever is earlier.

HOW DOES AXIS MAX LIFE GROUP CRITICAL ILLNESS SECURE (ACCELERATED BENEFIT) RIDER WORK FOR YOU?

Illustrative Scenario 1

Illustration of applicable benefit during the rider coverage term:

***Case 1**: Mr. Verma, 35-year-old, take a home loan* ₹10 lakh and cover the loan with **Axis Max Life Group Credit Life Secure** along with **Axis Max Life's Group Critical Illness Secure (Accelerated Benefit) Rider** *with Decreasing cover option, policy term 10, initial base SA of Rs. 10lacs, CI Rider SA of 25% of base SA and loan interest rate of 10.75% p.a., the table below shows the Base SA, CI Rider SA and Base SA after accelerated CI claim:*

Year	*Month*	*Base SA (before CI claim)*	*CI Rider SA*	*Base SA (after CI claim)*
1	*1*	*10,00,000*	*2,50,000*	*7,50,000*
2	*13*	*9,41,045*	*2,35,261*	*7,05,784*
3	*25*	*8,75,430*	*2,18,858*	*6,56,573*
4	*37*	***8,02,404***	*2,00,601*	*6,01,803*
5	*49*	*7,21,129*	***1,80,282***	*5,40,847*
6	*61*	*6,30,673*	*1,57,668*	***4,73,005***
7	*73*	*5,30,000*	*1,32,500*	*3,97,500*
8	*85*	*4,17,955*	*1,04,489*	*3,13,466*
9	*97*	*2,93,253*	*73,313*	*2,19,940*
10	*109*	*1,54,465*	*38,616*	*1,15,849*

Scenario 1, Base Death Benefit claim before CI claim: In case of death claim in month 37, provided that accelerated CI benefit under rider is not claimed, the amount payable will be equal to Rs. 8, 02,404 from the base product.

Scenario 2, CI Claim: In case of CI claim in month 49, provided that the cover is in-force, the amount payable will be equal to Rs. 1, 80,282 from this accelerated rider and the CI cover will terminate.

Scenario 3, Base Death Benefit claim after CI claim: Assuming that the accelerated CI claim was paid in month 49. Thereafter, in case of death claim, say in month 61, the amount payable will be equal to Rs. 4,73,005 i.e. 75% of applicable full base SA as 25% of Rider SA has been accelerated at the time of CI claim earlier.

***Case 2**: Mr. Verma, 35-year-old, take a home loan* ₹10 lakh and cover the loan with **Axis Max Life Group Credit Life Secure** along with **Axis Max Life's Group Critical Illness Secure (Accelerated Benefit) Rider** *for Level cover option, policy term 10, initial base SA of Rs. 10lacs, CI Rider SA of 25% of base SA, the table below shows the Base SA, CI Rider SA and Base SA after accelerated CI claim:*

Year	*Month*	*Base SA (before CI claim)*	*CI Rider SA*	*Base SA (after CI claim)*
1	*1*	*10,00,000*	*2,50,000*	*7,50,000*
2	*13*	*10,00,000*	*2,50,000*	*7,50,000*
3	*25*	*10,00,000*	*2,50,000*	*7,50,000*
4	*37*	***10,00,000***	*2,50,000*	*7,50,000*
5	*49*	*10,00,000*	***2,50,000***	*7,50,000*
6	*61*	*10,00,000*	*2,50,000*	***7,50,000***
7	*73*	*10,00,000*	*2,50,000*	*7,50,000*
8	*85*	*10,00,000*	*2,50,000*	*7,50,000*
9	*97*	*10,00,000*	*2,50,000*	*7,50,000*
10	*109*	*10,00,000*	*2,50,000*	*7,50,000*

Scenario 1, Base Death Benefit claim before CI claim: In case of death claim in month 37, provided that accelerated CI benefit under rider is not claimed, the amount payable will be equal to Rs. 10, 00,000 from the base product.

Scenario 2, CI Claim: In case of CI claim in month 49, provided that the cover is in-force, the amount payable will be equal to Rs. 2,50,000 from this accelerated rider and the CI cover will terminate.

Scenario 3, Base Death Benefit claim after CI claim: Assuming that the accelerated CI claim was paid in month 49. Thereafter, in case of death claim, say in month 61, the amount payable will be equal to Rs. 7,50,000 i.e. 75% of applicable full base SA as 25% of Rider SA has been accelerated at the time of CI claim earlier.

ANNEXTURE 1 - DEFINITIONS OF CRITICAL ILLNESS COVERED

The Critical Illness benefit will be payable only if the incidence of any of the covered critical illness condition after policy issuance is the first incidence of that covered critical illness in the lifetime of the policyholder

1. Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & 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 –

a. 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.
b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
c. Malignant melanoma that has not caused invasion beyond the epidermis;
d. 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
e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
f. Chronic lymphocytic leukaemia less than RAI stage 3

g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
h. 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. 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:

a. Angioplasty and/or any other intra-arterial procedures

3. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. 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.

5. 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 Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification (NYHA) of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

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

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

The following are excluded:

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

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 extra cranial 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:

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

8. Major Organ or Bone Marrow Transplant (as recipient)

The actual undergoing of a transplant of:

a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
b. 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:

a. Other stem-cell transplants
b. Where only Islets of Langerhans are transplanted

9. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed by a Consultant Neurologist. The diagnosis must be evidenced by all of the following:

a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis;
b. 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.

10. Surgery to Aorta

Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and

abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

11. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.

12. Benign Brain Tumour

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 by 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:

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

The following conditions are excluded:

a. 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. 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

a. No response to external stimuli continuously for at least 96 hours;
b. Life support measures are necessary to sustain life; and
c. 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 from alcohol or drug abuse is excluded.

14. End Stage Liver Failure

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

a. permanent jaundice; and
b. ascites; and
c. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

15. End Stage Lung Failure

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

a. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

c. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55 mmHg)
d. Dyspnea at rest.

16. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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.

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17. 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.

18. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
The Blindness is evidenced by:
a. corrected visual acuity being 3/60 or less in both eyes or;
b. 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.

19. 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

20. 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:

a. 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;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d. Mobility: the ability to move indoors from room to room on level surfaces;
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

a. Spinal cord injury

ANNEXTURE II - EXCLUSIONS FOR CRITICAL ILLNESSES

Apart from the exclusions specified in each of the diseases above, there are exclusions for Critical Illness benefit where the life assured will not be entitled to Critical Illness benefit if a Covered Critical Illness results either directly or indirectly from any one of the following causes or within 90 days (during the waiting period) from the date of commencement of the coverage or date of reinstatement, whichever is later:

- 'Pre-existing diseases' which are defined as "Any condition, ailment or injury or related condition(s) for which the assured life had signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 36 months prior to the first policy issued by the insurer"; External Congenital Anomaly which is in the visible and accessible parts of the body
- The Life insured has delayed medical treatment in order to circumvent the waiting period
- Intentional self-inflicted injury, attempted suicide, while sane or insane;
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
- 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 Life Insured in a criminal or unlawful act with criminal intent;
- 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';
- Disability due post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded;
- 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.

Grievance Redressal

All consumer grievances and/or queries may be first addressed by the complainant to the agent or Our customer helpdesk as mentioned below:

a. Axis Max Life Insurance Limited, Plot 90C, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India, Helpline No. – 1860 120 5577, Email: service.helpdesk@axismaxlife.com, or

b. Any office of Axis Max Life Insurance Limited.

If Our response is not satisfactory or there is no response within 14 (Fourteen) days:

The complainant may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:

Grievance Redressal Officer,

Axis Max Life Insurance Limited

Plot No. 90C, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India

Helpline No. – 1860 120 5577 or (0124) 4219090

Email: manager.services@axismaxlife.com

the complainant may approach the Grievance Cell of the IRDAI on the following contact details:

IRDAI Grievance Call Centre (Bima Bharosa Shikayat Nivaran Kendra)

Toll Free No:155255 or 1800 4254 732

Email ID: complaints@irdai.gov.in

Website: - bimabharosa.irdai.gov.in

the complainant can also register Your complaint online at http://www.igms.irdai.gov.in/

the complainant can also register Your complaint through by submitting Your complaint to:

Policyholder Protection & Grievance Redressal Department (PPGR)

Insurance Regulatory and Development Authority of India

Sy No. 115/1, Financial District,

Nanakramguda, Gachibowli, Hyderabad – 500032

India

Ph: (040) 20204000

If the complainant are not satisfied with the redressal or there is no response within a period of 1 (One) month or within 1 year after rejection of complaint by Us, the complainant may approach Insurance Ombudsman at the address mentioned in the policy document of the product available on the company website, or on the IRDAI website www.irdai.gov.in or on Council of Insurance Ombudsmen website at www.cioins.co.in.

GENERAL CONDITIONS

Documentation Requirement
An eligible member may apply to participate in this insurance coverage by completing the application for membership and submitting his/her satisfactory evidence of insurability to the insurance company.

Medical examination, as determined by the company, shall be required for all eligible members whose total sum insured or amount proposed to be insured under this policy and other policies issued by the company, exceeds the non-medical limit as determined by the company and specified in the policy schedule.

Policy Nature
The policy shall not participate in any surplus distribution by the company being a non-participating policy.

Premium Provisions
A single premium is payable towards coverage on each insured member

Certificate of Insurance
The Company shall issue in the name of each insured member, an individual certificate of insurance.

Full Disclosure & Incontestability:
We draw your attention to Section 45 and statutory warning under Section 41 of the Insurance Act 1938 as amended from time to time – which reads as follows:

Section 45 of the insurance Act, 1938 as amended from time to time states that:

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decisions are based.

Explanation I – For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the 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 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 specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2) no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a

material fact was true to the best of his knowledge and belief or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the member is not alive.

Explanation – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of the life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and material on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling 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 that the age of the life insured was incorrectly stated in the proposal.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 as amended from time to time states:

(1) 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 prospectus 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.

Nomination
Nomination shall be applicable in accordance with provisions of Section 39 of the Insurance Act 1938 respectively, as amended from time to time.

Assignment is not allowed under this rider.

Expert Advice at Your Doorstep: Our distributors have been professionally trained to understand and evaluate your unique financial requirements and recommend a policy which best meets your needs.

With experienced and trained distributors, we are fully resourced to help you achieve your life's financial objectives. Please call us today. We would be delighted to meet you.

Important Notes:

- This is only a prospectus. It does not purport to be a contract of insurance and does not in any way create any rights and/or obligations. All the benefits are payable subject to the terms and conditions of the Policy
- Benefits are available provided all premiums are paid, as and when they are due
- Tax benefits may be applicable as per prevailing tax laws. Please consult your tax advisor for more details

Insurance is the subject matter of solicitation.

CONTACT DETAILS OF THE COMPANY

Company Website: https://www.axismaxlife.com

Registered Office:
Axis Max Life Insurance Limited
419, Bhai Mohan Singh Nagar, Railmajra,
Tehsil Balachaur, District Nawanshahr,
Punjab - 144 533
Tel: 01881-462000

Office Address:
Axis Max Life Insurance Limited
Plot No. 90C, Sector 18, Udyog Vihar
Gurugram – 122015, Haryana, India.
Tel No.: (0124) 4219090
Customer Helpline Numbers: 1860 120 5577

Customer Service Timings: 9:00 AM - 6:00 PM Monday to Saturday (except National holidays) or SMS 'Life' to 5616188

Website: https://www.axismaxlife.com

Disclaimers:

Axis Max Life Insurance Limited is a Joint Venture between Max Financial Services Limited and Axis Bank Limited. Corporate Office: 11th Floor, DLF Square Building, Jacaranda Marg, DLF City Phase II, Gurugram (Haryana)-122002. For more details on risk factors, terms and conditions, please read the prospectus carefully before concluding a sale. You may be entitled to certain applicable tax benefits on your premiums and policy benefits. Please note all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. Tax benefits are subject to changes in tax laws. Insurance is the Subject matter of solicitation. Trade logo displayed belongs to Max Financial Services Ltd. and Axis Bank Ltd. respectively and with their consents, are used by Axis Max Life Insurance Co. Ltd. You can call us on our Customer Helpline No. 1860 120 5577.
Website: https://www.axismaxlife.com

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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