SHRIRAM
Life Insurance
YOUR PARTNER FOR PROSPERITY
associated with Sanlam group



Shriram Life Online Term Plan

UIN - 128N072V01

Non Linked Non Participating Online Term Life Insurance Plan

We all spend time and money to plan for our future starting with securing our loved ones. Whether we are still an individual or married or have children, the need for security remains. Planning for financial security is a very important decision we all should avail to safeguard our family against uncertainties of life.

We at Shriram Life understand your responsibilities towards your family and present Shriram Life Online Term Plan. We have thoughtfully designed this product to suit your requirements of comprehensive coverage at affordable premiums.

Shriram Life Online Term Plan

Shriram Life Online Term Plan is a pure term insurance plan which is...

Online: Only available online

Convenient: Can be purchased anytime, anywhere at your convenience

Affordable: At premiums which start as low as Rs. 7,343 p.a. for Rs 1 Crore Cover (30 year old Male , 30 year term, Lump Sum Option, No Optional Cover, preferred non-smoker category)

Flexible: Offers you the flexibility to choose from multiple **Base Options and Optional Cover**

Why chose Shriram Life Online Term Plan?

- **Longer Protection:** Provides life cover up to the age of 75 years
- **Lower premium rates for women –** 3 years setback on rates for women
- **High Sum Assured Discount:** Discount in premium rate in case you opt for a Higher Sum Assured
- **Complete protection:** *Enhance your protection with Optional Coverage for a complete peace of mind*
- **'The premium would vary based on choice of the benefit Options'.**

How it Works

Step 1: Select the **Base Option** as per your requirement

Step 2: Select the **Optional Cover** as per your needs

Step 3: Calculate your premium and select the mode of premium payment

Step 4: Fill the proposal form online and make the payment online

Step 5: Undergo medical tests if required, we assure you a hassle free experience throughout the process

Step 1: Select the Base Option as per your requirement

Base Option [Action → Select Any One]

"Terminal Illness" and "Waiver of Premium on Total and Permanent Disability due to Accident" are inbuilt in all the Base Options

(i) Lump Sum: Pays sum assured as Lump Sum benefit on death or on diagnosis of terminal illness	**(ii) Monthly Income:** Pays fixed monthly income of 1% of Sum Assured on death or on diagnosis of terminal illness	**(iii) Lump Sum + Monthly Income:** Pays 50% of Sum Assured as lump sum and 0.5% of Sum Assured as monthly income benefit on death or on diagnosis of terminal illness

- *Lump Sum payouts are done immediately at the time of claim settlement to the family*
- *Monthly Income is paid to the family from the month of death till the end of the policy term or at least for 10 years whichever is later*
- *The premium for each of the base options will be different for the same Sum Assured..*

Step 2: Select the Optional Cover as per your requirement

Optional Cover [Action → Select Any One, Both or None]

Optional Add-on are optional coverage option available at the time of buying the policy

(i) Critical Illness: Pays lump sum amount (equal to Sum Assured under Critical Illness) on diagnosis of any covered critical illnesses and Base Option coverage continues	**(ii) Accidental Death Benefit:** Pays an additional lump sum amount (equal to Sum Assured under Accidental Death Benefit) on death due to accident. This amount is in addition to Base Option benefit and plan terminates.

Step 3: Calculate your premium and select the mode of premium payment

Depending on your need select the amount of cover you need under each options and calculate your premium. Your premium will depend on your Sum Assured, Age, your life style and other underwriting norms.

Feel free to contact our Online Customer Care executive at 1800-3000-6116 in case you need any help.

Step 4: Fill the proposal form online and make the payment online

We request you to answer all the questions to the best of your knowledge, questions related to your health, family history and life style habits are very important from underwriting perspective

Feel free to contact our Online Customer Care executive at 1800-3000-6116 in case you need any help

Step 5: Undergo medical tests if required, we assure you a hassle free experience throughout the process

If required you may need to undergo medical tests. We assure you of our quality hassle free process while undergoing such tests. Our Online Customer Care executive will contact you for your suitable availability.

"Death Sum Assured" is defined as highest of
- 10 times the Annualized Premium for all ages
- Basic Sum Assured
- 105% of All Premiums Paid till the date of death

Where

"Annualized Premium" shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for model premiums, if any.

"Basic sum assured" is the sum assured chosen by the policyholder at inception of the policy.

"All Premiums Paid" means total of all the premiums Paid, excluding any extra premium, any rider premium and taxes.

The benefits payable on death of life assured shall be paid to the nominee(s) or beneficiary(ies) as applicable, provided the policy is in force, and the benefits payable on terminal illness and Critical Illness shall be paid to the life assured,

Plan Eligibility

<table>
<tr><th>Criteria / Base Option</th><th>Lump Sum option</th><th>Monthly Income /
Lump Sum + Monthly Income</th></tr>
<tr><td>Age at entry</td><td>18 – 55 years</td><td>18 – 45 years</td></tr>
<tr><td>Minimum Maturity Age</td><td>28 years</td><td>38 years</td></tr>
<tr><td>Maximum age at maturity</td><td>75 years</td><td>65 years</td></tr>
<tr><td>Sum Assured Range</td><td colspan="2">25 lakhs to 10 Crores (in multiple of 1 lakh)</td></tr>
<tr><td>Policy Term</td><td>10 to 57 years</td><td>20 to 47 years</td></tr>
<tr><td>Premium payment term</td><td colspan="2">Equal to Policy Term</td></tr>
<tr><td>Minimum Premium</td><td colspan="2">Rs 1,695 per annum</td></tr>
<tr><td>Premium Mode</td><td colspan="2">Yearly, Half Yearly, Quarterly , Monthly
If premiums are paid in other than yearly mode, the annual premium will be multiplied by the below modal factors:
<table>
<tr><td>Mode</td><td>Half Yearly</td><td>Quarterly</td><td>Monthly</td></tr>
<tr><td>Factor</td><td>0.5076</td><td>0.2557</td><td>0.0857</td></tr>
</table></td></tr>
<tr><td>Terminal Illness Cover</td><td colspan="2">Equal to Sum Assured</td></tr>
<tr><td>Critical Illness Cover</td><td colspan="2">Minimum Rs 5 lakhs
Maximum 20% of Sum Assured subject to a limit of Rs 20 lakhs</td></tr>
<tr><td>Accidental Death Benefit Cover</td><td colspan="2">Minimum Rs 10 lakhs
Maximum 100% of Sum Assured subject to a limit of Rs 1 Crore</td></tr>
<tr><td>Maturity Benefit</td><td colspan="2">There is no maturity benefit under this plan</td></tr>
<tr><td>Loan Facility</td><td colspan="2">Not available under this plan</td></tr>
</table>

Quick Recap: What happens to the policy after any of following eventuality?

Type of Claim	Benefits Payable	Plan Status
Death Claim	Base Option benefits are paid	Plan Terminates
Death Claim due to Accident (if opted for Accidental Death Benefit)	Base Option benefits and Accidental Death Benefits are paid	Plan Terminates
Terminal Illness	Base Option benefits are paid	Plan Terminates
Total and permanent disability due to accident	All future premiums including premium for optional benefits are waived off	Plan continues for the remaining Policy Term
Critical Illness (if opted)	Sum Assured under Critical Illness is paid and future premiums under critical Illness ceases	Plan continues for the remaining Policy Term and customer needs to pay the reduced premiums regularly.

Total and Permanent Disability

Accidental Total and Permanently Disability means total and permanent disability

- Which is caused by Injury resulting from an Accident and
- Which occurs due to the said Injury solely, directly and independently of any other causes and
- Which occurs within ninety (90) days from the date of occurrence of accident and the disability is continued for uninterrupted period of 180 days following the date of occurrence of accident to establish its permanency
- Which meets either of the 3 definitions before the life assured attains age 60 years and meets Definition 2 and 3 after the life assured attains age 60 years
- Is not a result from any of the causes listed in the exclusions for Accidental Total and Permanent Disability Benefit

Terminal Illness

Terminal Illness is defined as an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two (2) independent Medical Practitioners specializing in treatment of such illness, has greater than 50% chance of death of the Life Assured within six months of the date of diagnosis of illness.

Critical Illness (Option Cover)

Below are the list of Critical Illness Coverage, for more details refer to sample policy document

The following 23 major critical illnesses are covered under this option

1. Apallic Syndrome	7. Coma of Specified Severity	13. Third Degree Burns	19. Permanent Paralysis of Limbs
2. Myocardial Infarction	8. Kidney failure requiring Regular Dialysis	14. Major Head trauma	20. Poliomyelitis
3. Blindness	9. Deafness	15. Major Organ/Bone Marrow Transplant	21. Primary (Idiopathic) Pulmonary Hypertension
4. Cancer of Specified Severity	10. Benign Brain Tumour	16. Open Chest CABG	22. Stroke resulting in Permanent Symptoms
5. End Stage Liver Failure	11. Loss of Limbs	17. Open Heart Replacement or Repair of Heart Valves	23. Surgery of Aorta
6. End Stage Lung Failure	12. Loss of Speech	18. Parkinson's Disease	

Accidental death (Option Cover)

Death due to an accident where accident is defined as that which is sudden, unforeseen and involuntary event caused by external, visible and violent means. Accidental injuries, solely, directly and independently of all other causes resulting in death of the life assured within 180 days from the date of occurrence of accident, shall be considered as death due to accident. If accident occurs before the end of the policy term but death happens due to such accident within 180 days from the accident but after the end of the policy term, the Company will pay the accidental claim amount.

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Accidental Total and Permanent Disability

The permanence of the disability will only be established 180 days following the date of the event causing the disability except in the case of complete severance of the hand at or above the wrist or foot at or above the ankle joint and must be clinically confirmed as deemed permanent by an appropriate medical practitioner.

The premiums paid during the period of disability establishment shall be refunded to the policyholder.

In the event of death of the life assured within the above period (disability establishment period of 180 days), the death benefit shall be paid and the policy will be terminated.

Definition 1: Unable to work

The Life assured suffers an Injury due to Accident and the injury causes the life assured to be unable to ever engage in any occupation or employment or business for remuneration or profit.

Definition 2: Loss of use of limbs or visual loss

As a result of accidental bodily injury the Life Insured has suffered

- Loss of the use of both limbs; or
- Loss of the sight in both eyes (Blindness); or
- Loss of the use of one limb and the sight of one eye

The loss of a limb means the physical separation of a limb, at or above the wrist or ankle level as a result of injury. 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 a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and the permanency should be for an uninterrupted (continuous) period of at least six months from the date of occurrence of accident with documented evidence to establish total permanency of the disability.

The total loss of vision in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident.

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

i. Corrected visual acuity being 3/60 or less in both eyes or;
ii. 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

Definition 3: Loss of independent existence

Permanent Loss of ability through an injury caused solely by an accident, to do at least 3 of the 6 tasks listed below ever again. Total and Permanent Disability should occur within Ninety 90 days of the accident independent of any other causes.

For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. Loss of independent living must be medically documented for an uninterrupted period of at least six months.

Proof of the same must be submitted to the Company while the Life Assured is alive and permanently disabled. The relevant specialist Medical Practitioner and the company’s appointed Medical Practitioner, both must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The Company will have the right to evaluate the insured person to confirm total and permanent disability.

The tasks are:

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

Exclusions applicable for Accidental Death Benefit and Accidental Total and Permanent Disability

The life assured will not be entitled to any accidental death benefits directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Suicide or self-inflicted injury, whether the life assured is medically sane or insane.
- War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
- Taking part in any naval, military or air force operation during peace time.
- Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotics, medicine, sedative, poison or psychotropic substances, unless taken in accordance with the lawful directions and prescription of a medical practitioner.
- Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty. The intent under this exclusion is to exclude accidental gas/fumes leak incidents which could lead to exposing the population to such toxic gas/fumes and lead to deaths (like Bhopal Gas Tragedy). However, if the incidence happens as part of the life assured's job then the claim is payable.
- Participation in aviation other than as a fare-paying passenger in an aircraft that is authorised by the relevant regulations to carry such passengers between established aerodromes.
- Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.
- 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

At the point of sale if any condition is noticed which shall lead to exclusion, the Accident Benefit shall not be offered.

Exclusions applicable for Inbuilt Terminal Illness Benefit

The life assured will not be entitled to any Terminal Illness benefits if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by any of the following:

- Infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS)
- Attempted suicide in the first year from the Date of Commencement of Risk or revival of policy.
- In case a Terminal Illness claim is not payable due to the above exclusions, the Policy will continue with other benefits.

Conditions for payment of Critical Illness Benefit

On first confirmed diagnosis of any of the covered critical illnesses the sum chosen under Critical Illness Cover will be paid immediately in lump sum and the premiums payable for Critical Illness Cover will cease. The policy will continue for base life cover (i.e. death, terminal illness and waiver of premium on accidental total and permanent disability) till the end of the policy term by the payment of premiums as reduced by the premium which is applicable for the critical illness cover.

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.

The following 23 major critical illnesses are covered under this option

1. **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

2. Myocardial Infarction

I. 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:
   i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
   ii. new characteristic electrocardiogram changes
   iii. Elevation of infarction specific enzymes,Troponins or other specific biochemical markers.

II. The following are excluded:
   i. Other acute Coronary Syndromes
   ii. Any type of angina pectoris
   iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

3. Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:
   i. corrected visual acuity being 3/60 or less in both eyes or ;
   ii. The field of vision being less than 10 degrees in both eyes.

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

4. Cancer of Specified Severity

I. A malignant tumour characterized 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 leukemia, lymphoma and sarcoma.

II. The following are excluded –

1. All tumors which are histologically described as carcinoma in situ, benign, premalignant, 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.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. 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
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stage 3
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
8. 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;

5. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

6. End Stage Lung Failure

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

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and

iv. Dyspnea at rest.

7. Coma of Specified Severity

I. 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:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

8. Kidney failure requiring Regular Dialysis

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

9. Deafness

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

10. Benign Brain Tumour

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed 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.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.
  The following conditions are excluded:
- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. 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.

12. Loss of Speech

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

II. All psychiatric related causes are excluded.

13. 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

14. Major Head trauma

I. 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.

II. 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.

III. The Activities of Daily Living are:

i. 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;

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

i. Spinal cord injury;

15. Major Organ/Bone Marrow Transplant

I. The actual undergoing of a transplant of:

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

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of Langerhans are transplanted

16. Open Chest CABG

I. 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.

II. The following are excluded:

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

17. Open Heart Replacement or Repair of Heart Valves

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

18. Parkinson's Disease

I. The unequivocal diagnosis of idiopathic Parkinson's disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

i. The disease cannot be controlled with medication; and

ii. There are objective signs of progressive deterioration; and

iii. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

II. Activities of Daily Living are defined as:

1. 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;
2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding - the ability to feed oneself once food has been prepared and made available.

III. Drug-induced or toxic causes of Parkinsonism are excluded.

IV. Coverage for this impairment will cease at age sixty-five (65) or on maturity date whichever is earlier

19. 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

20. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause; and
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist.

Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded.

21. Primary (Idiopathic) Pulmonary Hypertension

I. 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 of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. 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.

22. Stroke resulting in Permanent Symptoms

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

II. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

23. Surgery of 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.

Medical Practitioner

A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. This would mean a practitioner treating the Life Insured must be holding a degree equivalent to MD or MS in the relevant field to certify the medical condition. The Medical practitioner should not be

- The policyholder/lifeassured himself/herself; or
- An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed or by under contractual engagement with the insurance company; or
- Related to the policyholder/life assured by blood or marriage

Waiting Period: The plan pays Critical Illness benefit in the event of the life assured being first diagnosed with any of the covered critical illnesses any time after 90 days from the date of commencement/revival. No waiting period applies where Critical Illness is due to an accident.

Survival Period: The survival period of 30 days between the date of diagnosis of any of the covered critical illnesses condition and the date of the eligibility for a benefit payment would be applicable, i.e. the life assured should have survived for a period of at least 30 days from the date of diagnosis to be accepted as a valid claim.

In the event of diagnosis of critical illness during the term of the policy and the survival period of 30 days falling beyond the policy term, the Critical Illness benefit will be paid.

The premiums paid, if any, during the survival period shall be refunded to the policyholder if the policyholder survives for the survival period of 30 days.

Exclusions applicable for Critical Illness Benefit

The life assured will not be entitled to any benefits if a covered Critical Illness results either directly or indirectly from any one of the following causes or within the waiting period from the date of commencement of the coverage or date of reinstatement, whichever is later These exclusions apply in addition to the exclusions specified in the definition of each of the covered Critical Illness.

- Any condition that is Pre-existing. Pre-existing Disease means any condition, ailment, injury or disease:
  a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or
  b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.
  c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition
- Diseases in the presence of an HIV infection
- 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 insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the insured person in a criminal or unlawful act with a criminal intent.
- Engaging or in 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 to psychiatric illnesses, post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded
- Any congenital anomaly.

  Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Failure to seek or follow medical advice where a "medical advice" means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 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.

Grace Period

A grace period of 30 days is allowed for payment of due premium for non-monthly modes and 15 days for monthly mode. If the death of the life assured occurs within the grace period but before the payment of premium then due, the life cover will be available and the death benefit shall be paid after deducting the said unpaid premium.

If the premium remains unpaid at the expiry of the Grace Period, the policy will lapse, the cover will cease and no benefits will be paid.

Lapse

If your due premium remains unpaid at the end of the grace period the policy shall lapse and no life cover will be provided to you during lapse period. You can revive the policy within 5 years from the date of first unpaid premium. The policy will be terminated for no value at the end of revival period.

Revival period of Lapsed and Paid-up policies

You can revive a lapsed or Paid-up policy within a revival period of five years from the date of first unpaid premium, by paying all outstanding premiums with accrued interest at a rate approved by IRDAI along with revival requirements as per Board approved underwriting policy.. Upon revival, your benefits shall be restored to full value. The revival interest rate is determined by adding a margin of 1.5% to the 10- year annualised G Sec rate on 31st March of each financial year and applicable for all policy revivals during 1st May to 30th April of the following financial year. The interest rate derived as above shall be rounded down to 0.5%

No fee will be charged towards processing of revivals.

For example,the revival interest rate is 8.5% p.a. during the FY 24-25.

Surrender value

There is no surrender value under this plan.

Terms and Conditions

Free Look Period

The policy holder has a period of 30 days beginning from the date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy.

In the event a policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.

The Company ensures compliance with IRDAI (Protection of Polichyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee(s) or beneficiary(ies) of the policyholder shall be entitled to 80% of the total premiums paid till the date of death, provided the policy is in force.

Tax Benefits

Tax benefits may be available as per prevailing tax laws. Tax benefits are subject to changes according to the tax laws from time to time; please consult your tax advisor for details.

Taxes (GST)

Premiums are exclusive of taxes.

All Premiums are subject to applicable taxes, cesses and levies which shall be paid by you along with the Premium. If any additional Taxes /Cesses /Levies are imposed by any statutory or administrative body of this country under this Policy, we reserve the right to claim the same from policyholder.

Nomination

The life assured, where he is the policyholder, can at any time during the policy term make a nomination as per Section 39 of Insurance Act, 1938 as amended from time to time to receive benefits in the event of his death. Where the nominee is a minor, the policyholder shall also appoint a person to receive the policy monies during the minority of the nominee.

Assignment

Assignment is transferring the title and rights of policy absolutely or conditionally. Assignment of the policy may be made as per Section 38 of The Insurance Act,1938 as amended form time to time by an endorsement upon the policy itself or by a separate instrument.

Fraud or misrepresentation

In case of fraud or misrepresentation, action shall be initiated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

Grievance Redressal

At Shriram Life, our customers are our top priority. We pride ourselves on being a service-oriented company that responds quickly to your needs. We understand that there may be times when things don't go as expected, but rest assured, we're here to help. We offer an accessible and responsive mechanism for addressing your grievances and suggestions. You can always reach us at:

- Toll-Free Numbers: 1800-3000-6116 / 1800-103-6116
  Email--customercare@shriramlife.in
- Grievance Redressal Officer: 040-23009400
  Email: grievance.redressal@shriramlife.in

For more touchpoints and details, visit https://www.shriram-life.com/services/grievance-redressal

Important Sections of Insurance Act

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

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses, or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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

(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 decision is based.

(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 there was no deliberate intention to suppress the fact 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 policyholder is not alive

(4) 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 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 materials 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.

(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.

About the Company

With a pan India presence with over 400+ offices, Shriram Life is your trusted partner for prosperity. At Shriram Life we strive to provide our customers with elegant solutions tailored to individual needs.

SHRIRAM Life Insurance

YOUR PARTNER FOR PROSPERITY

associated with Sanlam group

SHRIRAM LIFE INSURANCE COMPANY LIMITED

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For further assistance you can contact us in the following ways:

Visit your nearest branch office for details.List of our branches is available on our website www.shriramlife.com

Call our toll free number : 1800 103 6116

Mail us at customercare@shriramlife.in

Visit our website www.shriramlife.com

Write to **Shriram Life Insurance Company Limited**,
Plot No. 31-32, 5th Floor, Ramky Selenium, Financial District,
Gachibowli, Hyderabad, Telangana – 500032.

Phone : +91 40 23009400 (Board)

Fax : +91 40 23009456

IRDAI Regn No. 128

CIN: U66010TG2005PLC045616

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

ARN– SLIC/BROC/Dec 2024/482