

Health Solutions

Tata AIA Life Insurance

Vital Care Pro

Non Linked Non Participating Health Insurance plan



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It is said “You can't predict the future, but you can plan for it”. Similarly, you may never know what the future has to offer, but you can certainly protect yourself and your loved ones from a few of the harsh uncertainties that life may throw at you. Your health and well-being are two such aspects, that you would always like to protect.

Presenting Tata AIA Life Insurance Vital Care Pro, a Non Linked Non Participating Health Insurance plan, which offers you superior health care protection with multiple options at an affordable cost. The plan not only offers you the flexibility to choose from a Lump Sum Benefit or Lump Sum plus Regular Income Benefit while covering 15 critical illnesses, but also provides you with the floater option to cover your spouse at the same time.

So go ahead and paint the future you always desired....carefree!

Key benefits

Tata AIA Life Insurance offers you a unique Critical Illness Plan which pays you a lumpsum amount, in case of an unfortunate event of you being diagnosed with any of the 15 covered Critical Illnesses (CI), during the term of the policy. What more, you can also cover your spouse under the same cover.

- Get Lumpsum Critical Illness cover up to Rs. 60,00,000 on diagnosis of any of the 15 covered Critical Illnesses.
- Hassle free purchase experience through no medicals¹
- Affordable premiums for Priceless Care.
- Get additional monthly payouts on Critical Illness Benefit claim, which becomes payable, for a period of 10 years².
- Flexibility to choose from following options:
 - Pro Care - Lumpsum Benefit
 - Pro Care Plus - Lumpsum Benefit with Income Loss Benefit
- Spouse also can be covered under the same plan
 - Duo Care - Lumpsum Benefit with Joint Life
 - Duo Care Plus - Lumpsum Benefit with Income Loss Benefit with Joint Life
- Tax benefits u/s 80D of the Income-Tax Act, 1961

¹No medicals upto the Sum Assured of ₹ 20,00,000, ²Based on the option chosen

How Does the Plan Work?

Case study

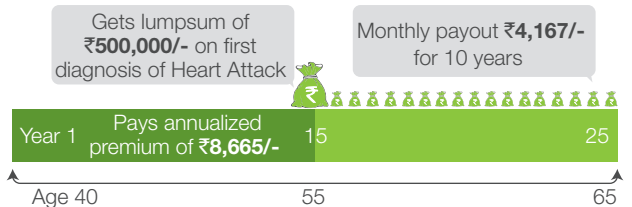
Amar, 40 years, is a Marketing professional working for a renowned advertising company who aspires to own his advertising company. He is working hard to achieve goal and had accumulated a small corpus for materializing his dreams. Amar's job requires him to travel a lot & he has erratic work hours prevents him from timely meals & proper exercise.

Currently, Amar is under a lot of pressure for completion of an assignment which he has to deliver in stern timelines.

He opts for Pro Care Plus Option under Tata AIA Life Insurance Vital Care Pro plan for a Sum Assured of ₹ 500,000/- , with policy term & premium paying term of 30 years:

- Pays an annual premium of ₹ 8,665 p.a. (exclusive of taxes), assuming that he is in good health
- One early morning, he experiences severe chest pain & is rushed to the hospital where he is diagnosed to have severe heart attack in the 15th policy year. Due to early medical intervention, he was out of hospital within a week's time

Amar gets a lumpsum benefit of ₹ 5,00,000/- to take care of the medical expenses incurred during his period of illness and also loss of pay which he sustained due to his illness. In addition to this, Amar also received ₹ 4,167/- as a monthly income for next 10 years to compensate for his medicine and other expenses.



Premium is excluding of Service Tax and applicable Surcharge/ Cess. Service Tax including Surcharge and Cess is payable on Life Insurance premium as per applicable laws. Tata AIA Life Insurance Company Limited reserves the right to recover from the Policyholders. All taxes, duties, surcharge, cesses or levies, (including but not limited to Service Tax and TDS), as may be imposed by Government or any statutory authority from time to time by premium adjustment or other forms as deemed appropriate.

Eligibility Criteria at a Glance

Plan Parameters	Minimum	Maximum
Life Assured / Spouse age ³ (Years)	18 years (Applicable to younger life in case of joint life option)	65 years (Applicable to older life in case of joint life option)
Max Maturity age of Life Assured ³ (Years)	85 years (Applicable to older life in case of joint life option)	
Minimum Premium	₹3,600	Based on Maximum Basic Sum Assured
Basic Sum Assured (for Single life / Joint lives) ⁴	For Simplified issuance	₹5,00,000
	For fully under-written issuance	₹20,01,000
		₹20,00,000
		₹60,00,000

Plan Parameters	Minimum	Maximum
Plan Options	<ul style="list-style-type: none"> • Pro Care - Lumpsum Benefit in case of individual life • Pro Care Plus - Lumpsum Benefit with Income Loss Benefit in case of individual life • Duo Care - Lumpsum Benefit case of Joint Life • Duo Care Plus - Lumpsum Benefit with Income Loss Benefit in case of Joint Life 	
Policy Term	10/15/20/25/30 years	
Premium Payment Term	Same as Policy Term	
Premium Payment Options	Annual/ Half-Yearly/ Quarterly/ Monthly	
Rate renewability	<p>The premium rates are guaranteed for the first 15 (fifteen) years and are subject to review thereafter based on the Critical Illness experience and with prior approval from the IRDA of India.</p> <p>The revision in premium rates will be applicable for new policy holders.</p>	

³All references to age are as on last birthday

⁴Under all 4 plan options and basic Sum Assured is allowed in multiple of ₹ 1,000

Key benefits

A. Critical Illness Benefit:

1) Individual Life Coverage: Insured can choose one of the below two options only at Policy Inception

a) Pro Care

• Lumpsum Benefit

In case of first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below) during the term of the policy, 100% Basic Sum Assured shall be payable. Insured needs to survive for a period of 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below). No benefit is payable if death of the Insured occurs before completion of 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below). No further Critical Illness claim shall be payable and the policy will terminate on payment of Critical Illness benefit.

b) Pro Care Plus

• Lumpsum Benefit plus Income Loss Benefit

In case of first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below) during the term of the policy, you get 100% of Basic Sum

Assured on first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below) and an additional amount equal to 1/120th of the Basic Sum Assured shall become payable every month for a period of 120 months provided he/she survives for a period of at least 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below).. The total income payout will be 100% Basic Sum Assured. No benefit is payable if death of the Insured occurs before completion of 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below). This payout will continue even after the death of the Insured till the payout is completed for 120 months. No further Critical Illness claim will be payable and the policy will terminate at the end of 120 months.

In case of death of the Insured and upon receipt of the intimation, subsequent payments of Income loss benefit will be made to the nominee. The nominee can opt for any one of the following options:

1. Discounted value of the remaining payouts at discount rate of 4.00% p.a. Or
2. Remaining monthly benefit as per the schedule

2) Joint Life Coverage

If this benefit is chosen-

- Life Insured and his/her spouse, both shall be covered
- Both lives under Joint Life option are "Insured". In case of first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below) on any of the life, the other life ceases to be Insured.
- This will be a floater benefit with both lives having a single Sum Assured.
- This benefit is available if chosen at policy inception only.

In case of first diagnosis of any of the covered illness / first performance of any of the covered surgeries (as listed below) for any of the Insured, Lumpsum benefit or Lumpsum benefit along with income loss benefit (as per the plan option chosen) will be paid to the Insured, provided he/she survives for a period of at least 30 days post the diagnosis/performance of such event.

a) Duo Care

• Lumpsum Benefit

In case of first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below) for any of the Insured member during the term of the policy, 100% Basic Sum Assured shall be payable. Insured needs to survive for a period of 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered

surgeries (as listed below). No benefit is payable if death occurs before completion of 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below). No further Critical Illness claim shall be payable and the policy will terminate on payment of Critical Illness benefit.

b) Duo Care Plus

• Lumpsum Benefit plus Income Loss Benefit

In case of first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below) for any of the joint lives during the term of the policy, you get 100% of Basic Sum Assured on first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below) and an additional amount equal to 1/120th of the Basic Sum Assured shall become payable every month for a period of 120 months provided he/she survives for a period of at least 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below). No benefit is payable if death occurs before completion of 30 days from first diagnosis of any of the covered illnesses / first performance of any of the covered surgeries (as listed below). This payout will continue even after the death of the Insured till the payout is completed for 120 months. No further Critical Illness claim will be payable and the policy will terminate at the end of 120 months.

In the event of both the insured members being diagnosed with a critical illness simultaneously, the benefit will be paid to the primary insured.

In the event of death of the insured member, subsequent to Income loss benefit becomes payable, the remaining payouts will be made to surviving spouse. The spouse can opt for any one of the following options:

- i. Discounted value of the remaining payouts at discount rate of 4.00% p.a. Or
- ii. Remaining monthly benefit as per the schedule.

In the event of death of both the covered members, subsequent to Income loss benefit becomes payable, the remaining payouts will be made to nominee. The nominee can opt for any one of the following options:

- i. Discounted value of the remaining payouts at discount rate of 4.00% p.a. Or
- ii. Remaining monthly benefit as per the schedule.

“First Diagnosis” refers to the first diagnosis of any of the illnesses covered (as listed below) during the term of the policy.

In case of a joint life cover, “Primary Insured” shall be the male life.

B. Surrender Benefit

There is no surrender benefit under this plan.

C. Maturity Benefit

There is no maturity benefit under this plan.

D. Death Benefit

There is no death benefit under this plan.

Under Joint Life cases, in the event of death of one of the insured member before any Critical Illness claim, the policy will continue on surviving life for the remaining policy term. The premiums will be charged from next premium due date based on the individual premium rate as applicable at the time of policy issuance.

Covered Illnesses and Surgeries

1. Cancer of Specified Severity:

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 & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN-2 & CIN-3.
2. Any skin cancer other than invasive malignant melanoma
3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
5. Chronic lymphocytic leukaemia less than RAI stage 3
6. Microcarcinoma of the bladder
7. All tumours in the presence of HIV infection.

2. Coma of Specified Severity

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

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

The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

3. Open Chest Coronary Artery Bypass Surgery

The actual undergoing of surgery for the correction of one or more open chest coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

- 1) Angioplasty and/or any other intra-arterial procedures
- 2) Any key-hole or laser surgery

4. 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.

5. First Heart Attack of Specified Severity

The first occurrence of 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 this will 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:

- 1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- 2) Other acute Coronary Syndromes
- 3) Any type of angina pectoris.

6. Stroke Resulting in Permanent Symptoms

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

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

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

7. 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.

8. 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.

9. 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

10. Motor Neurone Disease With Permanent Symptoms

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

11. Multiple Sclerosis With Persisting Symptoms

I. The definite occurrence of multiple sclerosis. The

diagnosis must be supported by all of the following:

- i. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
 - iii. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

12. Benign Brain Tumour

A benign intracranial tumour where the following conditions are met:

- i) The tumour is life threatening
- ii) It has caused damage to the brain; and
- iii) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit.

The following are excluded: cysts, granulomas, vascular malformations, haematomas, tumours of the pituitary gland or spine, tumours of the acoustic nerve. Calcification, Meningiomas.

Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

13. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

- a) cannot be controlled with medication;
- b) shows signs of progressive impairment; and

Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are excluded.

14. Surgery to the Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and

abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

15. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by an independent Specialized Medical Practitioner.

The following are excluded:

- i. Non-organic disease such as neurosis and psychiatric illnesses; and
- ii. Alcohol-related brain damage.

Proof of Occurrence of an Insured Event - Proof of occurrence of any insured event covered by this policy must be supported by:

1. Appropriate Specialist Medical Practitioners registered in India (or other country approved by Tata AIA Life), not being the policy owner, Life Insured or the respective partner or spouse or relatives.
2. Confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence, and,
3. If the insured event requires a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary.

Additional Benefits and Features

1. Flexible premium payment modes

You have an option to pay the Limited premium either Annually, Half-Yearly, Quarterly and Monthly modes.

Modal Loading on premiums is as mentioned in the table below:

Mode	Modal Loading
Annual Premium Rate	Multiply Annual Premium Rate by 1 (i.e. No loading)
Half-Yearly Premium Rate	Multiply Annual Premium Rate by 0.51
Quarterly Premium Rate	Multiply Annual Premium Rate by 0.26
Monthly Premium Rate	Multiply Annual Premium Rate by 0.0883

2. 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 Policy will remain in force during this period. If any premium remains unpaid at the end of its Grace Period, the Policy shall lapse and have no further value. If any claim occurs during the grace period, the critical illness claim shall be paid after deducting any due premium before settlement.

3. Non forfeiture provisions

No non forfeiture provisions available under this plan.

4. Revival

If a premium is in default beyond the Grace Period, you may revive the same within two years after the due date of the first unpaid premium and before the date of maturity. However, the Company would require: a) A written application from you for revival; b) Current health certificate of insured and other evidence of insurability satisfactory to the Company; c) Payment of all overdue premiums with interest. Any revival shall only cover loss or insured event which occurs after the revival date.

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

The applicable interest rate for revival is determined using the SBI deposit rate for '1 year to less than 2 years', plus 2%. Any alteration in the formula will be subject to prior approval of IRDA of India.

For joint lives, evidence of insurability on revival shall be on both the lives. If one of the lives does not qualify, the policy will continue on the remaining life for the outstanding policy term. The premiums will be charged from next premium due date based on the individual premium rate as applicable at the time of policy inception.

Terms & Conditions:

1. Waiting period:

Claim for critical illness will only be accepted if the illness has occurred after the expiry of ninety (90) days from the date of Commencement Date (same as date of inception) or Reinstatement date, whichever is later, of this Policy.

2. Survival Period:

The Life Insured should survive for period of at least thirty days following diagnosis of Critical Illness.

3. **Diagnosis** refers to act or process of identifying or determining the nature and cause of a disease or injury, by a registered medical practitioner, through evaluation of patient's

history, examination, and review of laboratory data. It must be supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable.

4. **Date of Diagnosis** is the date when the diagnosis is first confirmed by test reports or consultation report or note signed by a registered medical practitioners.

5. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council of the Indian Medicine or for Homoeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license; but excluding a Physician who is the Insured himself or an agent of the Insured, an insurance agent, business partner(s) or employer/employee of the Insured or a member of the Insured's immediate family.

6. **Specialized Medical Practitioner** is a person who holds a masters degree in the field of medicine or surgery and valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

7. Activities of Daily Living

The Proposer 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.

The tasks are:

- i. Bathing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- 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. Getting in and out of bed - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Maintaining personal hygiene - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Feeding oneself - the ability to feed oneself once food has been prepared and made available.
- vi. Getting between rooms – the ability to move indoors from room to room on level surface.

8. Exclusion

No benefits will be payable for any event which is a direct or indirect result of a conditions mentioned below. Without prejudice to the exclusions mentioned elsewhere in this

document, the following exclusions shall apply to the benefits admissible under this policy.

- i. Any critical illness or it's signs or symptoms having occurred within 90 days of policy issue date or reinstatement date.
- ii. Any condition, ailment or injury or related condition(s) for which the policyholder had signs or symptoms, and / or were diagnosed, and / or received, medical advice / treatment within 48 months to prior to this policy issued by the insurer.
- iii. Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV).
- iv. Failure to seek medical advice of or treatment by a medical practitioner, the Life Assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- v. Self inflicted injuries, attempt to suicide, insanity, and deliberate participation of the life insured in an illegal or criminal act.
- vi. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner
- vii. War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence.
- viii. A congenital condition of the insured that is present from birth and first diagnosed prior to age 12.
- ix. Accidental physical injury or illness caused by engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.
- x. Radioactive contamination due to nuclear accident.
- xi. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time. The company may review the above list of accepted foreign countries from time to time on the basis of Board Approved Underwriting

Policy & Board Approved Claims Manual. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated. No separate loading will be charged for treatment outside India and all the payment under this plan will be made in Indian Rupees only

9. Tax Benefits

Premiums paid under this plan are eligible for tax benefits under Section 80D of the Income Tax Act, 1961 and are subject to modifications made thereto from time to time.

Income Tax benefits would be available as per the prevailing income tax laws, subject to fulfillment of conditions stipulated therein. Tata AIA Life Insurance Company Ltd. does not assume responsibility on tax implication mentioned anywhere in this document. Please consult your own tax consultant to know the tax benefits available to you.

10. Assignment

Assignment is not allowed under this plan.

11. Nomination

Nomination allowed as per provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

12. Increase or Decrease Benefit

Increase or Decrease of Basic Sum Assured is not allowed under this plan.

13. Policy Loan

Policy Loan is not allowed under this plan

14. Free Look Period

If you are not satisfied with the terms & conditions/features of the policy, you have the right to cancel the policy by providing a written notice to the Company and receive the refund of all premiums paid without interest after deducting a) proportionate risk premium, if any, for the period on cover and b) stamp duty and medical examination cost (including Service Tax, Surcharge and Cess) which have been incurred for issuing the policy. Such notice must be signed by you and received directly by the Company within 15 days from the date of receipt of the policy document. The said period of 15 days shall stand extended to 30 days, if the policy is sourced through distance marketing mode, which includes every activity of solicitation (including lead generation) and sale of insurance products through voice mode, SMS, electronic mode, physical mode (like postal mail) or any other means of communication other than in person.

(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. If any person fails to comply with regulation above he shall be liable to payment of fine, 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 an AIA Group company. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

DISCLAIMER:

- The brochure is not a contract of insurance. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.
- Buying a Life Insurance policy is a long-term commitment. An early termination of the policy usually involves high costs.
- This product is underwritten by Tata AIA Life Insurance Company Ltd. This plan is not a guaranteed issuance plan and it will be subject to Company's underwriting and acceptance.
- Insurance cover is available under this product
- Participation by customers shall be on voluntary basis
- This Product Brochure should be read along with sales illustrations
- Company may request medical examination based on the Board Approved Underwriting Guidelines. In the event of the Company requesting for a medical examination, the cost of such medical examination shall be borne by Tata AIA Life.
- In case of sub-standard lives, based on proposer's health or occupation, extra premium will be charged as per the Company's Board Approved Underwriting Guidelines. Policy will be issued only after obtaining the consent from the Proposer on the additional premium charged.

Tata AIA Life Insurance Company Limited (IRDA of India Regn. No.110 • CIN No. - U66010MH2000PLC128403). Registered & Corporate Office 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013

For any information including cancellation, claims and complaints, please contact our Insurance Advisor or visit Tata AIA Life's nearest branch office or call our helpline 1-860-266-9966 (local charges apply) or write to us at customercare@tataaia.com. Visit us at: www.tataaia.com or SMS 'LIFE' to 58888. You may also write to us on product.helpline@tataaia.com for any product related queries.

Unique Reference Number – L&C/Advt/2016/Aug/447 UIN: 110N128V01

Beware of Spurious Phone calls and Fictitious/Fraudulent offers: IRDA of India clarifies to public that

- IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
- IRDA of India does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.