

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. LINKED INSURANCE PRODUCTS DO NOT OFFER ANY LIQUIDITY DURING THE FIRST FIVE YEARS OF THE CONTRACT. THE POLICYHOLDER WILL NOT BE ABLE TO SURRENDER/ WITHDRAW THE MONIES INVESTED IN LINKED INSURANCE PRODUCTS COMPLETELY OR PARTIALLY TILL THE END OF THE FIFTH YEAR.

**Tata AIA**  
**Health Pro**

Non - Participating, Unit Linked, Individual Health Insurance Plan

**TATA AIA**  
LIFE INSURANCE

### About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons and AIA Group Limited (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 International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

**Tata AIA Life Insurance Company Limited** (IRDAI Regn. No.110)  
CIN: U66010MH2000PLC128403. **Registered & Corporate Office:**  
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(local charges apply) or write to us at **customer@tataaia.com**.  
Visit us at: **www.tataaia.com**.

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#HarWaqtKeLiyeTaiyaar

# Tata AIA Health Pro

Non-Participating, Unit Linked, Individual Health Insurance Plan

## Introduction



Sometimes, we are tested. Not to show our weaknesses, but to discover our strengths and in uncertain times when life throws a curveball of medical emergencies at you, Tata AIA Health Pro, A Non-Participating, Unit Linked Individual Health Insurance Plan supports your loved ones by smashing it hardback and give you strength to deal with them.

Tata AIA Health Pro plan ensures market linked growth on your health savings to beat up medical inflation, helps you build a health fund to cover medical cost for regular health check-ups, treatments for sickness or accident, and also provides financial strength in case of a medical emergency.

## Key features of this plan



- Lumpsum Payout in case of Accidental Total and Partial Permanent Disability
- Multistage Cancer cover, includes Reconstructive Breast Surgery as well
- Flexibility to utilize fund value towards health expenditure post lock-in period of 5 years
- Market linked growth on your savings to deal with medical inflation
- Benefit payout in case of death
- Tax benefits as per the prevailing tax laws

## Eligibility Criteria



Please refer to the below table for eligibility criteria:

Entry Age	Min – 18 years   Max – 65 years (applicable for primary life assured)
Maturity Age	<b>Health Plus:</b> Min – 23 years   Max – 100 years Optional Benefit (Cancer Care): Min – 28 years   Max – 85 years
Policy Term	Min – Health Plus: Regular Pay- 5 years Limited Pay - 10 years Optional Benefit (Cancer Care): Regular Pay- 10 years Limited Pay - 10 years Max – Health Plus Regular Pay* - 82 years Limited Pay - 82 years Maximum policy term is subject to maximum maturity age of 100 years for ATPPD benefit and 85 years for cancer care benefit Maximum policy term for the optional benefit shall be 120 months

Premium Payment Term	<b>Min – Health Plus:</b>		
	Regular Pay	5 years	
	Limited Pay	5 years	
Premium Payment Term	Optional Benefit (Cancer Care):		
	Regular Pay	10 years	
	Limited Pay	8 years	
	<b>Max –</b>		
	Regular Pay – 82 years (Equals to chosen Policy Term)		
	Limited Pay – Policy Term – 1 year		
	Max Premium Payment term for the optional benefit is 10 years for Regular Pay and (Policy Term-1) for Regular Pay		
Basic Sum Assured	Minimum –		
	<b>Coverage</b>	<b>Health Plus: Health Benefit</b>	<b>Cancer Care</b>
	Minimum	For age up to 49 - 7 times of Annualised Premium For age 50 & above – 5 times of Annualised Premium	For age up to 49 - 7 times of Annualised Premium For age 50 & above – 5 times of Annualised Premium
Premium	Min – ₹ 5,000/- p.a. (For base benefit (Health Plus)) for Limited Pay/Regular Pay Min – ₹ 24,000/- p.a. (For Optional benefit (Cancer Care)) for Limited Pay/Regular Pay Max – As per maximum Sum Assured, subject to Board Approved Underwriting Policy		
Frequency of premiums	Premiums are payable in Yearly, half-yearly, quarterly & monthly modes. The Modal Premium of the policy is arrived at as below: -		
	If monthly paid	Annualised Premium X (1/12)	
	If quarterly paid	Annualised Premium X (1/4)	
	If half-yearly paid	Annualised Premium X (1/2)	
	If yearly paid	Annualised Premium * 1	



## What are your benefits?

### 1. Health Plus: Health Benefit

In the event of Total and Partial Permanent Disability of the life assured due to an accident within the policy term, percentage of Basic Sum Assured as mentioned below will be paid, provided the disability occurs within 180 days from that accident.

- Total Permanent Disability – 100% of the Basic Sum Assured less any claim payouts (excluding additional

payout as per double benefit criteria mentioned below) made of account of Partial Disability. The following disability shall be covered under this benefit:

- i. Loss of sight in both eyes
  - ii. Loss of both arms or both hands
  - iii. Loss of one arm and one leg
  - iv. Loss of one arm and one foot
  - v. Loss of one hand and one foot
  - vi. Loss of one hand and one leg
  - vii. Loss of both legs
  - viii. Loss of both feet
  - ix. Removal of the entire lower jaw
  - x. Loss of one hand and loss of sight in one eye
  - xi. Loss of one foot and loss of sight in one eye
- Partial Permanent Disability – The respective limits (as a % of the Basic Sum Assured) are mentioned in the below table:

Nature of Losses	Amount of Benefit (% of Insured Amount under Benefit Option)
Loss of all toes	20%
Loss of Great toe	5%
Other than great toe, if more than one toe lost, each	1%
Loss of hearing – both ears	50%
Loss of hearing – one ear	25%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	25%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%
Any other permanent partial disablement	Percentage as assessed by Independent Medical Practitioner

If more than one Nature of Losses results from any one Accident, only one amount, the largest will be paid.

Any claim due to Partial Permanent disability shall accelerate the sum assured payable under this benefit option.

For Accidental Partial Permanent Disability (APPD) claims, the permanency of the disability needs to be established for the claim to be payable. The underlying disability should persist for an uninterrupted period of at least six months.

**Double Benefit:**

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

1. While the Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
2. While the Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers; or
3. As a direct result of the burning of the following public buildings ONLY: theatre, cinema, public auditorium, hotel, school and hospital.
4. When the Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

The Basic Sum Assured will be payable if the accident occurs within the benefit coverage term even if the disability occurs beyond the benefit option term (however within 180 days of the accident) and the option shall terminate on payment of 100% of the Basic Sum Assured either due to total disability or multiple partial disability.

In case of disability of the Life Assured during the policy term and while the policy is in force, the Assured shall get highest of:

- the Basic Sum Assured plus Top-Up Sum Assured(s), if applicable, less claim payouts made on account Partial Disability or
- 105 percent of the total Regular Premiums and Top-up premium(s), if applicable, received up to the date of disability less claim payouts made on account Partial Disability. This condition shall be applicable when the benefit payable for the contingent event is 100% of applicable sum assured.

The morbidity charges will be deducted by way of cancelling the units. The Accidental Total and Partial Permanent Disability benefit coverage will terminate on payment of 100% of Basic Sum Assured and Top-Up Sum Assured(s) applicable for Accidental Total and Partial Permanent Disability benefit. No morbidity charges shall be deducted thereafter. The policy shall continue for remaining benefits.

**Please refer “Definitions & Exclusions” Annexure on our website [www.tataaia.com](http://www.tataaia.com) for definitions and exclusions covered under this plan.**

**2. Health Plus: Death Benefit:**

In case of death of the primary Life Assured and while the policy is in-force, nominee shall get the highest of

- the Regular Premium Fund Value of this Policy or
- 105 percent of the total Regular Premiums paid up to the date of death net of all “Deductible Partial Withdrawals”, If any.

For purpose of determining the Death Benefit, the Deductible Partial Withdrawals mentioned above shall mean the Partial withdrawals made during the last two years immediately preceding the death of the insured.

The mortality charges will be deducted by way of cancelling the units. The policy will terminate on payment of Death Benefit. In case, the death happens due to an accident, death benefit shall be payable if the accident occurs within the policy term even if death occurs beyond the policy term (however within 180 days of the accident). In case of death due to other reasons, death benefit shall be payable if the death occurs during the policy term and while the policy is in force.

### 3. Optional Benefit - Cancer Care

This is an optional benefit which needs to be chosen at inception and once selected, the life assured cannot opt out. In the event of diagnosis of cancer and while the policy is in-force, the chosen Cancer Sum Assured is paid as a lump-sum. The lump-sum amount is based on diagnosis of Minor or Major stage cancer as defined below. The cancer care benefit shall cease on earlier of policy maturity or life assured attaining 85 years or on claiming 100% of Cancer Sum Assured.

Stages / on occurrence	Percentage of Cancer Sum Assured
Minor Stage Cancer	25%
Major Stage Cancer	100% less previous claims paid under Cancer care

#### a) Minor Stage Cancer –

On diagnosis of a Minor stage cancer, 25% of the Cancer Sum Assured will be paid.

- Any claim is applicable only for Cancer Conditions as defined.
- Multiple minor claims will be admissible till the total payout does not exceed 100% of the Cancer Sum Assured
- A particular minor cancer can be claimed only once during the benefit option coverage term. More than one unrelated Minor stage cancer condition can be claimed. Unrelated cancer means cancer which does not belong to the same organ and same histological type or has not metastasized and occurred because of a prior cancer. Where the organs are in a pair such as breasts, lungs, kidneys, testes, ovaries etc., the entire pair is considered as one organ.
- For multiple minor stage claims, there needs to be a period of at least 180 days between the date of diagnosis of a minor stage cancer and date of diagnosis of the subsequent minor stage cancer claim. However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.

#### b) Major Stage cancer –

On diagnosis of a major stage of cancer, 100% of the Cancer Sum Assured less any previously paid claim will be paid

Major stage cancer claim will be admissible for a particular organ wherein minor stage cancer claim(s) has been made already

In case the benefit option payout is less than 100% of the Cancer Sum Assured, the benefit option will continue for the balance Cancer Sum Assured. The morbidity charges will be deducted by way of cancelling the units on the original Cancer Sum Assured. The benefit will terminate on payment of a cumulative 100% of Cancer Sum Assured and no morbidity charges shall be deducted thereafter.

Following Cancer related conditions are covered under the plan.

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

The benefit will be payable only if the diagnosis of any of the covered cancer after policy issuance is the first diagnosis of cancer in the lifetime of the individual covered. Survival Period for availing the Cancer Care benefit is 7 days.

Please refer “Definitions & Exclusions” Annexure on our website [www.tataaia.com](http://www.tataaia.com) for definitions and exclusions covered under this plan

### 4. Optional Benefit: Family Cover

The policyholder can chose to add his / her family members under the policy for additional ATPPD cover. Family members shall include spouse, children, dependent parent(s), dependent parent(s) in law, grand parent(s). The addition of family member(s) between the age of 12-65 years shall be allowed. The policyholder may chose to include one or more of the family members under the policy.

In the event of Accidental Total and Partial Permanent Disability of the family member(s) covered under Family Cover and while the policy is in-force, a lump sum equivalent to respective ATPPD sum assured will be paid for that family member(s) as mentioned in section “**Health Plus: Health Benefit**“ above. The ATPPD benefit will be paid, provided Total and Permanent Disability is due to an accident within the policy term and the disability occurs within 180 days from that accident.

Addition of family member(s) shall be allowed at inception or anytime during the policy term, subject to underwriting. In case of addition of family member(s) after inception, cover for the additional family member(s) shall commence from next monthly policy anniversary. Exit of existing family member(s) other than death during policy term will be allowed on policy anniversaries only.

The morbidity charges, applicable for each of the respective family member(s) will be deducted by way of cancelling the

units. The benefit coverage will terminate on payment of the lumpsum benefit for that family member(s) and no morbidity charges shall be deducted thereafter for that life. The coverage and applicable morbidity charges shall continue for the remaining family member(s).

## 5. Maturity Benefit

On Survival of primary Life assured on the Maturity Date, the Maturity Benefit will be Total Fund value which is sum of Regular Premium Fund Value and Top-Up Premium Fund Value valued at applicable NAV on the date of Maturity. The policy will terminate after payment of maturity benefit.

## 6. Fund Enhancements

### i. Refund of allocation charges (ROAC)

Starting from the 11th policy year, at the end of each policy month, the premium allocation charge (excluding taxes) deducted in the 120th month prior shall be added to the Fund Value in the form of addition of units. For instance, in the 121st policy month, the premium allocation charges deducted in the 1st policy month shall be added. Such additions shall continue till the policy is in force and all due premiums till date have been paid.

In addition to the above for policy term greater than 10 years, the total of premium allocation charges (excluding taxes) deducted during the entire policy tenure less any premium allocation charges already returned to the policyholder till date will be returned on maturity. If policy term is equal to 10 years, all the premium allocation charges (excluding taxes) will be returned on maturity. Such additions shall be made if the policy is in force and all due premiums till date have been paid.

This amount will be allocated among the funds in the same proportion as the value of total units held in each fund at the time of allocation.

### ii Refund of mortality charges (ROMC)

Starting from the 11th policy year, at the end of each policy month, the mortality charge (excluding underwriting extra, and taxes) deducted in the 120th month prior shall be added to the Fund Value in the form of addition of units. For instance, in the 121st policy month, the mortality charges deducted in the 1st policy month shall be added. Such additions shall continue till the policy is in force and all due premiums till date have been paid.

In addition to the above for policy term greater than 10 years, the total of mortality charges (excluding taxes) deducted during the entire policy tenure less any mortality charges already returned to the policyholder till date will be returned on maturity. If policy term is equal to 10 years, all the mortality charges (excluding taxes) will be returned on maturity. Such additions shall be made if the policy is in force and all due premiums till date have been paid.

This amount will be allocated among the funds in the same proportion as the value of total units held in each fund at the time of allocation.

### iii Smart Lady Benefit

For Female lives, 0.50% of the Annualized Premium shall be added to the Fund Value at the time of allocation of first year's premium respectively.

## 7. Premium rebates/discounts

### Auto Debit:

All payments for first year installment due premiums paid through any permissible electronic mode debited through an auto-debit mandate shall be eligible for additional unit allocation to the fund. Such benefit shall be capped to a maximum of ₹10 per month and ₹120 over the year.

### Composite Booster (Package Booster):

You may be eligible for Composite Booster, provided you have purchased another protection-oriented product in combination with this product

- The above shall be applicable only if all the due premiums under both the 'plans in combination' have been paid till the date of booster accrual.
- The fund booster shall be as:
  - “x%” of the average of the Fund Values including Top-up Fund Value, if any, on the last business day of the last eight policy quarters will be added to the Fund value in the form of addition of units.
- Where the “x%” is as follows:

Policy Year	x%
At the end of every year, starting from 11th policy year	1.00%
At the end of every 5 years, starting from 10th policy year	1.75%
At Maturity	10.00%

- Such composite booster shall be allocated to the Fund(s) as additional units in the same proportion of the Fund Value as on the date of allocation of the Composite Booster.
- Addition of such Composite booster shall cease on premium discontinuance or termination of anyone or all the 'plans in combination'.

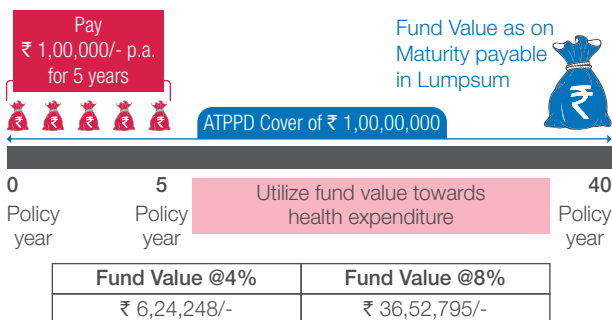


## Sample Benefit illustration

To illustrate the above benefits let's have a look at the following **Benefit Illustration** for a healthy person aged 35 years Male at standard age proof

- Fund Allocation: 100% in Nifty Alpha 50 Index Fund
- Premium Payment Term: 5 years
- Policy Term: 40 years
- Annualized Premium: 1,00,000/-
- Sum Assured on Death: Higher of (Fund value at the time of intimation of death or 105% of total premiums paid till the date of death)
- ATPPD Sum Assured: 1,00,00,000

- Mode of payment: Annual



Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits, then these will be clearly marked “guaranteed” in the illustration table on the pages. If your policy offers variable benefits then the illustrations on the pages will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed, and these are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including actual future investment performance.



## What are your investment avenues?

This product offers you the flexibility to invest in a manner that suits your investment risk profile and individual needs.

- Policyholder can choose from the wide range of funds OR
- Choose from the PORTFOLIO STRATEGY offered
  - Enhanced **Systematic Money Allocation & Regular Transfer** (Enhanced SMART)

### a) You can choose from a variety of funds

We offer wide range of investment funds ranging from 100% debt to 100% equity to suit your particular needs and risk appetite. If you wish to diversify your risk, you can choose to allocate your premiums in varying proportions amongst the available investment funds. You have an option of choosing any or all of the funds or such funds which are available at the time of allocation, based on your preferred asset allocation.

### Summary of Wide range of Investment Fund options to choose from

Investment Fund	Fund Objective	Risk Profile	Asset Allocation	Minimum	Maximum
Emerging Opportunities Fund (ULIF 064 12/09/22 EOF 110)	The primary investment objective of the Fund is to generate capital appreciation in the long term by investing in a portfolio of stocks that offer opportunities in the Mid Cap space and emerging leaders in the new age sectors offering significant long-term wealth creation. The fund can invest up to 30% of the portfolio in equity and equity related instruments falling outside the mid-cap range.	High	Equity	80%	100%
			Debt Instruments	0%	10%
			Money Market Instruments, Cash, Bank Deposits and Mutual Funds	0%	20%
Sustainable Equity Fund (ULIF 065 12/09/22 ESG 110)	To focus on investing in select companies from the investment universe, which conduct business in socially and environmentally responsible manner while maintaining governance standards.	High	Equity	80%	100%
			Debt Instruments	0%	20%
			Money Market Instruments, Cash, Bank Deposits and Mutual Funds	0%	20%
Multi Cap Fund (ULIF 060 15/07/14 MCF 110)	The primary investment objective of the Fund is to generate capital appreciation in the long term by investing in a diversified portfolio of Large Cap and Mid Cap companies. The allocation between Large Cap and Mid Cap companies will be largely a function of the relative valuations of Large Cap companies as against Mid Cap companies.	High	Equity	60%	100%
			Debt Instruments	0%	40%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	40%



Investment Fund	Fund Objective	Risk Profile	Asset Allocation	Minimum	Maximum
India Consumption Fund (ULIF 061 15/07/14 ICF 110)	The primary investment objective of the Fund is to generate capital appreciation in the long term by investing in a diversified portfolio of companies which would benefit from India's Domestic Consumption growth story. The India Consumption Fund could provide an investment opportunity in the theme of rising consumption power in India for long term returns.	High	Equity	60%	100%
			Debt Instruments	0%	40%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	40%
Top 50 Fund (ULIF 026 12/01/09 ITF 110)	The primary investment objective of the fund is to generate long term capital appreciation by investing in select stocks.	High	Equity Instruments	60%	100%
			Cash/Money Market Instruments (including CP/CD), Bank Deposits and Mutual Funds	0%	40%
Top 200 fund (ULIF 027 12/01/09 ITT 110)	The primary investment objective of the fund is to generate long term capital appreciation by investing in select stocks.	High	Equity Instruments	60%	100%
			Cash / Money Market Instruments (including CP/CD), Bank Deposits and Mutual Funds	0%	40%
Super Select Equity Fund (ULIF 035 16/10/09 TSS 110)	The primary investment objective of the fund is to provide income distribution over a period of medium to long term while at all times emphasizing the importance of capital appreciation	High	Equity and Equity Linked Instrument	60%	100%
			Debt Instruments	0%	40%
			Cash/ Money Market Instruments (including CP/CD), Bank Deposits and Mutual Funds	0%	40%
Large Cap Equity Fund (ULIF 017 07/01/08 TLC 110)	The primary investment objective of the Fund is to generate long - term capital appreciation from a portfolio that is invested pre-dominantly in large cap equity and equity linked securities.	High	Equity and Equity linked Instruments	80%	100%
			Cash / Money Market Instruments, Bank Deposits and Mutual Funds	0%	20%
Whole Life Mid Cap Equity Fund (ULIF 009 04/01/07 WLE 110)	The primary investment objective of the Fund is to generate long – term capital appreciation from a portfolio that is invested pre-dominantly in Mid Cap Equity and Mid Cap Equity linked securities.	High	Equity and Equity linked Instruments	60%	100%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	40%
Dynamic Advantage Fund (ULIF 066 12/09/22 DAF 110)	The primary investment objective of the Fund is to maximize the returns with medium risk	Medium	Equity	20%	80%
			Debt Instruments	20%	80%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	20%
Whole Life Aggressive Growth Fund (ULIF 010 04/01/07 WLA 110)	The primary investment objective of the Fund is to provide higher returns in long term by investing primarily in Equities along with debt/ money market instruments.	Medium to High	Equity and Equity Linked instruments	50%	80%
			Debt Instruments	20%	50%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	30%
Whole Life Stable Growth Fund (ULIF 011 04/01/07 WLS 110)	The primary investment objective of the Fund is to provide stable returns by balancing the investment in Equities and debt/ money market instruments.	Low to Medium	Equity and Equity Linked instruments	30%	50%
			Debt Instruments	50%	70%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	20%

Investment Fund	Fund Objective	Risk Profile	Asset Allocation	Minimum	Maximum
Whole Life Income Fund (ULIF 012 04/01/07 WLI 110)	The primary investment objective of the Fund is to generate income by investing in a range of debt and money market instruments of various maturities with a view to maximizing the optimal balance between yield, safety and liquidity.	Low	Debt Instruments	60%	100%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	40%
Whole Life Short-Term Fixed Income Fund (ULIF 013 04/01/07 WLF 110)	The primary investment objective of the Fund is to generate stable returns by investing in fixed income securities having shorter maturity periods. Under normal circumstances, the average maturity of the Fund may be in the range of 1-3 years.	Low	Debt Instruments of duration less than 3 years	60%	100%
			Cash/Money Market Instruments, Bank Deposits and Mutual Funds	0%	40%
Flexi Growth Fund (SFIN: ULIF 068 25/04/23 FGF 110)	The primary investment objective of the fund is to generate capital appreciation in the long term by investing in a portfolio of stocks across market capitalization.	High	Equity Instruments	70%	100%
			Debt Instrument	0%	10%
			Money Market Instrument, Cash, Bank Deposits and Mutual funds	0%	30%
Constant Maturity Fund (SFIN: ULIF 069 17/05/23 CMF 110)	The fund aims to provide reasonable returns over long term by investing in portfolio of Government Securities while maintaining constant average maturity of the portfolio (ex – Cash/Money Market Instruments, Bank Deposits and Mutual Funds) in range of 8-12 years	Medium	Debt Instruments – Government Securities such that weighted average portfolio maturity of around 10 years (in the range of 8-12 years)* *Any deviation from defined maturity range of 8-12 years, due to happening of any unusual situation like major inflow/outflow of a money in a Fund etc. it will be corrected in 10 working days	80%	100%
			Money Market Instruments, Cash, Bank Deposits and Mutual Funds	0%	20%
Target Maturity Fund (SFIN: ULIF 070 17/05/23 TMF 110)	The fund aims to provide reasonable returns over long term by investing in portfolio of Government Securities. The fund shall have the maturity on 31st Dec 2053. The residual maturity of any Government Securities forming part of the portfolio shall be between the fund maturity date and date 5 years before the fund maturity date (i.e., 1st Jan 2049)	Medium	Government Securities (Residual maturity of any Government Securities forming part of the portfolio shall be between the fund maturity date and date 5 years before the fund maturity date (i.e., 1st Jan 2049)	80%	100%
			Money Market Instrument, Cash, Bank Deposits and Mutual funds	0%	20%
Small Cap Discovery Fund (SFIN: ULIF 071 22/05/23 SCF 110)	The primary investment objective of the Fund is to generate capital appreciation in the long term by investing in a portfolio of stocks in small-cap market capitalization. The fund will primarily invest in carefully selected small-cap companies that offer opportunities for long-term value creation. Minimum 65% equity and equity related instruments portfolio will comprise of small-cap stocks	High	Equity Instruments	70%	100%
			Debt Instrument	0%	10%
			Money Market Instrument, Cash, Bank Deposits and Mutual funds	0%	30%
Business Cycle Fund (SFIN: ULIF 072 15/01/24 BCF 110)	The investment objective of the Fund is to generate capital appreciation by investing predominantly in equity and equity-related securities with a focus on investing in companies and sectors to participate in the business cycles through active portfolio allocation.	High	Equity instruments	70%	100%
			Debt	0%	30%
			Money Market Instruments, Cash, Bank Deposits and Mutual funds	0%	30%



Investment Fund	Fund Objective	Risk Profile	Asset Allocation	Minimum	Maximum
Rising India Fund (SFIN: ULIF 073 17/01/24 RIF 110)	The objective of the fund is to generate capital appreciation by investing predominantly in equity and equity-related securities with a focus to invest in growth stories across the Indian corporate landscape.	High	Equity instruments	70%	100%
			Debt	0%	30%
			Money Market Instruments, Cash, Bank Deposits and Mutual funds	0%	30%
Midcap Momentum Index Fund (SFIN: ULIF 075 09/05/24 MIF 110)	The primary investment objective of the Fund is to generate capital appreciation in the long term by investing in a portfolio of stocks indexed to the Nifty Midcap 150 Momentum 50 Index Fund.	High	Equity instruments	80%	100%
			Debt	NA	NA
			Money Market Instruments, Cash, Bank Deposits and Mutual funds	0%	20%
Flexi Growth Fund II (ULIF 074 02/05/24 FG2 110)	The objective of the Fund is to generate capital appreciation in the long term by investing in a portfolio of stocks across market capitalization. The fund maintains flexibility to invest in carefully selected companies that offer opportunities across large, mid or small capitalization space	High	Equity Instruments	70%	100%
			Debt Instrument	0%	30%
			Money Market Instrument, Cash, Bank Deposits and Mutual funds	0%	30%
Whole Life Income Fund II (ULIF 076 06/06/24 WI2 110)	The primary investment objective of the Fund is to generate income through investing in a range of debt and money market instruments of various maturities with a view to maximizing the optimal balance between yield, safety and liquidity. The Fund will have no investments in equity or equity linked instruments at any point in time.	High	Debt Instruments	60%	100%
			Money Market Instrument, Cash, Bank Deposits and Mutual funds	0%	40%
Nifty Alpha 50 Index Fund (ULIF 077 30/09/24 NAF 110)	The primary investment objective of the Fund is to generate capital appreciation in the long term by investing in a portfolio of stocks indexed to the Nifty Alpha 50 Index	High	Equity Instruments	80%	100%
			Money Market Instruments, Cash, Bank Deposits and Mutual funds	0%	20%
			Debt	NA	NA

These funds have different risk profiles based on different types of investments that are offered under these funds. The returns are expected to vary according to the risk profile of the funds chosen.

**b) Choose from the PORTFOLIO STRATEGY offered**

**• ENHANCED SYSTEMATIC MONEY ALLOCATION & REGULAR TRANSFER (Enhanced SMART)**

Enhanced SMART is a systematic transfer plan available only to the policies with the annual mode of payment. It allows the policyholder to enter the volatile equity market in a structured manner under the Regular Premium Fund. Under Enhanced SMART, the policyholder needs to choose two funds, a debt-oriented fund and an equity-oriented fund. Please refer to table below for the choice of available funds:

Debt oriented funds	Equity oriented funds
<ul style="list-style-type: none"> <li>• Whole Life Income Fund</li> <li>• Whole Life Short-Term Fixed Income Fund</li> <li>• Constant Maturity Fund</li> <li>• Target Maturity Fund</li> <li>• Whole Life Income Fund II</li> </ul>	<ul style="list-style-type: none"> <li>• Large Cap Equity Fund</li> <li>• Whole Life Mid Cap Equity Fund</li> <li>• India Consumption Fund</li> <li>• Multi Cap Fund</li> <li>• Super Select Equity Fund</li> <li>• Top 50 Fund</li> <li>• Top 200 fund</li> <li>• Emerging Opportunities Fund</li> <li>• Sustainable Equity Fund</li> <li>• Flexi Growth Fund</li> <li>• Small Cap Discovery Fund</li> <li>• Business Cycle Fund</li> <li>• Rising India Fund</li> <li>• Midcap Momentum Index Fund</li> <li>• Flexi Growth Fund II</li> <li>• Nifty Alpha 50 Index Fund</li> </ul>

This option is applicable till premium payment term only. Enhanced SMART strategy is not available with top-up premium fund.

Through Enhanced SMART, Policyholder's entire allocable premium will be parked in the chosen debt-oriented fund along with any existing units in that fund, if any. The policyholder is allowed to change funds on policy anniversaries. The policyholder has an option to change the debt/equity-oriented fund to other debt/equity funds available respectively. These combined units in the chosen debt-oriented fund will be systematically transferred on a monthly basis to the chosen equity-oriented fund. All the future allocable premiums will also follow the same pattern as long as Enhanced SMART is active on the plan. Switching to/from the Enhanced SMART funds will not be applicable from/to other available funds.

Thus, while the stock market remains volatile and unpredictable, Enhanced SMART Strategy offers a systematic way of rupee cost averaging. However, all investments through this option are still subject to investment risks, which shall continue to be borne by the Policyholder.

A portion of total units in the chosen debt-oriented fund shall be switched automatically into the chosen equity oriented fund in the following way:

**Monthly Enhanced SMART**

Policy Month 1	1/12 of the units available at the beginning of Policy Month 1
Policy Month 2	1/11 of the units available at the beginning of Policy Month 2
.....	
Policy Month 6	1/ 7 of the units available at the beginning of Policy Month 6
.....	
Policy Month 11	½ of the units available at the beginning of Policy Month 11
Policy Month 12	Balance units available at the beginning of Policy Month 12

The following are the notable features of Enhanced SMART: -

1. Enhanced SMART can be availed at the option of the policyholder, exercisable at policy inception or on any policy anniversary. A written request to commence, change or restart Enhanced SMART should be received 30 days in advance of the policy anniversary. The request shall take effect on the following policy anniversary. Once chosen the strategy will be applicable for future premiums for all the premium payment terms.

2. Request for commencement, change or restart of Enhanced SMART will be subject to all due premiums being paid.
3. Enhanced SMART option is available only to the policies with the Annual Mode of payment.
4. The automatic fund switches in the Enhanced SMART option are available without any charge.
5. Enhanced SMART is free of any charge.
6. The policyholder will have the option to stop the Enhanced SMART at any point of time by a written request and it shall take effect from the next Enhanced SMART switching that follows the Company's receipt.
7. Manual fund switching for the two funds selected for activation of Enhanced SMART is not allowed. Manual fund switching is allowed on other available funds without any charge. For Top-Up premiums, manual switching option will be available without any charge.
8. Any amount remaining in regular premium funds other than the two funds selected for activation of Enhanced SMART, would continue to remain invested in those funds.
9. Enhanced SMART Option will not be available during Discontinuance of Premium. On revival of the policy, the policyholder can opt for Enhanced SMART again.

The Company may cease offering Enhanced SMART by giving 30 days of written notice subject to prior approval of Insurance Regulatory and Development Authority of India. In such a situation, the policyholder can choose to stay invested in the existing funds and/or switch to other funds offered by the company at the time. Such switching will be without any charge.

Although the funds are open ended, the Company may, as per Board approved policy and subject to prior approval from IRDAI, completely close any of the funds. The Policyholder will be given at least three months' prior written notice of our intention to close any of the Funds completely or partially except in 'Force Majeure', where we may give a shorter notice.

In case of complete closure of a Fund, on and from the date of such closure, we shall cease to issue and cancel units of the said Fund and cease to carry on activities in respect of the said Fund, except such acts as are required to complete the closure. In such an event if the Units are not switched to another Fund by the Policyholder, we will switch the said units to any other appropriate Fund with similar characteristics as per Board approved policy, with due weightage for the respective NAVs at the time of switching, subject to prior approval from the Authority.

In such an event if the Units are not switched to another Fund by the Policyholder, we will switch the said units from the funds opted by the policyholder to the default fund as follows:

Closed Fund	Default Fund
Whole Life Mid Cap Equity Fund, Multi Cap Fund, India Consumption Fund, Top 50 Fund, Top 200 Fund, Super Select Equity Fund, Emerging Opportunities Fund, Sustainable Equity Fund, Flexi Growth Fund, Small Cap Discovery Fund, Business Cycle Fund, Rising India Fund, Midcap Momentum Index Fund, Flexi Growth Fund II, Nifty Alpha 50 Index Fund	Large Cap Equity Fund
Whole Life Aggressive Growth Fund, Dynamic Advantage Fund, Constant Maturity Fund, Target Maturity Fund	Whole Life Stable Growth Fund
Whole Life Income Fund, Whole Life Income Fund II	Whole Life Short Term Fixed Income Fund

If default Fund as mentioned in the table above is closed, then we will switch the said Units to any other appropriate Fund with similar characteristics as per Board approved policy, with due weightage for the respective NAVs at the time of switching, subject to prior approval from the Authority.

#### EXCEPTIONAL CIRCUMSTANCES

Under exceptional circumstances investment in Cash / Money Market Instruments in all above funds may go up to 100%, subject to prior approval of IRDAI. Exceptional circumstances may include:

- Global financial or credit crisis,
- War like situation,
- Political uncertainty
- Events like Political/ Communal disturbance which affects Indian economy and in turn impacts severely on Fixed Income/ Equity market.

The company reserves the right to defer the payment of benefits (other than death and health benefit) under this policy for a period not exceeding 30 days from the date of payment that would have been normally effected if not for Exceptional circumstances (external to the company), which situations such as where the Insurer on receipt of the request for claim, is not able to liquidate the investments quickly owing to market circumstances.

#### Examples of such circumstances are:

- When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the fund are closed otherwise than for ordinary holidays.

- During periods of extreme volatility of markets during which complete withdrawals and switches would, in our opinion and based on the Board approved Investment Policy, be detrimental to interest of the policyholder.
- In case of natural calamities, strikes, wars, civil unrest & riots.
- If so directed by IRDAI

This provision will be applicable only when exceptional circumstances external to the company arise.

#### Force Majeure provisions

- The Company shall value the Funds (SFIN) on each day for which the financial markets are open. However, the Company may value the SFIN less frequently in extreme circumstances external to the Company i.e. in force majeure events, where the value of the assets is too uncertain. In such circumstances, the Company may defer the valuation of assets for up to 30 days until the Company is certain that the valuation of SFIN can be resumed.
- The Company shall inform IRDAI of such deferment in the valuation of assets. During the continuance of the force majeure events, all request for servicing the policy including policy related payment shall be kept in abeyance.
- The Company shall continue to invest as per the fund mandates as chosen by You. However, the Company shall reserve its right to change the exposure of all or any part of the Fund to Money Market Instruments [as defined under Regulations 2(j) of IRDAI (Investment) Regulations, 2016] in circumstances mentioned under points (a and b) above. The exposure to of the Fund as per the fund mandates as chosen by You shall be reinstated within reasonable timelines once the force majeure situation ends.
- Few examples of circumstances as mentioned above are:
  - when one or more stock exchanges which provide a basis for valuation of the assets of the fund are closed otherwise than for ordinary holidays.
  - when, as a result of political, economic, monetary or any circumstances which are not in the control of the Company, the disposal of the assets of the fund would be detrimental to the interests of the continuing policyholders.
  - in the event of natural calamities, strikes, war, civil unrest, riots and bandhs.
  - in the event of any force majeure or disaster that affects the normal functioning of the Company.
- In such an event, an intimation of such force majeure event shall be uploaded on Our website for information.



### Flexibility of Partial Withdrawals

#### Health Care Benefit

The primary life assured will be entitled to Health Care Benefit incurred by him/her towards the health-related expenditure for self and family. Health Care Benefit is allowed any time after five completed policy anniversaries from date of issuance of the policy from Regular Premium Fund Value and date of acceptance of Top-Up Premium; if applicable.

#### Withdrawals other than Health Care Benefit

Partial Withdrawals are allowed any time after five policy anniversaries from the date of issuance of the policy from Regular Premium Fund Value and date of acceptance of Top-Up Premium Fund Value: if applicable. Under this facility, the policyholder can also opt for Systematic Withdrawal Plan (SWP), Chosen-rate Withdrawal Plan (CWP) and Index based Withdrawal Plan (IWP).

##### 1) Systematic Withdrawal Plan (SWP):

This partial withdrawal facility allows policyholder to withdraw from the fund at pre-determined intervals. Such withdrawals can be a pre-determined percentage of the fund value or a pre-determined absolute amount.

For example, if the policyholder chooses 6% of the fund value to be withdrawn yearly, then an amount equal to 6% of the fund value would be paid as per the specified payout frequency.

Following conditions shall apply on SWP:

- The policyholder has option to choose the percentage ranging from 1% to 15%.
- This facility can be opted at policy inception or anytime during the policy term. The policyholder may modify or opt-out of the facility by notifying the Company at least 30-days prior to the policy anniversary. Policyholder may choose to opt-in again as per the requirements on a later date.
- It is allowed only after five policy anniversaries from the date of issuance of the policy.
- The payouts can be taken monthly, quarterly, half-yearly, yearly or on specified date(s). The first payout will be made on the withdrawal start date as chosen by the policyholder.
- All conditions applicable for partial withdrawals such as minimum and maximum withdrawal amount, age, etc. will be applicable for Systematic Withdrawal Plan as well. Both SWP and partial withdrawal can be availed simultaneously provided the fund value in any given year is not less than two years' annualized premiums for Limited/ regular pay and 5% of single premium paid for single pay.

##### 2) Chosen-rate Withdrawal Plan (CWP)

Under this partial withdrawal facility, a payout, as per the payout frequency chosen, will be processed in case the performance of the fund(s) where policyholder has invested their premium is higher than the chosen rate of return by the policyholder.

For example, if the actual fund value on the date of withdrawal is more than the fund value basis the chosen rate of return, then the positive difference between the two fund values shall be paid out to the policyholder. If the actual fund value is less than the fund value basis the chosen rate, then no payout shall be processed.

The following conditions shall apply on CWP:

- o The T&Cs applicable to SWP, shall be applicable to CWP. Both SWP and CWP can not be opted together.
- o Both CWP and partial withdrawal can be availed simultaneously provided the fund value in any given year is not less than two years' Annualized premiums for Limited/ regular pay and 5% of Single premium paid for single pay

##### 3) Index based Withdrawal Plan (IWP)

This option works similar to CWP. But instead of choosing a rate of return, the policyholder can link rate of return to an external index. If the performance of the fund(s) where policy holder has invested their premium in is higher than their index based return, then the positive difference between the two fund values shall be paid out to policy holder as per the payout frequency chosen.

The policyholder shall have an option to choose from a list of indices such as

- 1) Compound Annual Growth Rate (CAGR) of benchmark fund as on date of withdrawal
- 2) 10-year G-Sec rate dated 1st April of each year as published by M/s. Financial Benchmarks India Pvt Ltd shall be applicable during the period of twelve months, beginning 1st May of the relevant financial year.
- 3) SBI's Savings A/c rate basis April 1 of the relevant year shall be applicable during the period of twelve months, beginning 1st May of the relevant financial year
- 4) SBI's 5-year term deposit rates basis April 1 of the relevant year shall be applicable during the period of twelve months, beginning 1st May of the relevant financial year
- 5) CPI Inflation rate as published by mospi.gov.in for March shall be applicable during the period of 12 months, beginning 1st May of the next financial year.

The following conditions shall apply on IWP:

- o The list of indices shall be specified by the company from time to time. The policyholder shall have the flexibility to change the index by notifying the company at least 30 days prior to the policy anniversary.

- o The T&Cs applicable to SWP, shall be applicable to IWP as well.
- o Both IWP and partial withdrawal can be availed simultaneously provided the fund value in any given year is not less than two years' annualized premiums for Limited/regular pay and 5% of single premium paid for single pay.

Note: Only one plan out of SWP/CWP and IWP can be chosen by the policyholder. However, partial withdrawal can be availed along with any of the above plans provided all the conditions are being met.

#### Conditions for Partial Withdrawal

- Policy shall be in force (including when the policy is reduced paid up),
- In case of withdrawal from Regular Premium Fund Value/Top-Up Premium Fund Value, the amount payable is equal to the number of Units multiplied by the NAV of the relevant Fund where the applicable NAV is as specified under the paragraph "Cut-off time for determining the appropriate valuation date".
- Withdrawal from Top-Up premium fund is allowed any time after five policy anniversaries from the date of acceptance of each such Top-Up Premium paid.
- The permissible minimum amount is Rs 500 per event. Company may revise the minimum amount subject to Board Approved Underwriting Policy.
- Amount shall be paid first from the Top-Up Premium Fund, if eligible, and then from Regular Premium Fund, if Top-Up Fund is insufficient.
- The maximum amount is subject to total fund value (Regular + Top Up Fund) post such payout not being less than an amount equivalent to two years' Annualised Regular Premium. However, the total amount of payout in a policy year shall not exceed 25% (in case of "Withdrawals other than Health Care Benefit") or 50% (in case of "Health Care Benefit") of the total fund value (Regular + Top Up Fund) or result in termination of contract.
- No charges shall be levied on the above payouts.

#### Wallet Benefit:

The customer can choose to withdraw and utilize the fund value through a digital health wallet/ health card for health related expenses provided by service provider(s) empaneled by the Company, from time to time. Such an arrangement, can be done with entities that are regulated by Department of Payment and Settlement Systems (DPSS), Reserve Bank of India, and are governed by Master Directions on Prepaid Payment Instruments, or other entities licensed/ authorized by the relevant regulator/ authority, to provide additional payment options to customer- such as IMPS, virtual prepaid cards or other similar options to withdraw money from the Prepaid

Payment Instrument or other appropriate account/ instrument as authorized by the relevant regulator. Wallet benefit is allowed any time after five completed policy anniversaries from the date of issuance of the policy from Regular Premium Fund Value and date of acceptance of Top-Up Premium; if applicable.

#### Flexibility of Top-ups

You have the flexibility to pay additional premium as 'Top-up Premium', provided the policy is in force

- Single Premium top up is allowed anytime except during last five years of the policy term.
- Minimum Single top-Up Premium is ₹ 1000/- and will be allowed a maximum four times a policy year.
- Single Top-Up premiums can be allocated in any proportion between the funds offered as chosen by the policyholder, provided percentage chosen is integral percentage for each funds and sums to 100%.
- Acceptance of Top up Premium is subject to prevailing underwriting rules.
- Top-Up Premiums are subject to charges as described under "What are my policy charges?" Section below.
- Every Top up Premium will have a lock in period of five years from the date of approval of that top up Premium. This rule is not applicable in case of complete withdrawal of policy.
- Top up premium will not be accepted while the policy is in Discontinuance.
- Top up premium wouldn't be allowed if the policy is in Reduced Paid-Up status.

#### TOP-UP SUM ASSURED

- The Top-Up Sum Assured will be applicable to Accidental Total and Partial Permanent Disability benefit (ATPPD).
- Primary life assured will be provided an additional sum assured equal to Top-Up Sum Assured Multiple times Top-Up Premium, subject to underwriting.
- The mortality charge and morbidity charges for ATPPD benefit will be deducted by way of cancelling the units at the current NAV from the Top-Up Premium Fund Value.
- Top-Up Sum Assured = Top-Up Sum Assured Multiple \* Top-Up Premium
- Top-up Sum Assured Multiple is as per the table below :

Age at Entry	Top-Up Multiple
Up to age 49 years	1.25 times single premium
50 years and above	1.10 times single premium

Top-up Sum Assured Multiple (for death benefit) shall be 105% of the single premium paid.

### Increase in Policy Term

The Policyholder can opt for lifelong increase in term of the policy any time during the policy term subject to max maturity age. The increase in policy term will be exercised at the end of policy term by paying additional Premium(s) / charges subject to Board Approved Underwriting Policy (BAUP). The following conditions will apply:

- The policyholder will be eligible for increase in policy term provided the policy is in force and all due premiums till date have been paid.
- Policyholder can select policy term and premium payment term as per minimum/maximum limits mentioned in "Eligibility criteria" section above.
- Health benefit(s) shall continue as per the outstanding coverage applicable at the time of increase of the policy term. Increase in policy term will not be applicable for the health benefit(s) wherein the outstanding coverage is zero.
- Death, Maturity and Surrender benefits will be applicable as per the original terms.
- In case of regular pay policy, the policyholder would be required to continue to pay the level premium for the extended policy term
- Above such regular premium, can be allocated in any proportion between the funds offered as chosen by the policyholder.
- Premium Allocation Charge and Lock-in period will not be applicable on these Regular Premium.
- Charges will continue to be deducted as per the then prevailing mortality/morbidity charge schedule and attained age. The charges will be based on respective Basic Sum Assured, Sum Assured on Death, Cancer Sum Assured and respective family member's ATPPD Sum Assured (if opted)

### Change in Premium

Not Applicable.

### Claim Process:

This plan offers flexible claim settlement procedure in order to help you with the best possible way during your medical emergencies. We have Cashless facility and Reimbursement of claim option to process your claims. The claim settlement shall be done through Company and/or TPA empaneled with the Company or Tata AIA, from time to time. To know the complete details of claim procedure, please refer the Policy Document or our website [www.tataaia.com](http://www.tataaia.com)

### Optional Riders

You have further flexibility to customize your product by adding the following optional riders

### Set of Premium paying riders

1. Tata AIA Vitality Protect Plus (UIN: 110A048V03 or any later version)
2. Tata AIA Vitality Health Plus (UIN: 110A047V02 or any later version)
3. Tata AIA Life Insurance Linked Comprehensive Protection Rider (UIN:110A032V02 or any later version)

### Set of Unit Deducting riders

4. Tata AIA Life Insurance Waiver of Premium (Linked) Rider (UIN: 110A026V01 or any later version)
5. Tata AIA Life Insurance Waiver of Premium Plus (Linked) Rider (UIN: 110A025V01 or any later version)
6. Tata AIA Life Insurance Accidental Death and Dismemberment (Long Scale) (ADDL) Linked Rider (UIN: 110A027V01 or any later version)

The set of Unit deducting and premium paying Riders can be attached to the base plan subject to the rider term shall not be more than the base policy term.

The sum assured for any attaching rider(s) will not exceed the Basic Sum Assured except for accidental riders .The cost of any attaching rider benefit/cover will be levied either through rider charge or rider premium but not both.



### How is the NAV calculated?

#### The Net Asset Value (NAV) of the segregated funds shall be computed as:

Market value of investment held by the fund + value of current assets - (value of current liabilities and provisions, if any)

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Number of units existing on Valuation Date (before creation/redemption of units)

The Net Asset value (NAV) will be determined and published daily in various financial newspapers and will also be available on [www.tataaia.com](http://www.tataaia.com), the official website of Tata AIA Life. All you have to do is multiply the number of Units you have with the published NAV to arrive at the value of your investments.

#### Credit/Debit of Units

Premiums received, after deducting the Regular/Top-Up Premium Allocation Charge and applicable Goods and Services Tax, will be used to purchase Units at the NAV according to policyholders' instruction for allocation of Premium. Units purchased by Regular and Top-Up Premium, net of payable Allocation charges and applicable Goods and Services Tax, will be deposited into the Regular Premium Fund Value and Top-Up Premium Fund Value respectively.



Where notice is required (Partial Withdrawal, Complete withdrawal or death of the Assured), Units being debited shall be valued by reference to their NAV as specified in the section "Cut-off time for determining the appropriate valuation date" under Fund Provisions.

#### **Cut-off time for determining the appropriate valuation date**

The appropriate business day at which NAV will be used to purchase or redeem Units shall be determined in the following manner: -

- a) Purchase & Allocation of Units in respect of Premiums received or Fund Value(s) switched in:
  - If the premiums, by way of cash or a local cheque or a demand draft payable at par or the request for switching in Fund Value(s) is/are received by us at or before 3:00 p.m. of a business day at the place where these are receivable, NAV of the date of receipt or the due date, whichever is later shall apply.
  - If the premium/s, by way of cash or a local cheque or a demand draft payable at par or the request for switching in Fund Value(s) is/are received by us after 3:00 pm of a business day, at the place where these are receivable, NAV of the next business day following the receipt or the due date, whichever is later shall apply.
  - If the premium/s is received by us by way of an outstation cheque/outstation demand draft, NAV of the date of on which these instruments are realized shall apply.
- b) Sale & Redemption of Units in respect of withdrawals, surrender, Fund Value(s) switched out, death claim:
  - If a valid request/application is received by us at or before 3:00 pm of a business day, NAV of the date of receipt shall apply.
  - If a valid request/application is received by us after 3:00 pm of a business day, NAV of the next business day following the receipt shall apply.

### **What are the investment options to manage investment?**



We offer you ample flexibility to manage your money so that you can reap maximum benefits of your investments.

#### **Fund switching**

The Policyholder may send the Company a written request to switch investment between available Funds. The written request must specify the Fund(s) from which Units are to be redeemed and the Fund(s) to which Units are being allocated.

Unlimited switches are allowed without any fees. The change will be effected on the applicable NAV as specified under the paragraph "Cut-off time for determining the appropriate valuation date".

Switching may be restricted if the portfolio strategy is chosen. Please refer to the respective portfolio strategy for details.

#### **Premium Re-direction**

Premium redirection is allowed for future regular premium/(s), provided percentage chosen is integral percentage for each funds and sums to 100%. There is no premium re-direction charge applicable under this Product.

Premium Re-direction will not be allowed if Enhanced SMART is chosen.



### **What if I want to discontinue paying premiums?**

#### **Discontinuance of Premium within Five Years from the Date of Commencement**

##### **For Regular/Limited Pay**

Upon expiry of the grace period, in case of discontinuance of policy due to non-payment of premium, the fund value after deducting the applicable discontinuance charges, shall be credited to the discontinued policy fund and the risk cover and rider cover, if any, shall cease.

All such discontinued policies shall be provided a revival period of three years from date of first unpaid premium. On such discontinuance, we shall communicate the status of the policy, within three months of the first unpaid premium, to the policyholder and provide the option to revive the policy within the revival period.

- a) In case the policyholder opts to revive but does not revive the policy during the revival period, the proceeds of the discontinued policy fund shall be paid to the policyholder at the end of the revival period or lock-in period whichever is later. In respect of revival period ending after lock-in period, the policy will remain in discontinuance fund till the end of revival period. The Fund management charges of discontinued fund will be applicable during this period and no other charges will be applied.
- b) In case the policyholder does not exercise the option as set out above, the policy shall continue without any risk cover and rider cover, if any, and the policy fund shall remain invested in the discontinuance fund. At the end of the lock-in period, the proceeds of the discontinuance fund shall be paid to the policyholder and the policy shall terminate.
- c) However, the policyholder has an option to surrender the policy anytime and proceeds of the discontinued policy

shall be payable at the end of lock-in period or date of surrender whichever is later.

### **Revival of a discontinued policy during lock-in period**

Upon revival, the policy shall be revived restoring the risk cover(s) for self and family members (if applicable), along with the investments made in the

segregated funds as chosen by the policyholder, out of the discontinued fund, less the applicable charges.

At the time of revival, we shall:

- i) collect all due and unpaid premiums without charging any interest or fee
- ii) add back to the fund, the discontinuance charges deducted at the time of discontinuance of the policy

### **Segregated Discontinued Health Policy Fund**

The discontinued health policy fund shall be a segregated unit fund. Only fund management charges shall be applicable on such funds. The fund management charge on discontinued policy fund shall be declared by IRDAI from time to time. Currently, the fund management charge shall not exceed 50 basis points per annum.

### **Minimum Guaranteed Interest Rate**

The minimum guaranteed interest rate applicable to the discontinued fund shall be declared by IRDAI from time to time. The current minimum guaranteed interest rate applicable to the discontinued fund is 4% per annum.

The excess income earned in the discontinued fund over and above the minimum guaranteed interest rate shall also be apportioned to the discontinued policy fund in arriving at the proceeds of the discontinued policies and shall not be made available to the shareholders.

### **Surrender Value**

If the policy acquires a surrender value during the first five years, it shall become payable only after the completion of the lock-in period.

Discontinuance of Premium after Five Years from the Date of Commencement

### **For Regular/Limited Pay:**

Upon expiry of the grace period, in case of discontinuance of policy due to non-payment of premium after lock-in period, the policy shall be converted into a reduced paid-up policy. The policy shall continue to be in reduced paid-up status without rider cover, if any. All charges as per terms and conditions of the policy may be deducted during the revival period. However, the morbidity/mortality charges shall be deducted based on the reduced paid up sum assured only.

On such discontinuance, Insurer shall communicate the status of the policy, within three months of the first unpaid premium, to the policyholder and provide the following options:

- i) To revive the policy within the revival period of three years, or
- ii) Complete withdrawal of the policy.

In case the policyholder opts (i), i.e., to revive but does not revive the policy during the revival period, the fund value (including any Top-Up fund value) shall be paid to the policyholder at the end of the revival period

The death benefit during the revival period for the primary life assured shall be,

Highest of,

- the Regular Premium Fund Value of this Policy or
- 105 percent of the total Regular Premiums paid up to the date of death net of all "Deductible Partial Withdrawals", if any.

In addition to this:

Highest of

- Reduced Paid-up Top-Up Sum Assured(s) or
- Top-Up Premium Fund Value of this Policy or

is also payable provided the Policyholder has a Top-Up Premium Fund Value.

The disability benefit during the revival period for the primary life assured shall be

Highest of

- Reduced Paid-up Basic Sum Assured plus approved Top-up Sum Assured(s), if any less claim payouts made on account Partial Disability
- 105 percent of the total Regular Premiums and Top-up premium(s), if applicable, received up to the date of disability less claim payouts made on account Partial Disability. This condition shall be applicable when the benefit payable for the contingent event is 100% of applicable sum assured.
  - The ATPPD sum assured for added family members (in case Family Option is opted) during the revival period shall be the Reduced Paid-Up ATPPD Sum Assured, as applicable for respective family members.
  - The cancer benefit during the revival period shall be the Reduced Paid-Up Cancer Sum Assured, if Optional benefit of Cancer benefit was opted at inception.

In case the policyholder opts (ii), i.e., to withdraw the policy completely, then the policy will be surrendered, and the fund value (including any Top-Up fund value) shall be paid.

In case the policyholder does not exercise any option as set out above, the policy shall continue to be in reduced paid up status. At the end of the revival period the proceeds of the policy fund shall be paid to the policyholder and the policy shall terminate.

- The disability benefit during the revival period shall be as per the reduced paid-up benefit above.
- The disability benefit for added family members (in case Family Option is opted) shall be Reduced Paid-Up ATPD Sum Assured as applicable for respective family members
- The Cancer benefit during the revival period shall be the Reduced Paid-Up Cancer Sum Assured.

However, the policyholder has an option to surrender the policy anytime and proceeds of the policy fund (including any Top-Up fund value) shall be payable.

#### Revival of a discontinued policy after lock-in period

Upon revival, the policy shall be revived restoring the original risk cover for self and family members in accordance with the terms and conditions of the policy. The rider may also be revived at the option of the policyholders.

At the time of revival, we:

- Shall collect all due and unpaid premiums under base plan without charging any interest or fee
- Shall not levy any other charges

#### Surrender Value

After the lock-in period, the surrender value shall be equal to the fund value (including any Top-Up fund value) as on the date of surrender.

#### REDUCED PAID UP

As per section “Discontinuance of Premium after Five Years from the Date of Commencement” above.

Reduced Paid-Up Basic Sum Assured = Basic Sum Assured \* (t / n)

Where,

t = Total number of Premiums paid

n= Total number of Premiums payable for the entire premium paying term

Reduced Paid-Up Sum Assured on Death = Sum Assured on Death \* (t / n)

The death benefit applicable for Reduced Paid-up policy shall be,

Highest of,

- Regular Premium Fund Value of the policy
- 105% of the total Regular Premiums paid up to the date of death net of all “Deductible Partial Withdrawals”, if any

Highest of,

- The approved Top-up Sum Assured(s) or
- Top-Up Premium Fund Value of the policy

is also payable provided the policyholder has a Top-up Premium Fund Value.

Reduced Paid-Up ATPPD Sum Assured as applicable for each

respective family members added under Family Cover Option = ATPPD Sum Assured of respective family member \* (t/n)

Reduced Paid-Up Cancer Sum Assured = Cancer Sum Assured \* (t / n)

Where,

t = Total number of Premiums paid

n= Total number of Premiums payable for the entire premium paying term



### What if I want to discontinue the policy?

#### Surrender Benefit and Surrender Terms & Conditions

On complete withdrawal of the Policy within five policy years, Proceeds of the Discontinued Policy shall be payable at the end of Lock-in-period or date of Complete Withdrawal, whichever is later. All benefits in this Policy shall cease on the date of complete withdrawal. In case of complete withdrawal before the end of Lock-in period, the proceeds will be invested in the Discontinued Policy Fund from which Fund Management Charge shall be deducted. The current cap on Fund Management Charge (FMC) for Discontinued Policy Fund is 0.50% p.a. and shall be declared by IRDAI from time to time. No risk cover shall be available during the Discontinuance Period.

Upon complete withdrawal of the Policy after five Policy Years, the fund value (including any Top-Up fund value) as on the date of complete withdrawal, shall be payable.

#### Discontinued Health Policy Fund (SFIN: ULIF 067 30/11/22 DHF 110):

The investment objective for Discontinued Health Policy Fund is to provide capital protection and a minimum return as per regulatory requirement with a high level of safety and liquidity through judicious investment in high quality short-term debt. The strategy is to generate better returns with low level of risk through investment in fixed interest securities having short term maturity profile. The risk profile of the fund is very low. There is a minimum guarantee of interest @ 4% p.a. or as prescribed by IRDAI from time to time

#### Asset allocation:

Instrument	Allocation
Debt Instruments (Government securities and Corporate Debt)	60% -100%
Money Market Instruments, Bank Fixed Deposits, Cash & Mutual Funds	0% - 40%

## What are my policy charges?



### Premium allocation charges

Premium Allocation Charge as below will be deducted from the Regular Premium. The net Regular Premium after deduction of charges are invested in Funds as per your choice.

Policy Year	% of Annualised Premium
1-2	6.0%
3-7	4.5%
8-10	3.5%
11 onwards	Nil

### Top-Up Premium Allocation Charge

1.5% of Single Top-Up Premium

The regular premium & top-up premium allocation charges are guaranteed throughout the term of the policy.

The above premium allocation charges shall not exceed the maximum premium allocation charge as declared by IRDAI which currently stands at 12.5% of Annualised Premium for any year.

### Discontinuance Charges:

The policy holder can discontinue paying premium anytime during the policy term by intimating to the company. However, when the request for discontinuance from the policy is within the lock-in period of 5 years from policy inception, total fund value, net of discontinuance charges as on the date of discontinuance shall be put in the 'Discontinued Policy Fund'. The 'Proceeds of the Discontinued Policy' i.e. the fund value as on the date of discontinuance plus entire income earned after deduction of the fund management charges, subject to a minimum guarantee of interest @ 4% p.a. or as prescribed by IRDAI from time to time shall be paid to the policyholder only after completion of the lock-in period.

The applicable discontinuance charges are as given below.

Where the policy is discontinued during the policy year	Maximum Discontinuance Charges for the policies having Annualized Premium up to ₹ 50,000/-	Maximum Discontinuance Charges for the policies having Annualized Premium above ₹ 50,000/-
1	Lower of 20% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 3000	Lower of 6% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 6000
2	Lower of 15% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 2000	Lower of 4% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 5000

Where the policy is discontinued during the policy year	Maximum Discontinuance Charges for the policies having Annualized Premium up to ₹ 50,000/-	Maximum Discontinuance Charges for the policies having Annualized Premium above ₹ 50,000/-
3	Lower of 10% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 1500	Lower of 3% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 4000
4	Lower of 5% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 1000	Lower of 2% of Annualised Premium or Regular Premium Fund Value subject to a maximum of ₹ 2000
5 and onwards	Nil	Nil

There are no discontinuance charges applicable on Top-Up Premium fund value

The maximum discontinuance charge shall not exceed the limits as decided by IRDAI from time to time.

### Partial Withdrawal Charges:

No charges on partial withdrawal.

### Monthly Policy Administration Charge:

Policy Administration Charge shall be deducted starting 5th policy year. The policy administrative charge shall be minimum of the following:

- 0.38% of Annualised Premium
- INR 500 per month which is the current cap as per IRDAI

The maximum Policy Administration Charge shall not exceed the limits as decided by IRDAI from time to time. Monthly Policy Administration Charge may be increased with prior approval by IRDAI. This charge can be increased by up to a maximum of 5% per annum compounded annually subject to maximum limit declared by IRDAI.

**Fund Switching Charge:** Not applicable

### Fund Management Charges:

Funds	FMC per annum
Emerging Opportunities Fund (SFIN: ULIF 064 12/09/22 EOF 110)	1.20%
Sustainable Equity Fund (SFIN: ULIF 065 12/09/22 ESG 110)	1.20%
Dynamic Advantage Fund (SFIN: ULIF 066 12/09/22 DAF 110)	1.35%
Super Select Equity Fund (SFIN: ULIF 035 16/10/09 TSS 110)	1.20%
Top 50 Fund (SFIN: ULIF 026 12/01/09 ITF 110)	1.20%
Top 200 fund (SFIN: ULIF 027 12/01/09 ITT 110)	1.20%

Funds	FMC per annum
Multi Cap Fund (ULIF 060 15/07/14 MCF 110)	1.20%
India Consumption Fund (ULIF 061 15/07/14 ICF 110)	1.20%
Large Cap Equity Fund (ULIF 017 07/01/08 TLC 110)	1.20%
Whole Life Mid Cap Equity Fund (ULIF 009 04/01/07 WLE 110)	1.20%
Whole Life Aggressive Growth Fund (ULIF 010 04/01/07 WLA 110)	1.10%
Whole Life Stable Growth fund (ULIF 011 04/01/07 WLS 110)	1.00%
Whole Life Income Fund (ULIF 012 04/01/07 WLI 110)	0.80%
Whole Life Short-Term Fixed Income Fund (ULIF 013 04/01/07 WLF 110)	0.65%
Discontinued Health Policy Fund (ULIF 067 30/11/22 DHF 110)	0.50%
Flexi Growth Fund (ULIF 068 25/04/23 FGF 110)	1.20%
Constant Maturity Fund (ULIF 069 17/05/23 CMF 110)	0.80%
Target Maturity Fund (ULIF 070 17/05/23 TMF 110)	0.80%
Small Cap Discovery Fund (ULIF 071 22/05/23 SCF 110)	1.20%
Business Cycle Fund (SFIN: ULIF 072 15/01/24 BCF 110)	1.20%
Rising India Fund (SFIN: ULIF 073 17/01/24 RIF 110)	1.20%
Midcap Momentum Index Fund (SFIN: ULIF 075 09/05/24 MIF 110)	1.20%
Whole Life Income Fund II (SFIN: ULIF 076 06/06/24 WI2 110)	1.35%
Flexi Growth Fund II (SFIN: ULIF 074 02/05/24 FG2 110)	1.35%
Nifty Alpha 50 Index Fund (ULIF 077 30/09/24 NAF 110)	1.35%

Fund Management Charge of 0.5% p.a. will be charged on Discontinued Policy Fund

The current cap on Fund Management Charge (FMC) for Discontinued Policy Fund is 0.50% p.a. and shall be declared by IRDAI from time to time.

All Fund Management Charges above are subject to revision by Company with prior approval of IRDAI but shall not exceed 1.35% per annum of the Fund value, which is the maximum limit currently specified by IRDAI and can change from time to time.

#### **Morbidity Charges:**

The Morbidity Charge of the Basic Policy will be deducted by cancelling Units at the current NAV, from the Regular Premium Fund value of the Policy on each Policy Month Anniversary. In

case of the Top-Up Sum Assured, the same will be deducted from the Top-Up Premium Fund Value. If the Regular Premium Fund Value is insufficient, then morbidity charge will be deducted from the Top-Up Premium Fund Value, if any and vice-versa.

Morbidity charge for ATPPD = ATPPD benefit multiplied by the applicable morbidity rate for the month, based on the attained age of the Life Assured.

Morbidity charge for Cancer = Cancer Sum Assured multiplied by the applicable morbidity rate for the month, based on the attained age and gender of the Life Assured

Please refer Annexure "Morbidity charges" on our website [www.tataaia.com](http://www.tataaia.com)

The Morbidity Charges for Cancer Care is guaranteed for the policy term.

#### **Mortality Charges:**

The Mortality Charge of the Basic Policy will be deducted by cancelling Units at the current NAV, from the Regular Premium Fund value of the Policy on each Policy Month Anniversary. In case of the Top-Up Sum Assured, the same will be deducted from the Top-Up Premium Fund Value. If the Regular Premium Fund Value is insufficient, then mortality charge will be deducted from the Top-Up Premium Fund Value, if any and vice-versa.

Mortality charge = Sum at Risk (SAR) multiplied by the applicable Mortality Rate for the month, based on the attained age of the insured.

SAR is defined as:

SAR in each month for Regular Account is the difference between:

a. 105% times total premium paid net of all deductible partial withdrawals, if any

and

b. Regular Premium Fund Value at the time of deduction of Mortality Charge

Sum at Risk (SAR) in each month for Top-Up Account is the difference between:

a. Top-Up Sum Assured

and

b. Top-up Premium Fund Value at the time of deduction of Mortality Charge.

The Mortality Charges will be guaranteed for the policy term.

The Company may alter all the above charges (except Premium Allocation Charges, Mortality Charge which are guaranteed throughout the term) by giving an advance notice of at least 3 months to the policyholder subject to prior approval of Insurance Regulatory and Development Authority of India and will have prospective effect

## Miscellaneous Charge:

Premium Re-direction Charge: Fund redirection is allowed for future regular premium/(s), provided percentage chosen is integral percentage for each funds and sums to 100%. There is no fund re-direction charge applicable under this Product.

Premium Re-direction will not be allowed if Enhanced SMART is chosen.

## POLICY TERMINATION

All coverage under this Policy shall automatically terminate on the occurrence of the earliest of the following:

- (1) Date of Maturity of policy
- (2) Date of complete withdrawal
- (3) Date of Death of the Assured, or
- (4) Date of end of lock-in-period/revival period, whichever is later in case of Discontinuance of Premium within 5 years, provided the policy is not revived during the revival period.
- (5) After completion of premium paying term, the policy will terminate as and when the total fund value becomes less than or equal to one Annualised Premium in case of Regular Premium policy; except if any of the following conditions is true:
  - a. Five policy years have not elapsed since the inception of the contract
  - b. If the policy is in-force premium paying

On such termination the balance fund value shall be payable to the policyholder. This situation may result because of the combined impact of partial withdrawals at inopportune time and fund performance.

## Terms and Conditions



### Free Look Period

If the policyholder is not satisfied with the terms & conditions, he/she can cancel the policy by giving written notice to the Company and receive the non-allocated premium plus charges levied by cancellation of units plus fund value at the date of cancellation less ) (a) Extra Premium Allocation (if any), (b) proportionate risk premium for the period of cover (c) medical examination costs, if any and (d) stamp duty, along with Goods and Services Tax on above which has been incurred for issuing the Policy. Such notice must be signed by the policyholder and received directly by the Company within 30 days beginning from the date of receipt of the Policy Document, whether received electronically or otherwise

### Grace Period

If you are unable to pay your Regular Premium on time, starting from the date of first unpaid premium, a grace period of 30 days will be offered for policies on Annual, Half-Yearly or

Quarterly Modes. For Policies on monthly mode the grace period would be 15 days. During this period your policy will be in force with the risk cover as per the terms & conditions of the policy.

## Policy Loan

Policy Loan is not allowed in this plan

## Waiting Period

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

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

- No benefit shall be payable
- the charges paid towards the benefit option during the waiting period will be added back to the Regular Premium Fund without any interest
- the benefit option shall terminate and no future benefits shall be payable and no future charges in respect of that benefit shall be deducted

'Waiting period' is not applicable if the insured event occurs as a result of an Accident (eg: Major Head Trauma due to an accident)

Name of Benefit option	Waiting Period (in Days)
Cancer Care Benefit	A waiting period of 90 days is applicable on the first diagnosis of any of the major stage cancer covered under the benefit. A waiting period of 180 days is applicable on the first diagnosis of any of the minor stage cancer covered under the benefit.

The waiting period for each benefit option shall be applicable from later of

- Risk Commencement Date, if benefit option is opted at inception
- Date of revival (in case of revival of the benefit option)

## Exclusions

### Suicide Exclusion -

In case of death due to suicide within 12 months from the date of commencement of the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to fund value, as available on the date of intimation of death. Further, any charges other than Fund Management Charges (FMC), recovered subsequent to the date of death shall be added back to the fund value as available on the date of intimation of death.



Please refer “Definitions and Exclusions” annexure from our website [www.tataaia.com](http://www.tataaia.com)

### **Tax Benefit**

Income Tax benefits would be available as per the prevailing income tax laws, subject to fulfillment of conditions stipulated therein. Income Tax laws are subject to change from time to time. 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.

### **Value-added Service Feature:**

#### **Health Management Services**

The life Assured(s) of TATA AIA Life Health Pro who are eligible for Health Management Services may avail Second Opinion / Personal Medical Case Management / Medical Consultation services from service provider(s) affiliated to/registered with the Tata AIA Life Insurance Co. Ltd. The services are expected to assist the life assured(s) to ascertain correct diagnosis of a medical condition and obtain due care for the life assured(s) in case of illness.

These services are subject to:

- the availability of suitable service provider(s);
- primary diagnosis has been done by a registered medical practitioner as may be authorized by a competent statutory authority;
- Health Management Service is available to be utilised throughout the policy term, subject to prevailing eligibility conditions.
- the eligibility of the life assured(s) as may be determined by Board Approved Underwriting Policy which will be reviewed periodically and updated on our website. The changes shall apply without any discrimination to all existing and new customers of the product.
- In case of any change, the eligibility details will be displayed on Our website ([www.tataaia.com](http://www.tataaia.com)) or You may contact Our helpline number 1-860-266-9966 (local charges apply), before using the services. Whenever the eligibility criteria changes or the service is withdrawn, the same shall be communicated to all the policyholders. Prior to effecting any changes, we shall inform the same to IRDAI.
- The current eligibility is of a minimum total Sum Assured of ₹ 20 lakhs [under base plan and rider/s (if any)]

Note:

- These services are aimed at improving Policyholder engagement and reducing exits from the Company's in-force book.
- The cost of these services is expected to be offset by either lower costs of claims or better economies of scale or

higher revenue due to better persistency.

- These value added services are completely optional for the eligible customer to avail
- For customers availing such services, they are offered at no additional cost to the Life Assured.
- Premiums charged to the policyholder shall not depend on whether such a service(s) is availed by the Policyholder.
- These services have been transparently stated in the Sales Literature and Policy Document with clear guidance on how to verify eligibility etc.
- The Life Assured may exercise his/her own discretion to avail the services.
- These services shall be directly provided by the service provider(s).
- The services can be availed only where the policy / rider is in-force.
- All the supporting medical records should be available to avail the service.
- We reserve the right to discontinue the service or change the service provider(s) at any time.

The services are being provided by third party service provider(s) and we will not be liable for any liability.

#### **Loyalty Program Reward –**

If you are a member of the loyalty program administered by a service provider empaneled by the Company, You shall be entitled to the Loyalty Program Reward upon the purchase of the policy and upon meeting the eligibility criteria. The loyalty programs foster long-term customer relationship and offer redemption benefits through the service provider's eco-systems based on applicable terms and conditions. Such reward shall accrue as percentage of the Annualized Premium or Single Premium (as applicable) and shall be made available by the service provider to you in the form of benefits (points, coins, etc.) in the first policy year by loyalty program service provider. The quantum of reward shall be determined by the Company's extant policy and shall be disclosed in the Company's website from time to time.

The loyalty program rewards benefit shall be subject to the below:

- a) The availability of “Loyalty Program Reward” shall be subject to the availability of suitable service provider(s).
- b) The Loyalty Program reward shall be directly provided by the service provider(s). The rights and liabilities of the Policyholder/ Life Insured with respect to the Loyalty Program, shall be governed by the terms and conditions applicable to loyalty program.
- c) The Loyalty Program service is being provided by third party service provider(s) and the Company shall not be liable for such services.

- d) The liability of the Company is limited to the transfer of the value of the reward to the service provider, so empaneled.
- e) The Company reserves the right to discontinue the service or change the service provider(s) at any time and such changes shall be updated on the Company's website (www.tataaia.com).
- f) The eligibility conditions including the quantum of reward shall be determined as per the Company's extant Policy and subject to change. Please refer our website (www.tataaia.com) for updated list of eligibility conditions, list of empaneled service providers, loyalty programs and the quantum of rewards. Any changes shall be applicable prospectively.

### Assignment

Assignment allowed as per provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

### Nomination

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

### 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.

### Cancellation of Policy

Within 3 years of policy inception on cancellation/ termination of the respective health benefit option or base plan by us on grounds of misrepresentation, fraud or non- disclosure established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time , the premium collected shall be refunded, after deducting any claims made under the policy

### DISCLAIMERS

- The Product is also available for sales through online mode including Company's Website www.tataaia.com
- Investments are subject to market risks.
- Unit Linked Life Insurance products are different from the traditional insurance products and are subject to the risk factors. Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by the insurance company.
- The various funds offered under this contract are the

names of the funds and do not in any way indicate the quality of these plans, their future prospects and returns. The underlying Fund's NAV will be affected by interest rates and the performance of the underlying stocks

- The performance of the managed portfolios and funds is not guaranteed and the value may increase or decrease in accordance with the future experience of the managed portfolios and funds. Past performance is not indicative of future performance.
- The Premium paid in the Unit Linked Life Insurance Policies are subject to market risks associated with capital markets and the NAVs of the units may go up or down based on the performance of fund and factors influencing the capital market and the Assured is responsible for his/her decisions.
- Buying a life insurance policy is a long-term commitment. An early termination of the policy usually involves high costs and the Surrender Value payable may be less than the total premiums paid.
- The brochure is not a contract of insurance. This brochure should be read along with Benefit Illustration. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.
- Tata AIA Life Insurance Company Ltd. is only the name of the Insurance Company and Tata AIA Health Pro is only the name of the Unit Linked Life Insurance Contract and does not in any way indicate the quality of the contract, its future prospects or returns.
- 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.
- Riders are not mandatory and are available for a nominal extra cost. For more details on benefits, premiums and exclusions under the Rider(s), please contact Tata AIA Life's Insurance Advisor/ Branch.
- Participation by customers shall be on voluntary basis

**Beware of Spurious Phone Calls and Fictitious/ Fraudulent Offers**

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

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER. LINKED INSURANCE PRODUCTS DO NOT OFFER ANY LIQUIDITY DURING THE FIRST FIVE YEARS OF THE CONTRACT. THE POLICYHOLDER WILL NOT BE ABLE TO SURRENDER/ WITHDRAW THE MONIES INVESTED IN LINKED INSURANCE PRODUCTS COMPLETELY OR PARTIALLY TILL THE END OF THE FIFTH YEAR.

# Tata AIA

## Health Secure



Non-Participating, Unit Linked, Individual Health Rider



### About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons and AIA Group Limited (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 International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

**Tata AIA Life Insurance Company Limited** (IRDAI Regn. No.110)  
CIN: U66010MH2000PLC128403. **Registered & Corporate Office:**  
14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg,  
Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to  
Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance  
Company Ltd under a license. For any information including cancellation,  
claims and complaints, please contact our Insurance Advisor / Intermediary  
or visit Tata AIA Life's nearest branch office or call **1-860-266-9966**  
(local charges apply) or write to us at **customer@tataaia.com**.  
Visit us at: **www.tataaia.com**.  
Unique Reference Number: **L&C/AdvT/2024/Oct/3155** • UIN: **110A050V01**

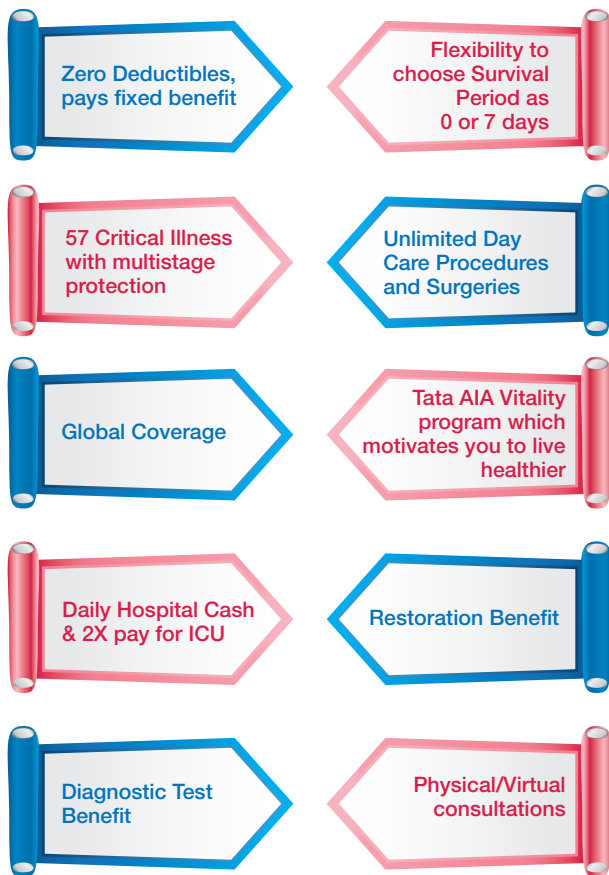


#HarWaqtKeLiyeTaiyaar

## Tata AIA Health Secure

Non-Participating, Unit Linked, Individual Health Rider

**Fixed benefit payouts for all your health needs, regardless of your hospital bill!**



### Introduction



We often save for our family's future, our children's education, and our dream retirement, but rarely consider the impact of medical emergencies on these savings. Which dream would we sacrifice to cover hospital bills or long-term treatments? Planning for health expenses is crucial to keep our life goals intact. Introducing **"Tata AIA Health Secure,"** a Non-Participating, Unit Linked, Individual Health Rider.

This comprehensive solution offers fixed benefits for medical treatments, covering critical illnesses, hospitalization expenses, and surgeries. With a focus on holistic care, it provides a robust

safety net, ensuring you and your loved ones are protected against life's unexpected health challenges. Choose a plan that exceeds your expectations, delivering more than you require for a brighter and healthier future.

Just as a healthy body is the foundation of our strength, a healthy mind is the cornerstone of our well-being. With Outpatient Consultation, you get benefits such as 24/7 virtual consultations, nutritionist and many more, which ensure physical and mental wellbeing.



### Key features of this plan

#### - Flexibility to choose benefit options securing your health needs

 HospiCash

 SurgiCash

 CritiCash

 Out-Patient Consultation Benefit (OPD)

#### - Enhance your protection with add on coverages

 Family Cover

 Child Care

 Waiver of Premium

 Indexation Benefit

 Monthly Income Assurance Benefit

 Restoration Benefit

 Diagnostic Test Benefit

 Overseas Treatment Booster

## Eligibility Conditions



Please refer to the below table for eligibility criteria:

Parameters	HospiCash	SurgiCash	CritiCash	Child Care Benefit	OPD benefit
Type of Coverage	Individual Cover & Family Floater Cover		Individual Cover Only		Individual Cover & Family Floater Cover
Entry Age	Major lives: Min – 18 to 65 years		Major Lives : NA		Major Lives : Max – 18-85 Years
	Minor lives: Min – 91 days   Max – 17 years		NA		Minor Lives : Min – 91 days to 17 years
Max Maturity age	Major/ Minor lives -100 years		Major Live – 100 years/ Minor Lives - NA		Major Live – 100 years/ Minor Lives - 25 years
Policy Term	Minimum – 1 year • Maximum – 5 Years				
Premium Payment Term	Same as Policy Term				
Premium Paying mode	Being a Unit deducting rider, the rider premium will be collected in the form of charges deducted monthly by cancelling units from the base plan				
Min Sum Assured	₹ 500/- per day	₹ 50,000/- p.a.	₹ 1,00,000/-	₹ 1,00,000/-	₹ 10,000/-
Max Sum Assured	As per Board Approved Underwriting Policy				

## Rider Benefit Options in detail



### 1. HospiCash

Under this benefit option, you will have the flexibility to choose your per day Hospital Cash Benefit and the number of days such as 15/30/45/60 days per year as per your need. We shall pay you a per day benefit on hospitalization for medically necessary treatment of any illness or injury due to an accident for a minimum hospitalization period of 24 continuous hours.

HospiCash events	Conditions	Benefit payable
Hospital Cash	On hospitalization for min. period of continuous 24 hours	Per day hospital cash benefit as opted at the time of inception
ICU Benefit	On Intensive Care Unit (ICU) hospitalization	Double of per day hospital cash benefit for the period in ICU
Recuperation Benefit	On continuous hospitalization for 7 days or more	Additional 5% of Annual HospiCash Sum Assured

- Recuperation benefit is payable only once during the policy year and is not payable if the Life Insured dies during hospitalization.

### 2. SurgiCash

The SurgiCash benefit provides lumpsum payout for undergoing medically necessary surgery. We shall pay fixed percentage of SurgiCash Sum Assured on various surgical procedures as defined below:

Description	No of Surgeries	% Of Sum Assured Payable
1) Listed Surgeries	133	
• Category 1	24	25%
• Category 2	61	50%
• Category 3	38	75%
• Category 4	10	100%
2) Non-Listed Surgeries requiring minimum 24 hours of hospitalization	Unlimited	10%
3) Day Care Procedures	Unlimited	Min 10% or ₹ 50,000/-

You can claim multiple times under SurgiCash benefit while the benefit is in-force and irrespective of any previous claims paid subject to following conditions

- You can claim 100% of SurgiCash Sum Assured in any one policy year
- You can avail maximum of 3 claims under Day Care procedures in a policy year
- Same surgery for the same side or organ cannot be covered more than once in the same policy year. However, it can be covered in following policy years

Please refer Annexure from our website to know the listed Surgeries and Day Care procedures.

### 3. CritiCash

Under this benefit you get a protection against 57 critical illness (CI). On first ever diagnosis of any of the listed CI we shall pay you fixed % of CritiCash Sum Assured to support your medical treatments. This benefit assures financial support at every stage during your battle against the life-threatening illness. We shall pay you lumpsum payouts on each stage as defined below:



Stages	No of Critical Illness covered	% Of Sum Assured payable
Minor Stage CI	22	25% of the Sum Assured or INR 1000,000, whichever is lower, is payable
Major Stage CI	33	100% of Sum Assured less any minor claim already paid is payable
Catastrophic CI	2	150% of Sum Assured less any minor claim already paid is payable

List of Critical illnesses covered under CritiCash benefit

Sr No	Conditions
<b>Major Critical Illnesses</b>	
1	Cancer of Specified Severity
2	Cardiomyopathy
3	Chronic Adrenal Insufficiency (Addison's Disease)
4	Aorta Graft Surgery
5	Myocardial Infarction (First Heart Attack of specified severity)
6	Open Chest CABG (Coronary Artery Bypass Graft)
7	Open Heart Replacement or Repair of Heart Valves
8	Primary (Idiopathic) Pulmonary Hypertension
9	Stroke resulting into permanent symptoms
10	Alzheimer's Disease
11	Apallic Syndrome
12	Aplastic Anemia
13	Blindness
14	Chronic Relapsing Pancreatitis
15	Coma of Specified Severity
16	Creutzfeldt-Jacob disease
17	End Stage Liver Failure
18	End Stage Lung Failure
19	Kidney Failure requiring Regular Dialysis
20	Loss of Independent Existence (Cover up to Age 74)
21	Loss of limbs
22	Major Head Trauma
23	Motor Neuron Disease with Permanent Symptoms
24	Multiple Sclerosis with Persisting Symptoms
25	Muscular Dystrophy
26	Parkinson's Disease
27	Permanent Paralysis of Limbs
28	Poliomyelitis
29	Progressive Scleroderma
30	Systemic Lupus Erythematosus with Lupus Nephritis
31	Third Degree Burns
32	Eisenmenger's Syndrome
33	Myelofibrosis

Sr No	Conditions
<b>Minor Critical Illnesses</b>	
34	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion
35	Angioplasty
36	Benign Brain Tumor
37	Fulminant Viral Hepatitis
38	Severe Osteoporosis
39	Small Bowel Transplant
40	Intestinal Gangrene requiring surgery
41	Surgical removal of one kidney
42	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy
43	Severe Ulcerative Colitis
44	Specified Early-stage Cancer
45	Carcinoma-in-Situ
46	Necrotizing Fasciitis
47	Severe Rheumatoid Arthritis
48	Pneumonectomy
49	Bacterial Meningitis
50	Encephalitis
51	Deafness
52	Loss of Speech
53	Medullary Cystic Disease
54	Amputation of Feet Due to Complications from Diabetes
55	Cirrhosis of Liver
<b>Catastrophic Critical Illnesses</b>	
56	End Stage Cancer
57	Major Organ/Bone Marrow transplant

You can claim multiple times under CritiCash benefit while the benefit is in-force subject to following conditions:

- Minor claims are payable till 100% of CritiCash Sum Assured is exhausted. However, only one claim will be paid for the same minor condition
- If there are more than one conditions diagnosed within a period of 48 hours, only one claim, with the highest benefit pay-out, will be admissible
- The cover under this benefit terminates on the first occurrence of a major CI or a catastrophic CI claim. In case the benefit payout is less than 100% of the Insured Amount, the benefit option will continue for the balance Insured Amount. The benefit will terminate on payment of a cumulative of 100% of Insured Amount.

Please refer Annexure from our website to know the definitions and exclusions of covered CI's.

#### 4. Out-Patient Consultation Benefit (OPD):

Under this benefit, the policyholder shall be given an option to choose one out of the following:

1. OPD Prime



2. OPD Elite
3. OPD Royal

The policyholder can choose any benefit options as mentioned below. However, there will be no choice in selecting specific benefits mentioned under each benefit options.

All these benefits will be only available through our partner network provider in cashless & non cashless mode.

	Benefit Category	Benefit details	OPD Prime	OPD Elite	OPD Royal	
<b>Teleconsultations</b> (Cashless only)	Virtual Consultations	Tele-Consultations via Chat/ Phone/Video with GP	Unlimited	Unlimited	Unlimited	
		Tele-Consultations via Chat/Phone/ Video across 18+ Specialties				
	Emotional Wellness	Tele-Consultations via Chat/Phone/ Video with Psychologists- 24*7				
	Nutrition Management	Teleconsultations with Nutritionists & Health Coaches				
<b>Wellness &amp; Assistance</b> (On cashless basis only)	Preventive health check up	On cashless basis only and within vendor network.	Yes	Yes	Yes	
	Dental wellness	Preventive screening and dental cleaning/polishing/scaling within vendor network etc	Yes	Yes	Yes	
	Chronic Care Management*	Chronic Disease Management Programs for conditions like Thyroid Management, Hypertension; Weight Management & Alcohol/Smoking Cessation- covered conditions listed in HMP conditions sheet	Basic Health Coaching. Unlimited Inbound & regular outbound calls	Basic Health Coaching. Unlimited Inbound & regular outbound calls	Basic Health Coaching. Unlimited Inbound & regular outbound calls	
	Yoga Sessions-Digital via App	Digital Yoga and wellbeing as courses to be added for Tata AIA, additionally monthly yoga webinars to be completed (live sessions)	Yes	Yes	Yes	
	Value Added Services	Discounted Pharmacy Ordering - In Store / Home Delivery (Upto 15% discount)	Discounted Diagnostics- Home Sample collection/Centre Visit (Upto 20% discount)	Yes	Yes	Yes
<b>OPD Coverage</b> (On cashless + reimbursement basis)	Out Patient Consultations (Cashless & Non-cashless available)	In-person OPD Consultations with General Physicians & Specialists (Cashless & Non-cashless available)		5 (In case of reimbursement-fixed benefit i.e credit of ₹ 500 per consult, in wallet)	10 (In case of reimbursement-fixed benefit i.e credit of ₹ 500 per consult, in wallet)	
	OPD Treatment	<b>Diagnostic Cover</b> (Pathology + Radiology) <b>(Minor Procedures)*</b> (Cashless & Non-cashless available)		5 (wallet credit of ₹ 1000 per prescribed incident)	10 (wallet credit of ₹ 1000 per prescribed incident)	

OPD coverage (On cashless + reimbursement basis)	OPD Treatment	<b>Pharmacy Cover-</b> On cashless basis only. Wallet credit of Rs 500 each on every prescribed incident.	5 (Wallet credit of ₹ 500 each on every prescribed incident)	10 (Wallet credit of ₹ 500 each on every prescribed incident)
		<b>Prescribed Sessions</b> (Cashless & Non-Cashless available)	<b>Physiotherapy</b> (Cashless & Non-Cashless available)	5 (In case of reimbursement- fixed benefit credit of 1000 per prescribed session, in wallet)
Reimbursement in common wallet. Wallet balance can be used for other services also on vendor platform				

\*Please refer Annexure from our website to know more about the minor procedures covered.

The sum assured under each benefit option (considering only items with capping on utilization) shall reduce with every consultation in the following manner:

- In-person OPD consultation with general physicians, wherever applicable – INR 700 per consultation
- In-person OPD consultation with specialists, wherever applicable – INR 800 per consultation
- Tele-consultation with general physicians, wherever applicable – INR 200 per consultation
- Tele-consultation with specialists, wherever applicable – INR 500 per consultation
- Tele-consultation with psychologists, wherever applicable – INR 600 per consultation
- Tele-consultation with nutritionists and health coaches, wherever applicable – INR 500 per consultation
- Physiotherapy sessions, wherever applicable – INR 700 per session.

The limits mentioned for each benefit options are annual limits, which will reset at policy anniversary and any unutilized benefits shall not be carried forward to the next policy year.

Pharmacy & Diagnostics will be completed as per the norms prescribed by the government at the time of claim. Benefits will be available within network only

Please refer to annexure on the website to know definitions of the coverage under benefit category mentioned above.

## Other Benefits in detail



### - Ambulance Cost

This benefit is payable if an ambulance cost was incurred to transfer the Life Insured to a hospital. This benefit shall be paid out from a particular benefit option only if a claim is admissible in that particular benefit option basis the below table. This benefit is payable once per policy year.

Benefit Options	Conditions
Hospicash	Min of (2 times of per day Hospicash payout or ₹ 5000/-)
Surgicash	Min of (1% Surgicash Annual Sum Assured or ₹ 5000/-)
Criticash	Min of (1% Criticash Sum Assured or ₹ 5000/-)

In case, the claim is triggered for more than one benefit option at the same time, the ambulance cost payable in a policy year shall be the respective benefit option's ambulance benefit. The ambulance cover shall continue for the other base benefits (excluding the one for which the payment has been made) for the remainder of the policy year

### - Global Coverage Benefit

People across the world travel to other countries in search of better medical care. In order to provide this flexibility of availing best-in-class medical care that you prefer, we have global coverage which allows you to take medical care treatment globally basis the list of standard countries as defined by the company from time to time.

### - Special Women Benefits

The benefits offered under this rider focuses on protecting women against the life-threatening illnesses, Surgeries and Day care treatments. Following are the women specific surgeries and illnesses covered under Surgicash and Criticash benefit.

#### Women Specific Cancers:

- Breast Cancer
- Ovarian Cancer
- Uterine Cancer

#### Women Specific Surgeries:

- Operations on the breast - Radical Mastectomy
- Operations on the breast - Simple Mastectomy
- Operations on the gastrointestinal organs - Hysterectomy for malignant conditions
- Excision of vagina
- Unilateral or Bilateral excision of adnexa of uterus
- Excision of lesion of vulva
- Excision of vulva

### Women Specific Day Care Treatments:

Incision of the breast  
 Operations on the nipple  
 Incision of the ovary  
 Insufflation of the Fallopian tubes  
 Other operations on the Fallopian tube  
 Dilatation of the cervical canal  
 Conization of the uterine cervix  
 Other operations on the uterine cervix  
 Incision of the uterus (hysterotomy)  
 Therapeutic curettage  
 Culdotomy  
 Incision of the vagina  
 Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas  
 Incision of the vulva  
 Operations on Bartholin's glands (cyst)

### Add on Benefit



You can choose one or more of the following add-on benefit options to enhance your health benefits.

#### A. Family Cover

Under this benefit, you will have an option to cover your loved ones under same policy during the policy term. Such addition shall be subject to eligibility conditions and underwriting. The addition of new lives into the policy shall be applicable from the next monthly anniversary of the policy.

Type of Cover	Family with Shared Cover	Benefit payable
Sum Assured	Sum Assured opted by primary life at inception will be shared between all the covered lives	Separate Sum Assured will be available for each life covered in a family
Benefit options available	HospiCash and SurgiCash	HospiCash, SurgiCash, CritiCash and Child Care option for minor lives
Annual Limit	Annual limit defined under each benefit option shall be applicable for all the lives covered under the policy	Annual limit shall be different for each life covered under the policy
Method of calculation of Premium	Premium will be derived as per the loading factor depending on number of members covered, applied on premium rate for the oldest member of the family	Premium will be derived as per the premium rate applicable for respective members age

The coverage for a minor life, under the family coverage option, shall terminate upon the attainment of age 25 by the life. The same life can opt for a new policy independently.

In case of OPD, you can add your spouse, up to 3 children and both parent and parent in-laws under the same policy anytime during the policy term subject to boundary conditions mentioned in "Eligibility Conditions" section and underwriting. In such case each life will be covered to the extent of the policy benefits i.e. the policy benefits will be shared between all the covered lives.

#### B. Child Care

This benefit is available for the juvenile / minor lives. You as a parent can opt for this benefit for the child by selecting separate Sum Assured for Juvenile Critical illness.

20 Juvenile Critical illness are covered under this option. On first ever diagnosis of any of the covered conditions, we shall pay 100% of Child Care Sum Assured in lumpsum.

#### List of Juvenile Critical Illnesses Covered

Sr No	Conditions
1	Leukaemia
2	Aplastic Anaemia
3	Bone Marrow Transplant
4	Acquired Brain Damage
5	Loss of Speech
6	Glomerulonephritis
7	Deafness
8	Blindness
9	Third Degree Burns
10	Tuberculosis Meningitis
11	Osteogenesis Imperfecta Type III
12	Viral Encephalitis
13	Stills Disease (including Severe Juvenile Rheumatoid Arthritis)
14	Kawasaki Disease with Heart Complications
15	Rheumatic Fever with Valvular Involvement
16	Type I Juvenile Spinal Amyotrophy
17	Wilson's Disease
18	Juvenile Huntington Disease
19	Marble Bone Disease (Osteopetrosis)
20	Severe Asthma

Please refer Annexure from our website to know the definitions and exclusions of covered CI's.

#### C. Restoration Benefit:

This benefit is available under HospiCash and SurgiCash.

The following will automatically be restored on exhaustion of annual/per policy year limits:

- For HospiCash, additional per policy year limit of 15 days will be restored following the exhaustion of per policy year limit.
- For SurgiCash, additional 100% Sum Assured will be restored for remaining policy year following the exhaustion

of the annual limit. The restored limits can only be utilized for next Hospitalization or Surgery and not for the same Hospitalization or Surgery which resulted in the exhaustion of the original annual/per policy year limits.

The Restoration Benefit is applicable once in a policy year for HospiCash and SurgiCash benefit.

#### D. Overseas Treatment Booster

This benefit is available under CritiCash and Child Care benefit whose Sum Assured is greater than or equal to Rs. 10,00,000/-.

You may want to avail the advance treatment for Major/Catastrophic/Juvenile critical illness abroad. During this phase financial support is extremely important to fund the expenses like flight ticket, travel and accommodation for self and companion.

To manage such expenses, we shall pay an additional benefit equivalent to 10% of CritiCash Sum Assured.

#### E. Diagnostic Test Benefit

This benefit is available under HospiCash, SurgiCash, CritiCash and Child Care benefit.

If claim is admissible in any of the above benefit options, you will receive an amount equal to lower of 5% of the respective benefit claim amount or INR 25,000 towards Diagnostic Tests and Procedures.

#### F. Waiver of Premium

In case claim triggers for more than one benefit at same time, you will have an option to claim from either one or more of the respective benefit options.

This benefit is available with SurgiCash and CritiCash. On occurrence of the following event, we shall waive off future premiums payable towards the premium paying rider(s) and base plan for the period of lower of 3 years or the outstanding premium payment term and the policy shall continue to remain force, as per the benefit option chosen. This benefit is available once for each benefit option over the benefit term.

Benefit Options	Waiver of premium is applicable
SurgiCash	On occurrence of any major surgery* with a claim payment of 100% of annual Sum Assured for a single event.
CritiCash	On diagnosis of Major or Catastrophic critical illness (whichever happens first) with a claim payment of 100% or 150% of Sum Assured respectively for a single claim.

\*Major Surgery is defined as an event where the payout percentage for the surgery undergone is specified as 100%.

The contingent event can be based either on the life of:

- Life Insured of the base plan where the proposer and life insured are the same person.

- Proposer of the base plan where the proposer is different from the life insured.

#### G. Indexation Benefit

This benefit is applicable for both SurgiCash and CritiCash benefits.

Under Indexation benefit option you will have a flexibility to increase the respective Sum Assured by 5% at each policy anniversary during the policy term starting from the second policy year. The maximum increase will happen till 100% of Sum Assured of respective benefit option.

The Insured amount including indexation of Sum Assured at the time of claim under respective benefit option shall be payable as lumpsum.

The maximum Sum Assured cap of 10 Lacs for minor Critical Illness will also increase by 5% per annum. and the maximum increase will be 100% of Initial limit i.e., 20 Lacs.

In case of any valid critical illness claim under the policy, the Indexation of Sum Assured for CritiCash ceases.

#### H. Monthly Income Assurance Benefit

This benefit is available with CritiCash.

Critical illness may cause loss of job or income due to the medical conditions. "Monthly Income Benefit" will help you to provide a regular income stream during your recovery period.

On first incidence of an admissible major Critical illness or catastrophic Critical illness claim, we shall pay you an additional monthly income equivalent to 1% of Admissible Critical Illness benefit for next 36 months.

This benefit is available only once due to critical illness over the benefit options term.

### Other Flexibilities

This Rider can be opted online with applicable products. Please visit us at [www.tataaia.com](http://www.tataaia.com) for the same.

#### I. Increase in Policy Term

This rider offers an option to increase the policy term at the time of maturity subject to BAUP. You can opt to renew the cover by another 5-year subject to maximum maturity age.

#### Following conditions would be applicable for Increase in policy term

- The policyholder will be eligible for increase in policy term provided both base policy and rider is in force.
- Policyholder can select policy term of another 5 year as per the outstanding coverage applicable at the time of extension of policy term.
- Benefit options (including add-on benefits) shall continue as per the outstanding coverage applicable at the time of increase of the policy term. Increase in

policy term will not be applicable for the benefit(s) option wherein the outstanding coverage is zero.

- For HospiCash, SurgiCash, Outpatient consultation benefit options, the benefits would be restored at the renewal.
- For CritiCash benefit option, outstanding coverage amount, at the time of extension, would be defined as the lifetime limit available under this benefit option less any Minor CI already claimed.

The morbidity charge will be based on outstanding coverage as applicable at the date of extension

No policy alteration (except change in policy term shall be allowed at the time of increase in policy term.

At renewability, the policyholder shall be offered a grace period of 30 days to renew the policy contract. During this period the health coverage shall cease for the Life Assured.

## II. Wallet Benefit

**You can choose to receive and utilize the benefit/ claim/ loan amount through a digital health wallet/ health card for health related expenses provided by service provider(s) empaneled by the Company, from time to time. Such an arrangement, can be done with entities that are regulated by Department of Payment and Settlement Systems (DPSS), Reserve Bank of India, and are governed by Master Directions on Prepaid Payment Instruments, or other entities licensed/ authorized by the relevant regulator.**

## III. Health Management Services

Life Insured of this rider, who are eligible for the Health Management Services, will be eligible to avail Second Opinion/Personal Medical Case Management /Medical Consultation services from the service provider/s affiliated to/registered with Us. The services are expected to assist the eligible Life Insured to ascertain correct diagnosis of a medical condition and obtain due care for the Life Insured in case of illness. These services are subject to:

- the availability of a suitable service provider/s;
- primary diagnosis (wherever applicable) has been done by a registered medical practitioner as may be authorized by a competent statutory authority.
- Health Management Service is available to be utilized throughout the policy term, subject to prevailing eligibility conditions.
- the eligibility conditions of the Life Insured will be determined as per the Company's extant Underwriting Policy.
- the eligibility will be reviewed periodically, and changes shall apply without any discrimination to all existing and new customers of the product.
- In case of any change, the eligibility details will be displayed on Our website (www.tataaia.com) or You may contact Our helpline number 1-860-266-9966 (local charges apply), before using the services.

- Whenever the eligibility criteria changes or the service is withdrawn, the same shall be communicated to all the policyholders. Prior to effecting any changes, we shall inform the same to IRDAI; and
- The current eligibility is of a minimum total Sum Assured of Rs. 20 Lakhs [under base plan and rider/s (if any)].
- For more information, please refer to the policy document.

## IV. Flexible Claim Procedures

This plan offers flexible claim settlement procedure in order to help you with the best possible way during your medical emergencies. We have Cashless facility and Reimbursement of claim option to process your claims. The claim settlement shall be done through TPA empaneled with the Company, from time to time. To know the complete details of claim procedure, please refer the Policy Document or our website www.tataaia.com

## V. Policy Loan

Not applicable

## VI. Grace Period

Not applicable as this is a unit deducting rider.



## Rider Termination

All coverage under this rider shall automatically terminate on the occurrence of the earliest of the following:

- End of the Rider coverage term.
- On termination of Base Plan, except where the Rider coverage is opted on Life Insured/s other than the Life Insured under the Base Plan, the Rider coverage shall continue for such Life Insured/s under the Rider in case of death of Base Plan Life Insured.
- On complete withdrawal/Surrender of Basic Policy.
- If the base policy is not reinstated within 3 years from the date of discontinuance.



## Terms and Conditions

### i. Waiting Period –

**‘Waiting Period’** means a period during which specified diseases/treatments which have been diagnosed and/or have received medical advice/treatment are not covered. In the event of occurrence of any of the scenarios, during the applicable waiting period,

- No benefit shall be payable.
- in case of “CritiCash Benefit option” and “Add-on Benefit: Child Care option” chosen, the charges deducted towards the benefit option during the waiting period will be credited back as units in the base plan (in the same proportion as the value of total units held in each fund at the time of cancellation of units towards this benefit). The benefit

option shall terminate, and no future charges shall be deducted, and no benefits shall be payable.

- For all other benefit option, the policy will continue with applicable charges and benefits shall be payable in case claim occurred after the waiting period.

Name of Benefit option	Waiting Period (in Days)
Hospicash	30 days, Specific waiting period of 2 years or 3 years apply for specific conditions
Surgicash	30 days, Specific waiting period of 2 years or 3 years apply for specific conditions
Criticash	90 days for major & catastrophic illnesses and 180 days for minor illness
Child Care	90 days
Out-Patient Consultation Benefit	30 days

Note that the waiting period(s) for Hospicash/Surgicash/Criticash/Child Care do not apply if hospitalization/surgery/critical illness arises respectively due to an accident.

In case of indexation of Sum Assured, the exclusion shall apply afresh to the extent of Sum Assured increase.

The waiting period for each benefit option shall be applicable from later of

- Risk Commencement Date, if benefit option is opted at inception. In case of family coverage option, the risk commencement date for the family member shall be the date on which they are added into the policy.
- Policy anniversary at which benefit option is opted (if benefit option is opted for on the policy anniversary)
- Date of revival (in case of revival of the benefit option)

#### ii. Survival Period –

In case for “Criticash” or “Add-on Benefit: Child Care”, at inception of the policy, the Policyholder shall have the option to choose survival period either as 0 day or 7 days, which cannot be modified during policy term.

#### iii. Cooling off Period (Applicable for Criticash benefit)

For multiple minor Critical illness claims, there needs to be a period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario. However, this requirement of 180 days is not applicable in case of occurrence of a major/Catastrophic CI following a minor stage claim.

#### iv. Pre- Existing Diseases

Pre-existing disease means any condition, ailment, injury or disease/ critical illness / disability

- 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 48 months prior to the effective date of the policy or its reinstatement.

Any claims for Medical Expenses incurred for diagnosis or treatment of any Pre-existing Disease shall not be admissible until the completion of “Pre-existing disease waiting period” since the inception of the Policy with Us.

Pre-existing conditions which are disclosed at the time of proposal of the policy and duly accepted by insurer post evaluation will be covered post the specified “Pre-existing disease waiting period” as mentioned in the policy document

#### v. Exclusions

Please refer ‘Definitions and Exclusions Annexure’ on our website ([www.tataaia.com](http://www.tataaia.com)) for Generic definitions and definitions of illnesses covered under the rider.



### Non-Forfeiture Benefits

#### What if you don't pay premiums

##### On Discontinuance of Premium during the lock-in period:

On discontinuance of premium for the base policy, the rider cover shall cease, and the customer will have an option to revive the rider cover whenever the customer revives the base plan.

##### On Discontinuance of Premium post lock-in period:

On non-payment of premium for Basic Policy, the rider status shall follow the Basic Policy status.

In the event of base policy being converted into reduced paid-up status, rider shall follow the same.

Reduced Sum Assured for this Rider = Rider Sum Assured \* (t/n)

Where t = number of premiums paid for Basic Policy

n = number of premiums payable for Basic Policy.

The rider charges will be deducted on the reduced paid up sum assured, subsequent to the paid up status.

##### - Revival period

As per the attached base plan

The Surrender benefit payable shall be higher of GSV and SSV.

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

#### Cancellation of Policy

Within 3 years of policy inception on cancellation/ termination of the respective health benefit option or base plan by us on grounds of misrepresentation, fraud or non- disclosure established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time, the premium collected shall be refunded, after deducting any claims made under the policy



### Please note

- The clauses covering Incontestability, Fraud & Non-Disclosure, Misstatement of Age & Gender and Exclusions will be the same as in the base policy
- Nomination for the Benefit Option shall be as per provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
- Assignment for the Benefit Option shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time and prevailing regulations.
- All Premiums, Charges, and interest payable under the policy are exclusive of applicable taxes, duties, surcharge, cesses or levies which will be entirely borne/ paid by the Policyholder, in addition to the payment of such Premium, charges or interest. Tata AIA Life shall have the right to claim, deduct, adjust, recover the amount of any applicable tax or imposition, levied by any statutory or administrative body, from the benefits payable under the Policy.
- Tax benefits: Premiums paid under this plan may be eligible for tax benefits as per applicable tax laws and are subject to modifications made thereto from time to time. Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. The Policyholder is advised to seek an opinion of tax advisor in relation to the tax benefits and liabilities applicable.

### 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.

### Disclaimers

- Riders are not mandatory and are available for a nominal extra cost.
- Participation by customers shall be on voluntary basis.
- This rider is underwritten by Tata AIA Life Insurance Company Ltd. This rider is not a guaranteed Issuance rider and it will be subject to Company's underwriting and acceptance. In case of Sub Standard lives, extra premiums will be charged as per our underwriting guidelines.

- The brochure is not a contract of insurance. This brochure should be read along with the base product brochure and sales Illustration before concluding a sale. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.

**BEWARE OF SPURIOUS  
PHONE CALLS AND  
FICTITIOUS/  
FRAUDULENT OFFERS**

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

**Tata AIA**  
**VitaHealth**

Non - Participating, Non - Linked, Individual Health Product

**TATA AIA**  
LIFE INSURANCE

### About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons and AIA Group Limited (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 International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

**Tata AIA Life Insurance Company Limited** (IRDAI Regn. No.110)  
CIN: U66010MH2000PLC128403. **Registered & Corporate Office:**  
14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg,  
Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to  
Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance  
Company Ltd under a license. For any information including cancellation,  
claims and complaints, please contact our Insurance Advisor / Intermediary  
or visit Tata AIA Life's nearest branch office or call **1-860-266-9966**  
(local charges apply) or write to us at **customer@tataaia.com**.  
Visit us at: **www.tataaia.com**.  
Unique Reference Number: **L&C/Advt/2024/Oct/3262 • UIN: 110N181V01**



## Tata AIA Vita Health

Non - Participating, Non - Linked, Individual Health Product

Everyone cherishes a strong foundation leading them and their family to a happy future. Despite being prepared for uncertainties, there can be moments that can shake them to their roots. When life shocks you with unexpected events like accidents, or health issues, our comprehensive protection solution covers various risks while safeguarding your income and savings. Introducing TATA AIA VitaHealth, that enables a strong defence for you and your family, no matter what challenges come your way. Plus, you can earn rewards for maintaining health habits and staying fit. Join us today for peace of mind and a healthier tomorrow through Tata AIA Vitality Wellness Program.

### Eligibility Criteria



Please refer to the below table for eligibility criteria:

Parameters	Option	HospiCash	SurgjCash	CritiCash	ATPPD	ADB	TTB	Child Care Benefit
Entry Age	Major Lives	18 - 65 Years						NA
	Minor Lives	91 days – 17 years		NA				4 years – 17 years
Max Maturity age	Major Lives	100 years						NA
	Minor Lives	100 years		NA				25 years
Policy term	Without return of balance premium	13 to 60 months			14 to 984 months		12 to 984 months	Subject to maximum maturity age of 25 years
	With Return of balance premium	NA			120 to 984 months		120 to 984 months	
Premium Payment Term	Without return of balance premium	13 to 60 months			13 to 983 months		13 to 983 months	Max - 25 years less age at entry
	With Return of balance premium	NA			60 to 983 months		60 to 983 months	
Min Sum Assured		₹ 500/- per day	₹ 50,000/-	₹ 1,00,000/-	₹ 25,000/-	₹ 25,000/-	₹ 25,000/-	₹ 1,00,000/-
Max Sum Assured		As per Board Approved Underwriting policy						

Under Without ROP option The minimum Policy term for Regular pay and Single pay is 13 and 12 months respectively for all benefits and 120 months for TTB, ATPPD and AD benefit under with ROP option for SP/RP. Maximum policy period is 60 months for without ROP premium option for Hospicash, Surigcash and CritiCash & NA for with ROP option. Minimum premium payment term is 13 months for RP/LP and 1 month for SP for







without ROP option and 120/60 months for RP/LP respectively for TTB, ATPPD and AD benefit for with ROP balance option, NA for other benefits. Maximum premium payment term is 983 months for with/without ROP option for ATPPD, ADB and TTB & 59 months for other option under without ROP for HopiCash ,SurgjCash and CritiCash

Above table is applicable for Limited Pay (LP) option.

**Note: For ATPPD,ADB and TTB - :** In case the policyholder opts for 'Partner Care' option, then minimum policy term shall be at least 60 months.



### Key Features

-  **All in one Health solution:** Choice of one or more Benefit Options including: -
  - HospiCash
  - SurgiCash
  - CritiCash
  - ATPPD
  - TTB
  - ADB
-  **Early ROP benefit** in case of health related expenses.
-  **Need based benefit payout:** Flexibility to receive benefit as lump sum, combination of lump sum or income for fixed period, Income till survival of chosen dependent partner(s).
-  **Cover your loved ones:** The product allows you to extend protection to your loved ones too under the same plan.
-  **Rewards for a healthy lifestyle** with enrolment in our Wellness Program – 'Tata AIA Vitality'
-  **Income Tax Benefits** as per the prevailing tax laws.

### Premium payment modes allowed:

Premiums are payable in yearly, half-yearly, quarterly & monthly modes. The Modal Premium of the policy is arrived at as below:

Payment Mode	Modal Premium
Monthly	Annualised Premium X 0.0883
Quarterly	Annualised Premium X 0.2600
Half-Yearly / Semi-Annual	Annualised Premium X 0.5100
Yearly / Annual	Annualised Premium X 1.0000

## What are your benefits?



The Tata AIA VitaHealth offers coverage against a range of risks. You may opt for coverage against one or more risks as per your needs. A summary of the risks covered is as given below

Benefit Option	Brief description of risk covered
HospiCash (HCB)	Per day hospital cash benefit , double benefit in case ICU
SurgiCash (SCB)	Lumpsum payout in case of covered surgery
CritiCash (CI)	Protection from 57 Critical Illness including Minor, Major and Catastrophic
Terminal Illness with Term Booster (TTB)	Benefit paid on earlier of Death or diagnosis of Terminal Illness
Accidental Total & Permanent Disability (ATPPD)	Total and Partial Permanent Disability due to Accident

The premium will vary depending upon the Option chosen.

Along with the benefits, you may opt for Add-on benefit as per your needs. A summary of the add-on is as given below

Add-on Option	Brief description of risk covered
Accidental Death Benefit	Death due to Accident

Further, you have the option to choose 'Return of Balance Premium' option at the time of purchase under following benefit options:

- Terminal Illness with Term Booster (TTB)
- Accidental Total and Partial Permanent Disability (ATPPD)
- Add-on Benefits: Accidental Death Benefit (ADB)

The Insured Amount under any Benefit Option, however, shall be payable only if the respective benefit option is in force.

The policyholder can opt for coverage on one or more lives (may or may not include coverage on self) subject to insurable interest and as per BAUP. In such case, the policyholder has an option to:

**a. Individual Cover:** Cover each lives separately for each of the benefit option under the same policy. In such case, each life will be covered separately with respective Sum Assureds.

**b. Family Coverage Option:** Add their spouse and up to 3 children under the same policy anytime during the policy term subject to boundary conditions mentioned in "Eligibility criteria". In such case each life will be covered to the extent of the policy sum assured i.e. the sum assured will be shared between all the covered lives. This is applicable only in case of SCB, HCB.

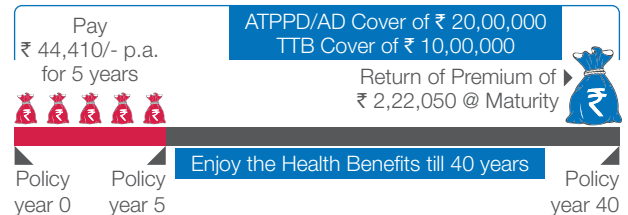
## Sample Benefit Illustration



To illustrate the above benefits let's have a look at the following Benefit Illustration for a healthy person aged 35

years Male at standard age proof

- Premium Payment Term: 5 years
- Policy Term: 40 years
- Annualized Premium: ₹ 44,410/-
- ATPPD Sum Assured: ₹ 20,00,000
- AD Sum Assured: ₹ 20,00,000
- TTB Sum Assured: ₹ 10,00,000
- Mode of payment: Annual



Some benefits are guaranteed, and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits, then these will be clearly marked "guaranteed" in the illustration table on the pages. If your policy offers variable benefits, then the illustrations on the pages will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed, and these are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including actual future investment performance.

**Below is the brief description of the benefits under the product:**

### 1. HospiCash

Under this benefit option you will have a flexibility to choose your per day Hospital Cash Benefit and number of days such as 15/30/45/60 days per year as per your need. We shall pay you per day benefit on hospitalization for medically necessary treatment of any illness or injury due to an accident for a minimum period of continuous 24 hours.

HospiCash events	Conditions	Benefit payable
Hospital Cash	On hospitalization for min period of continuous 24 hours	Per day hospital cash benefit as opted at the time of inception
ICU Benefit	On Intensive Care Unit (ICU) hospitalization	Double of per day hospital cash benefit for the period in ICU
Recuperation Benefit	On continuous hospitalization for 7 days or more	Additional 5% of Annual HospiCash Sum Assured

Recuperation benefit is payable only once during the policy year and is not payable if the Life Insured dies during hospitalization.

## 2. SurgiCash

The SurgiCash benefit provides lumpsum payout for undergoing medically necessary surgery. We shall pay fixed percentage of SurgiCash Sum Assured on various surgical procedures as defined below:

Description	No of Surgeries	% Of Sum Assured Payable
1) Listed Surgeries	133	
• Category 1	24	25%
• Category 2	61	50%
• Category 3	38	75%
• Category 4	10	100%
2) Non-Listed Surgeries requiring minimum 24 hours of hospitalization	Unlimited	10%
3) Day Care Procedures	Unlimited	Min 10% or ₹ 50,000/-

You can claim multiple times under SurgiCash benefit while the benefit is in-force and irrespective of any previous claims paid subject to following conditions

- You can claim 100% of SurgiCash Sum Assured in any one policy year
- You can avail maximum of 3 claims under Day Care procedures in a policy year
- Same surgery for the same side or organ cannot be covered more than once in the same policy year. However, it can be covered in following policy years

Please refer Annexure from our website to know the listed Surgeries and Day Care procedures.

## 3. CritiCash

Under this benefit you get a protection against 57 critical illness (CI). On first ever diagnosis of any of the listed CI we shall pay you fixed % of CritiCash Sum Assured to support your medical treatments. This benefit assures financial support at every stage during your battle against the life-threatening illness. We shall pay you lumpsum payouts on each stage as defined below:

Stages	No of Critical illness covered	% Of Sum Assured payable
Minor Stage CI	22	25% of the sum Assured or INR 1000,000, whichever is lower, is payable
Major stage CI	33	100% of sum Assured less any minor claim already paid is payable
Catastrophic CI	2	150% of sum Assured less any minor claim already paid is payable

## List of Critical illnesses covered under CritiCash benefit

Sr No	Conditions
<b>Major Critical Illnesses</b>	
1	Cancer of Specified Severity
2	Cardiomyopathy
3	Chronic Adrenal Insufficiency (Addison's Disease)
4	Aorta Graft Surgery
5	Myocardial Infarction (First Heart Attack of specified severity)
6	Open Chest CABG (Coronary Artery Bypass Graft)
7	Open Heart Replacement or Repair of Heart Valves
8	Primary (Idiopathic) Pulmonary Hypertension
9	Stroke resulting into permanent symptoms
10	Alzheimer's Disease
11	Apallic Syndrome
12	Aplastic Anemia
13	Blindness
14	Chronic Relapsing Pancreatitis
15	Coma of Specified Severity
16	Creutzfeldt-Jacob disease
17	End Stage Liver Failure
18	End Stage Lung Failure
19	Kidney Failure requiring Regular Dialysis
20	Loss of Independent Existence (Cover up to Age 74)
21	Loss of limbs
22	Major Head Trauma
23	Motor Neuron Disease with Permanent Symptoms
24	Multiple Sclerosis with Persisting Symptoms
25	Muscular Dystrophy
26	Parkinson's Disease
27	Permanent Paralysis of Limbs
28	Poliomyelitis
29	Progressive Scleroderma
30	Systemic Lupus Erythematosus with Lupus Nephritis
31	Third Degree Burns
32	Eisenmenger's Syndrome
33	Myelofibrosis
<b>Minor Critical Illnesses</b>	
34	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion
35	Angioplasty
36	Benign Brain Tumor
37	Fulminant Viral Hepatitis
38	Severe Osteoporosis
39	Small Bowel Transplant
40	Intestinal Gangrene requiring surgery
41	Surgical removal of one kidney

Sr No	Conditions
42	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy
43	Severe Ulcerative Colitis
44	Specified Early-stage Cancer
45	Carcinoma-in-Situ
46	Necrotizing Fasciitis
47	Severe Rheumatoid Arthritis
48	Pneumonectomy
49	Bacterial Meningitis
50	Encephalitis
51	Deafness
52	Loss of Speech
53	Medullary Cystic Disease
54	Amputation of Feet Due to Complications from Diabetes
55	Cirrhosis of Liver
<b>Catastrophic Critical Illnesses</b>	
56	End Stage Cancer
57	Major Organ/Bone Marrow transplant

**You can claim multiple times under CritiCash benefit while the benefit is in-force subject to following conditions:**

- Minor claims are payable till 100% of CritiCash Sum Assured is exhausted. However, only one claim will be paid for the same minor condition
- If there are more than one conditions diagnosed within a period of 48 hours, only one claim, with the highest benefit pay-out, will be admissible
- The cover under this benefit terminates on the first occurrence of a major CI or a catastrophic CI claim. In case the benefit payout is less than 100% of the Insured Amount, the benefit option will continue for the balance Insured Amount. The benefit will terminate on payment of a cumulative of 100% of Insured Amount.

Please refer Annexure from our website to know the definitions and exclusions of covered CI's.

**4. Terminal Illness with Term Booster:**

The insured amount under this option is payable in the event of diagnosis of Terminal Illness or death (whichever happens first) of the life insured, the benefit amount is paid depending on the payout option chosen.

The benefit is payable only once during the benefit option term and the option shall terminate on the earlier of death, diagnosis of terminal illness or expiry of the term.

**5. Accidental Total and Partial Permanent Disability:**

The insured amount under this option is payable in the event of Total and Permanent Disability of the life insured due to an accident within the benefit option term, 100% of the Insured

Amount (as defined above) will be paid depending on the payout option chosen, provided the disability occurs within 180 days from that accident.

- **Total Permanent Disability** – 100% of the Insured Amount (as defined above) less any claim payouts (excluding additional payout as per double benefit criteria mentioned below) made of account of Partial Disability. The following disability shall be covered under this benefit:
  - Loss of sight in both eyes
  - Loss of both arms or both hands
  - Loss of one arm and one leg
  - Loss of one arm and one foot
  - Loss of one hand and one foot
  - Loss of one hand and one leg
  - Loss of both legs
  - Loss of both feet
  - Removal of the entire lower jaw
  - Loss of one hand and loss of sight in one eye
  - Loss of one foot and loss of sight in one eye
- **Partial Permanent Disability** – The respective limits (as a % of the Insured Amount) are mentioned in the below table:

Nature of Losses	Amount of Benefit (% of Insured Amount under Benefit Option)
Loss of all toes	20%
Loss of Great toe	5%
Other than great toe, if more than one toe lost, each	1%
Loss of hearing – both ears	50%
Loss of hearing – one ear	25%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	25%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%
Any other permanent partial disablement	Percentage as assessed by Independent Medical Practitioner

If more than one Nature of Losses results from any one Accident, only one amount, the largest will be paid.

Any claim due to Partial Permanent disability shall accelerate the sum assured payable under this benefit option.

For Accidental Partial Permanent Disability (APPD) claims, the permanency of the disability needs to be established for the claim to be payable. The underlying disability should persist for an uninterrupted period of at least six months.



The Insured Amount will be payable if the accident occurs within the benefit option term even if the disability occurs beyond the benefit option term (however within 180 days of the accident) and the option shall terminate on earlier of valid claim or expiry of the term.

#### 6. Add-on Benefit: Accidental Death benefit

In the event of the death of the life insured due to an accident within the benefit option term, the Insured Amount (as defined above) is paid depending on the payout option chosen. The death should happen within 180 days from the accident.

The accidental Death benefit will be payable if the accident occurs within the benefit option term even if death occurs beyond the benefit option term (however within 180 days of the accident).

The Accidental Death benefit for the benefit option is payable only once during the term of the benefit option and the option shall terminate on earlier of death or expiry of the term.

Double Benefit (applicable for ATPPD and ADB)

The amount of benefit payable will be doubled if the death occurs under any of the following circumstances:

1. While the Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
2. While the Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers; or
3. As a direct result of the burning of the following public buildings only: theatre, cinema, public auditorium, hotel, school and hospital.
4. When the Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

#### Maturity Benefit

- Return of Balance Premium:

At the time of purchase, if you choose to opt for a “Return of Balance Premium” option with any of the above benefit option chosen, an amount equal to the Total Premiums Paid (excluding loading for modal premiums) towards the benefit option, less any claim amount already paid out under the Early ROP benefit, as defined in the section below, option and any premium discounts availed under the Vitality Wellness Program as premium discounts, shall be payable at the end of the benefit option term, provided the benefit option is not terminated.

This option can be chosen only at the time of purchase and cannot be changed thereafter

The policyholder can choose to receive the benefit payout under this product as either:

- a) Lump Sum
- b) Combination of Lump Sum and/or income for a fixed income period chosen (applicable for TTB, ATPPD and ADB benefit)
- c) Income till survival of chosen dependant partner(s) (applicable for TTB, ATPPD and ADB benefit)

#### a. Lump Sum

The policyholder can choose to receive the benefit payout as Lump sum.

The ‘Insured Amount’ applicable/payable under each benefit option shall be highest of:

- X times the Annualized / Single Premium for the respective benefit option, where X is defined as:

Age at Entry	Single Premium	Regular Premium / Limited Premium
Less Than 50 Years	1.25 X Single Premium*	7 X Annualized Premium*
50 Years and Above	1.10 X Single Premium*	5 X Annualized Premium*

\* Excluding the underwriting extra premiums, modal loading and applicable taxes, cess or levies (if any) charged under the respective benefit option.

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

#### b. Combination of Lump sum and/or income for a fixed income period chosen

The policyholder can choose to receive the benefit payout as either:

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

The Sum Assured under Benefit Option will be the sum of – (i) Lump sum and (ii) Present Value of all future yearly income streams, if any – chosen under the respective benefit option.

The ‘Insured Amount’ applicable/payable under each benefit option shall be highest of:

- X times the Annualized / Single Premium for the respective benefit option, where X is defined as per the table in part (a) of this section.
- 105% of Total Premiums Paid (excluding loading for modal premiums) as up to the date of incidence of underlying respective insured event.
- Sum Assured under Benefit Option

The regular income instalments for frequencies other than annual shall be as specified below, where the Yearly

Income below refers to the regular income payable in respect of annual frequency:

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

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

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

#### c. Income till survival of chosen dependent partner(s)

On incidence of the insured event, a regular income is paid to the dependent partner/s covered under the payout option. This payout option is referred to as **Partner Care**.

A maximum of two partners between ages 45 years and 90 years (both last birthday) can be chosen at the time of purchase to receive the regular income. It shall be ensured that there is insurable interest between the life insured of the benefit option and the chosen partner/s.

The income frequency can be Annual / Half Yearly / Quarterly / Monthly. The regular income shall be paid in arrears as per the chosen payment frequency from the date of occurrence of insured event. The payment frequency can't be changed once the regular income commences. Any accrued income, due before intimation, will be paid along with first payout under this option.

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

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

If one dependent partner is chosen to receive income:

- the income streams are payable as per the premium frequency chosen and shall continue till the partner dies or reaches age 100 (last birthday), whichever happens first;
- the Sum Assured under benefit option shall be the expected present value of the contingent yearly income streams payable on occurrence of the insured event based on the Yearly income chosen.

If two dependent partners are chosen to receive income:

- the income streams are payable as per the premium frequency chosen and shall continue till the last surviving partner dies or reaches age 100 (last birthday), whichever happens first.
- the Sum Assured under benefit option shall be the expected present value of the contingent yearly income streams payable on occurrence of the insured event based on the Yearly income chosen.
- the premium rate shall be based on the age of the life insured, policy term, premium paying term and the minimum of ages of the two partners and applying a multiplicative loading of 4%, i.e. Premium rate for Joint Life = Single Life Premium rate corresponding to the age of the life insured and the Minimum of (Age of first partner, Age of second partner) \* 1.04.

The regular income shall be triggered only once during the term of the benefit option.

The 'Insured Amount' shall be equal to the Sum Assured under the Benefit Option.

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

#### Early ROP Benefit:

In case of any treatments for maternity, infertility or any pre-existing diseases you have an option to take a lump sum benefit, up to 50% of the total premium paid till date less any claim amount less any claim amount already paid out under early ROP benefit at any previous point in time, subject to BAUP. This benefit can be availed any time between 13th Month to 60th month from the date of commencement of the policy,

#### Other additional benefits under HospiCash, SurgiCash and CritiCash in detail are given below:

##### - Ambulance Cost

This benefit is payable if an ambulance cost was incurred to transfer the Life Insured to a hospital. This benefit shall be paid out from a particular benefit option only if a claim is admissible in that particular benefit option basis the below table. This benefit is payable once per policy year.

Benefit Options	Ambulance Benefit Payable
HospiCash	Min of (2 times of per day HospiCash payout or ₹ 5000/-)
SurgiCash	Min of (1% SurgiCash Annual Sum Assured or ₹ 5000/-)
CritiCash	Min of (1% CritiCash Sum Assured or ₹ 5000/-)

In case, the claim is triggered for more than one benefit option at the same time, the ambulance cost payable in a policy year

shall be the respective benefit option's ambulance benefit. The ambulance cover shall continue for the other base benefits (excluding the one for which the payment has been made) for the reminder of the policy year

**- Global Coverage Benefit**

People across the world travel to other countries in search of better medical care. In order to provide this flexibility of availing best-in-class medical care that you prefer, we have global coverage which allows you to take medical care treatment globally basis the list of standard countries as defined by the company from time to time..

**- Special Women Benefits**

The benefits offered under this rider focuses on protecting women against the life-threatening illnesses, Surgeries and Day care treatments. Following are the women specific surgeries and illnesses covered under SurgiCash and CritiCash benefit.

**Women Specific Cancers:**

- Breast Cancer
- Ovarian Cancer
- Uterine Cancer

**Women Specific Surgeries:**

- Operations on the breast - Radical Mastectomy
- Operations on the breast - Simple Mastectomy
- Operations on the gastrointestinal organs - Hysterectomy for malignant conditions
- Excision of vagina
- Unilateral or Bilateral excision of adnexa of uterus
- Expirpation of lesion of vulva
- Excision of vulva

**Women Specific Day Care Treatments:**

- Incision of the breast
- Operations on the nipple
- Incision of the ovary
- Insufflation of the Fallopian tubes
- Other operations on the Fallopian tube
- Dilatation of the cervical canal
- Conization of the uterine cervix
- Other operations on the uterine cervix
- Incision of the uterus (hysterotomy)
- Therapeutic curettage
- Culdotomy
- Incision of the vagina
- Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- Incision of the vulva
- Operations on Bartholin's glands (cyst)



**Add on Benefit**

You can choose one or more of the following add-on benefit options to enhance your health benefits.

**A. Family Cover**

Under this benefit, you will have an option to cover your loved ones under same policy during the policy term. Such addition shall be subject to eligibility conditions and underwriting. The addition of new lives into the policy shall be applicable from the next monthly anniversary of the policy.

Type of Cover	Family with Shared Cover	Family with Individual Cover
Sum Assured	Sum Assured opted by primary life at inception will be shared between all the covered lives	Separate Sum Assured will be available for each life covered in a family
Benefit options available	Hospicash and SurgiCash	Hospicash, SurgiCash, CritiCash and Child Care option for minor lives
Annual Limit	Annual limit defined under each benefit option shall be applicable for all the lives covered under the policy	Annual limit shall be different for each life covered under the policy
Method of calculation of Premium	Premium will be derived as per the loading factor depending on number of members covered, applied on premium rate for the oldest member of the family	Premium will be derived as per the premium rate applicable for respective members age

The coverage for a minor life, under the family coverage option, shall terminate upon the attainment of age 25 by the life. The same life can opt for a new policy independently.

In case of OPD, you can add your spouse, up to 3 children and both parent and parent in-laws under the same policy anytime during the policy term subject to boundary conditions mentioned in "Eligibility Conditions" section and underwriting. In such case each life will be covered to the extent of the policy benefits i.e. the policy benefits will be shared between all the covered lives.

**B. Child Care**

This benefit is available for the juvenile / minor lives. You as a parent can opt for this benefit for the child by selecting separate Sum Assured for Juvenile Critical illness.

20 Juvenile Critical illness are covered under this option. On first ever diagnosis of any of the covered conditions, we shall pay 100% of Child Care Sum Assured in lumpsum.

## List of Juvenile Critical Illnesses Covered

Sr No	Conditions
1	Leukaemia
2	Aplastic Anaemia
3	Bone Marrow Transplant
4	Acquired Brain Damage
5	Loss of Speech
6	Glomerulonephritis
7	Deafness
8	Blindness
9	Third Degree Burns
10	Tuberculosis Meningitis
11	Osteogenesis Imperfecta Type III
12	Viral Encephalitis
13	Stills Disease (including Severe Juvenile Rheumatoid Arthritis)
14	Kawasaki Disease with Heart Complications
15	Rheumatic Fever with Valvular Involvement
16	Type I Juvenile Spinal Amyotrophy
17	Wilson's Disease
18	Juvenile Huntington Disease
19	Marble Bone Disease (Osteopetrosis)
20	Severe Asthma

Please refer Annexure from our website to know the definitions and exclusions of covered CI's.

### C. Restoration Benefit:

This benefit is available under HospiCash and SurgiCash.

The following will automatically be restored on exhaustion of annual/per policy year limits:

- For HospiCash, additional per policy year limit of 15 days will be restored following the exhaustion of per policy year limit.
- For SurgiCash, additional 100% Sum Assured will be restored for remaining policy year following the exhaustion of the annual limit. The restored limits can only be utilized for next Hospitalization or Surgery and not for the same Hospitalization or Surgery which resulted in the exhaustion of the original annual/per policy year limits.

The Restoration Benefit is applicable once in a policy year for HospiCash and SurgiCash benefit.

### D. Overseas Treatment Booster

This benefit is available under CritiCash and Child Care benefit whose Sum Assured is greater than or equal to ₹ 10,00,000/-.

You may want to avail the advance treatment for Major/Catastrophic/Juvenile critical illness abroad. During this phase financial support is extremely important to fund the expenses like flight ticket, travel and accommodation for self

and companion.

To manage such expenses, we shall pay an additional benefit equivalent to 10% of CritiCash Sum Assured

### E. Diagnostic Test Benefit

This benefit is available under HospiCash, SurgiCash, CritiCash and Child Care benefit

If claim is admissible in any of the above benefit options, you will receive an amount equal to lower of 5% of the respective benefit claim amount or INR 25,000 towards Diagnostic Tests and Procedures.

In case claim triggers for more than one benefit at same time, you will have an option to claim from either one or more of the respective benefit options.

### F. Waiver of Premium

This benefit is available with SurgiCash and CritiCash. On occurrence of the following event, we shall waive off future premiums payable towards the premium paying rider(s) and base plan for the period of lower of 5 years or the outstanding premium payment term and the policy shall continue to remain force, as per the benefit option chosen. This benefit is available once for each benefit option over the benefit term.

Benefit option	Waiver of premium is applicable
SurgiCash	On occurrence of any major surgery* with a claim payment of 100% of annual Sum Assured for a single event.
CritiCash	On diagnosis of Major or Catastrophic critical illness (whichever happens first) with a claim payment of 100% or 150% of Sum Assured respectively for a single claim.

\*Major Surgery is defined as an event where the payout percentage for the surgery undergone is specified as 100%.

### The contingent event can be based either on the life of:

- Life Insured of the base plan where the proposer and life insured are the same person.
- Proposer of the base plan where the proposer is different from the life insured.

### G. Indexation Benefit

This benefit is applicable for both SurgiCash and CritiCash benefits

Under Indexation benefit option you will have a flexibility to increase the respective Sum Assured by 5% at each policy anniversary during the policy term starting from the second policy year. The maximum increase will happen till 100% of Sum Assured of respective benefit option.

The Insured amount including indexation of Sum Assured at the time of claim under respective benefit option shall be payable as lumpsum.

The maximum Sum Assured cap of 10 Lacs for minor Critical Illness will also increase by 5% per annum. and the maximum increase will be 100% of Initial limit i.e., 20 Lacs.

In case of any valid critical illness claim under the policy, the Indexation of Sum Assured for CritiCash ceases.

#### H. Monthly Income Assurance Benefit

This benefit is available with CritiCash.

Critical illness may cause loss of job or income due the medical conditions. "Monthly Income Benefit" will help you to provide a regular income stream during your recovery period .

On first incidence of an admissible major Critical illness or catastrophic Critical illness claim, we shall pay you an additional monthly income equivalent to 1% of Admissible Critical Illness benefit for next 36 months.

This benefit is available only once due to critical illness over the benefit options term.

#### Exclusive discounts on premiums:

This rider offers exclusive discounts on rider premiums as mentioned below.

Sr. No.	Name	% of Premium payable as discount
1	<b>Smart Lady Discount</b> If the Life Assured is Female / Girl Child	2% on first year premium for regular/limited pay 0.5% on premium for single pay
2	<b>Transgender Discount</b> If the Life Assured is Transgender	2% on first year premium for regular/limited pay 0.5% on premium for single pay
3	<b>Super 30 Discount</b> For Life Assured age less than or equal to 30 years as on last birthday	2% on first year premium for regular/limited pay 0.5% on premium for single pay
4(a)	<b>Staff Discount</b> Eligible for all employees of the Promoter group namely the Tata and the AIA Group, its subsidiaries, fellow subsidiaries and Joint ventures (includes TATA AIA Life amongst others), and their associates	10% on first year premium for regular/limited pay 1% on premium for single pay

Sr. No.	Name	% of Premium payable as discount
4(b)	<b>Existing Customer Discount</b> For those who already had purchased policy from TATA AIA	10% on first year premium for regular/limited pay 1% on premium for single pay
4(c)	<b>Worksite Discount</b> For policies sourced through campaigns/ stalls / help desks or similar engagement activities conducted for a group.	10% on first year premium for regular/limited pay 1% on premium for single pay
5	<b>Tata AIA Vitality* Discount</b> If enrolled for the wellness program offered by TATA AIA Life insurance company	10% upfront discount and Flex discount Annually depending on health status

#### Composite Booster:

The customer may be eligible for Composite Booster, provided the customer has purchased another Unit Linked Insurance product in combination with this product.

#### Please note the following:

- Composite booster shall be allocated provided all the due premiums under both the 'plans in combination' have been paid till date of booster accrual.
- Such composite booster shall be provided in the form of additional units in the respective unit linked product as per the Terms & Conditions of respective product bought in combination with this plan.

#### Non-Forfeiture Benefit on Premium Discontinuance:

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

Premium Paying options		Cover Continuance		Treatment during and at the end of Revival Period	Treatment post revival period and at Maturity
		Before 1 years' premium paid	After 1 years' premium paid		
Regular Pay	Without Return of balance premium	Cover ceases to exist	Cover ceases to exist	No amount is payable	No amount is payable
	With Return of balance premium	Cover ceases to exist	Cover continues with Reduced Paid-Up Sum Assured	<ul style="list-style-type: none"> <li>• Reduced Paid-Up Sum Assured is payable in case of claim.</li> <li>• Surrender Value as defined below is payable.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced Paid-Up Sum Assured is payable in case of claim.</li> <li>• Return of balance premiums is payable at maturity.</li> </ul>

Premium Paying options		Cover Continuance		Treatment during and at the end of Revival Period	Treatment post revival period and at Maturity
		Before 1 years' premium paid	After 1 years' premium paid		
Limited pay	Without Return of balance premium	Cover ceases to exist	Cover ceases to exist	Unexpired Risk Premium Value is paid out in case of <ul style="list-style-type: none"> <li>• Policyholder voluntarily terminates the contract</li> <li>• Expiry of Revival Period or at maturity, whichever is earlier</li> </ul>	No amount is payable as benefit option is terminated by the end of the revival period.
	With Return of balance premium	Cover ceases to exist	Cover continues with Reduced Paid-Up Sum Assured	<ul style="list-style-type: none"> <li>• Reduced Paid-Up Sum Assured is payable in case of claim.</li> <li>• Surrender Value as defined below is payable</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced Paid-Up Sum Assured is payable in case of claim.</li> <li>• Total return of balance premiums as defined in is payable at maturity</li> </ul>

Such discontinued policies can be revived within the period of 5 years from the due date of first unpaid premium by payment of all due premiums together with interest. Upon revival of the benefit option, all the benefits shall be restored and be applicable with effect from the date of revival.

In case a policy is converted to Reduced Paid-up on premium discontinuance, the coverage will continue to be in reduced paid-up status with the Insured Amount re-set to the Reduced Paid-Up Sum Assured under the Benefit Option.

Here, Reduced Paid-Up Sum Assured under Benefit Option is defined as (Number of Premiums paid under benefit option / Number of Premiums payable under benefit option) X Sum Assured under the Benefit Option.

Maturity Benefit will only be paid if the policyholder has opted for a Return of Premium option. The maturity amount will be the total return of balance premiums as defined in "Maturity Benefit" section.

#### Surrender Benefit:

The surrender value shall be equal to the higher of the Guaranteed Surrender Value (GSV) and the Special Surrender Value (SSV). For more details, please refer to the policy document.

#### Renewability option at maturity:

At maturity, you will be eligible for extension of policy term by 5 year, subject to maximum maturity age and as per BAUP.

In case of ATPPD benefit option, the outstanding coverage amount, at the time of extension, would be defined as the lifetime limit available under this benefit option less any ATPPD claims already settled.

You will not be able to extend the policy term in case 100% of claims have been settled.

No policy alteration (except change in Policy term/ Premium Payment term) shall be allowed at the time of extension.



## Terms and conditions

### Change in Premium Payment Modes:

Policyholder is allowed to change the frequency of regular premium payments by written request anytime when policy is in force, subject to our minimum premium requirements and approval and provided the policy is in-force, unless Enhanced SMART is active where annual mode is compulsory.

Premiums payable monthly shall be paid by auto-deduction through a bank, unless we agree otherwise in writing.

### Policy Loan

In case of health care expense such as hospitalization, surgery, Critical for any lives covered under the policy, subject to the documents produced to the satisfaction of the medical examiner of the Insurer.

A loan can be availed once the policy acquired surrender value. Such policy loan can be availed provided the policyholder has opted for the Return of Balance Premium payout option and all due premiums are paid till date.

Maximum amount of loan that can be granted under the policy shall be such that it does not exceed 80% of Surrender Value as defined under section "Non-Forfeiture Benefit on Premium Discontinuance" above, subject to prevailing eligibility criteria set by the company. The Policy must be assigned to Tata AIA Life.

At any time while the policy is in force, policyholder may repay any part of the loan. The outstanding loan amount, if any, on any part of the loan, shall be recovered from future proceeds under the policy. There shall be no discretion of the Insurer in granting the policy loan to identical/similar policyholders. Further, there shall be no discretion of the Insurer in the quantum of loan granted (subject to the quantum being within permissible limits).

In case of health care expenses loan interest rate applicable will be equal to prevailing SBI deposit interest rate for tenure '1



year to less than 2 years' + 1% compounding annually, and in case of expenses other than health care ,a loan interest rate applicable will be equal to prevailing SBI deposit interest rate for tenure '1 year to less than 2 years' + 2%.The above formula is reviewed annually and only altered subject to prior approval of IRDA of India.

### Tax Benefits

Income Tax benefits would be available as per the prevailing tax laws subject to fulfillment of conditions stipulated therein. Income Tax laws are subject to change from time to time. 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.

### Free Look Period:

If the policyholder is not satisfied with the terms & conditions of the policy, the policyholder has the right to cancel the Policy by providing written notice to the Company and receive a refund of all premiums paid without interest after deducting a) Proportionate risk premium for the period on cover, b) Stamp duty and medical examination costs (including goods and services tax) which have been incurred for issuing the Policy. Such notice must be signed by the policyholder and received directly by the Company within 30 days after the policyholder receives the Policy Document, whether the policy is sourced electronically or otherwise.

### Grace Period:

- For renewability:**

At maturity, you will offer a grace period of 30 days, the insurance cover shall cease to exist till the date of receipt of renewal premium during the grace period.

- During premium paying term:**

During the policy term, starting from the date of first unpaid premium

Grace period for monthly mode policies is 15 days.

Grace period for all other mode is 30 days.

Grace period is not applicable for Hospicash,SurgiCash and CritiCash.

### 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 or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

No other claim would be entertained by the Company except the refund of 80% Total Premiums Paid or the acquired surrender value, as applicable.

Apart from Suicide exclusion detailed above, no other exclusion is applicable in the event of death.

Terminal Illness Exclusion: The Life Insured will not be entitled to any Terminal Illness benefit if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide, whether medically sane or insane.

Please refer to the annexure “Definitions & Exclusions” Annexure on our website [www.tataaia.com](http://www.tataaia.com) for definitions and exclusions covered under this plan

### Waiting Period:

Waiting Period’ means a period during which specified diseases/treatments which have been diagnosed and/or have received medical advice/treatment are not covered. ‘Waiting period’ is not applicable if the insured event occurs as a result of an Accident (eg: Major Head Trauma due to an accident)

- No benefit shall be payable.
- in case of “Criticash Benefit option” and “Add-on Benefit: Child Care option” chosen, the charges deducted towards the benefit option during the waiting period will be credited back as units in the base plan (in the same proportion as the value of total units held in each fund at the time of cancellation of units towards this benefit). The benefit option shall terminate, and no future charges shall be deducted, and no benefits shall be payable.
- For all other benefit option, the policy will continue with applicable charges and benefits shall be payable in case claim occurred after the waiting period.

Name of Benefit option	Waiting Period (in Days)
Accidental Death, Accidental Total and Partial Permanent Disability, Term and Terminal Illness	Not Applicable
Hospicash	30 days, Specific waiting period of 2 years or 3 years apply for specific conditions
SurgiCash	30 days, Specific waiting period of 2 years or 3 years apply for specific conditions
Criticash	90 days for major & catastrophic illnesses and 180 days for minor illness
Child Care	90 days

Note that the waiting period(s) for Hospicash/SurgiCash/Criticash/Child Care do not apply if hospitalization/surgery/critical illness arises respectively due to an accident.

In case of indexation of Sum Assured, the exclusion shall apply afresh to the extent of Sum Assured increase.

The waiting period for each benefit option shall be applicable from later of

- Risk Commencement Date, if benefit option is opted at inception. In case of family coverage option, the risk commencement date for the family member shall be the date on which they are added into the policy.
- Policy anniversary at which benefit option is opted (if benefit option is opted for on the policy anniversary)
- Date of revival (in case of revival of the benefit option)

### Termination

All coverage under the policy shall automatically terminate on the occurrence of the earliest of the following:

- a) Date on which the company receives free look cancellation request for the benefit option within requisite period;
- b) Date of maturity of policy,
- c) Date of complete withdrawal,
- d) Date of death of the life insured,
- e) Date of end of Lock-in period / revival period, whichever is later, in case of discontinuance of premium within 5 years, provided the policy is not revived during the revival period.

### Assignment

The policyholder also has the right to assign the policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time.

### Nomination

This nomination shall be in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time.

### Pre- Existing Diseases

Pre-existing disease means any condition, ailment, injury or disease/ critical illness / disability

- 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.

Any claims for Medical Expenses incurred for diagnosis or treatment of any Pre-existing Disease shall not be admissible until the completion of “Pre-existing disease waiting period” since the inception of the Policy with Us.

Pre-existing conditions which are disclosed at the time of proposal of the policy and duly accepted by insurer post evaluation will be covered post the specified “Pre-existing disease waiting period” as mentioned in the policy document

### Survival Period

In case for “Criticash” or “Add-on Benefit: Child Care”, at inception of the policy, the Policyholder shall have the option to choose survival period either as 0 day or 7 days, which cannot be modified during policy term.

### Cooling off period (Applicable for CritiCash Benefit)

For multiple minor Critical illness claims, there needs to be a period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario. However, this requirement of 180 days is not applicable in case of occurrence of a major/Catastrophic CI following a minor stage claim

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

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



### Fraud & Misrepresentation

Any non-disclosure, fraud or mis-representation under the Policy shall be dealt in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.



### Tata AIA Vitality Wellness Program

Provided all due premiums are paid, the policyholder under this plan can opt to enroll for the Wellness Program offered by the Company. The wellness program may offer rewards that incentivizes the Insured to maintain a healthy lifestyle. Such wellness program comes with no additional cost to the policyholder.

The Wellness Status shall not be at the discretion of the Insurer and shall be driven by an objective criterion in line with the board approved underwriting policy. The reward offered to customer who enroll into the Wellness program shall be governed by the Pricing Policy of the Company.

The various rewards offered under the Wellness program can be utilized in either of the following ways:

- **Premium Discount:** The policyholder will be able to offset the premium payable towards the policy against the Rewards.

### Benefits under the Wellness Program

All Benefits under the Wellness Program will depend on Wellness Status attained. Wellness status shall be based on a

point-based structure and shall be either Bronze, Silver, Gold or Platinum. The Wellness status shall be used to determine the extent of benefits/rewards applicable in the following year. The communication with respect to wellness benefit shall be notified before the policy anniversary

Minimum activities required to achieve Bronze, Silver, Gold or Platinum health status

Health Status	Minimum activities required	Discounts applied	
		Upfront	Renewals*
Bronze	Person stays default bronze	10%	<ul style="list-style-type: none"> <li>5% on 2nd year premium</li> <li>NIL from 3rd year onwards</li> </ul>
Silver	Online assessment + Health Screening	10%	<ul style="list-style-type: none"> <li>7.5% on 2nd year premium</li> <li>5% on 3rd year premium</li> <li>2.5% on 4th year premium</li> <li>NIL thereafter</li> </ul>
Gold	In addition to Silver activities + Walking of 10,000 steps for 41 days	10%	<ul style="list-style-type: none"> <li>1% increase on every renewal premium on cumulative basis, maximum up to 30%</li> </ul> <p>For e.g.</p> <ul style="list-style-type: none"> <li>- 11% on 2nd year premium</li> <li>- 12% on 3rd year premium</li> <li>- 13% on 4th year premium</li> <li>- 14% on 5th year premium and continues increase of 1% every year till maximum discount reaches to 30%</li> </ul>
Platinum	In addition to Silver activities + Walking of 10,000 steps for 91 days	10%	<ul style="list-style-type: none"> <li>2% increase every renewal premium thereafter on cumulative basis, maximum up to 30%</li> </ul> <p>For e.g.</p> <ul style="list-style-type: none"> <li>- 12% on 2nd year premium</li> <li>- 14% on 3rd year premium</li> <li>- 16% on 4th year premium</li> <li>- 18% on 5th year premium and continues increase of 2% every year till maximum discount reaches to 30%</li> </ul>

\*Renewal discount updated considering continuation of same status during the policy term

Rewards Program during premium payment term

- Up-front reward at inception of benefit option

Provided the Insured opts to enroll for the Wellness Program, an up-front reward equivalent to 5% of annualized premium for AD & ATPPD and 10% of annualized premium for all other benefit options shall be offered for the first policy year.

The above Up-front reward structure shall be subject to review and revision based on objective measurable criteria in line with the Board Approved Underwriting Policy. Any revision thereof shall be filed with the Authority and shall apply to prospective policyholders only.

- Annual Rewards Flex**

Annual Rewards Flex is offered based on the Wellness Status of the Insured during premium payment term.

Wellness Status at the end of the policy year	Annual Rewards Flex*
	Benefit Options
Platinum	+2%
Gold	+1%
Silver	-2.5%
Bronze	-5%

\*negative reward refers to a reduction in total rewards

The rewards are offered on cumulative basis and in any year, the maximum rewards in view of both the Up-front Rewards and Annual Rewards Flex together shall be 30% for all benefit options. Further, the premium payable in any year shall not exceed annualized premium of the respective benefit option at inception without any wellness rewards.

For example, Total Rewards in the 2nd year for HospiCash = (Upfront Reward + Annual Rewards Flex earned in the first year) x Annualized Premium. Hence if the Wellness Status earned at the end of the first policy year is Platinum and the applicable upfront reward is 10%, the total reward in the second policy year shall be 12% of annualized premium.

- Utilization of Rewards**

One can choose to utilize the Rewards (both up-front reward at inception and Rewards offered during premium payment term) in one of the following two available modes. One need to make this choice at the time of purchase and then alter it during the premium payment term with effect from immediate next policy anniversary by writing to us at least 30 days before the immediate next policy anniversary:

- Premium discount: One can offset the premium payable towards the rider against the Rewards.
- Premium Cashback: One will have an option to convert the cashback points into cash balance and utilize it towards health expenses such as Health checks/ diagnostics, Pharmaceuticals/ Medicines / nutritional supplements as prescribed by your medical practitioner, Dental treatments,

hearing aids, vision improvement treatments, physiotherapy, Ayurvedic treatments, and such health-related services. You can choose to receive and utilize the cash balance through a digital health wallet/ e-card service provider(s) empaneled with the Company, from time to time. Benefits payable under the policy (including towards Health Wallet) shall be governed in accordance with the prevailing provisions of Income Tax Act, 1961.

## Rewards Program post premium payment term



Provided all premiums have been paid, Insured may opt for Cover Booster or Annual Health Cashback Program, the eligibility of which shall be defined by the company from time to time.. You can opt for either of this program at any time until 30 days before the payment of last premium.. This program will be applicable for limited pay and single pay policies only.

### 1. Cover Booster Structure

- **Accumulated Cover Booster**

Accumulated Cover Booster will increase the amount of benefit payable if the Insured event for which the benefit is payable occurs. Accumulated Cover Booster is equivalent to rewards applicable in the last policy anniversary.

Example 1– For a limited pay HospiCash with premium payment term of four years, if the Wellness Status maintained throughout premium payment term is Platinum. The policyholder has accumulated Total Rewards of 16%. The accumulated cover booster at the end of premium payment term is equivalent to 16%.

Example 2 - For a single pay HospiCash, the accumulated cover booster at the end of first year is equivalent to 10%.

- **Cover Booster Flex**

Annual Cover Booster flex will increase the amount of benefit payable if the Insured event for which the benefit is payable occurs. The quantum of flex is based on the Wellness Status of the Insured after premium payment term.

The Cover Boosters are offered on cumulative basis Any accumulated rewards at the end of policy term will be carried forward at the time of the renewal. The maximum rewards during lifetime in view of both the Accumulated Cover Booster and Cover Booster Flex together shall be 30% for all other benefit options. Further, the total Cover Booster in any year shall not be lower than zero.

Example 1 - For a limited pay HospiCash as above, if the Wellness status earned at the end of the premium payment

term is Platinum, the applicable Cover Booster Flex will be 2%. The total cover booster on the benefit payable will be 18% in 5th policy year.

### 2. Annual Health Cashback

Alternatively, one can opt to receive Annual Health Cashback Flex based on the Wellness Status attained each year. The Annual Health Cashback will be applicable on the Cover Booster as mentioned above.

One can convert the Annual Health Cashback points into cash balance and utilize it towards health expenses such as Health checks/ diagnostics, Pharmaceuticals/ Medicines / nutritional supplements as prescribed by your medical practitioner, Dental treatments, hearing aids, vision improvement treatments, physiotherapy, Ayurvedic treatments, and such health-related services.

One can choose to receive and utilize the cash balance through a digital health wallet/ e-card service provider(s) empaneled with the Company, from time to time. Once chosen, the cash balance to be received through a digital wallet, the applicable cash balance amount shall be credited into the Prepaid Payment Instrument through co-branding arrangement with entities that are regulated by Department of Payment and Settlement Systems (DPSS), Reserve Bank of India, and are governed by Master Directions on Prepaid Payment Instruments, or other entities licensed/authorized by the relevant regulator/authority, to provide additional payment options – such as IMPS, virtual prepaid cards or other similar options to withdraw money from the Prepaid Payment Instrument or other appropriate account/ instrument as authorized by the relevant regulator.

Benefits payable under the policy (including towards Health Wallet) shall be governed in accordance with the prevailing provisions of Income Tax Act, 1961.

The cash balance once earned can be carried forward each Policy Year till the expiry of the term of the benefit option.

The above rewards structure and cover booster framework shall be subject to review and revision based on objective measurable criteria as defined by the company from time to time. Any revision thereof shall be filed with the Authority and shall apply to both existing and prospective policyholders.



## Tata AIA Vitality (Wellness Program) under Family Coverage Option

- Upfront rewards as mentioned above will be applicable for the spouse (on their respective premium) upon addition to the Family Coverage Option.
- Wellness status will be tracked for each adult life separately and the premium discounts applicable based on the

wellness status will be applied on the respective premiums under the Family Coverage Option.

- For the primary life, the Vitality Status and the accumulated discounts will continue on their respective premium after addition of lives under Family Coverage Option.
- Under Cover Booster benefit option, an average of the discounts applicable for the two adult lives (under Annual Rewards Flex) at the end of the Premium Paying Term will be considered for the increase in amount of benefit payable. For future years' Cover Booster, the average Cover Booster Flex of both the adult lives will be considered. In case either of the adults exit the policy, the Vitality Status of the surviving adult(s) will be considered for future years' Cover Booster.
- This program is not available for minor lives.

## Allocation of Points



The points are allocated through a range of parameters comprising of online assessments, physical activity & health check-up. The same shall be as per the objective criterion in line with the board approved underwriting policy and may be reviewed from time to time for any revisions.

### Health Screening

The wellness program offers an inbuilt health screening once a year which shall not be mandatory. On completion of health screening, Points contributing to the determination of the Wellness Status will be awarded. The following tests will be performed as part of health screening

- 1) Physical Medical Examination to include: Height, Weight, Waist Circumference, Blood pressure, Pulse
- 2) Fasting Blood Glucose / Fasting Blood Sugar / HbA1C
- 3) Total Cholesterol

The points (contributing to the determination of the Wellness Status) will be predefined for this health check and will be awarded once a policy year upon completion of the Health Screening.

### Wellness Status - Points:

The Wellness Status is driven by an objective criterion where the Life Insured attains the Wellness status by accumulation of points. The points are allocated through a range of parameters comprising of online assessments, physical activity & health check-up. The same shall be as per the objective criterion as defined by the company from time to time and may be reviewed from time to time for any revisions.. The points architecture has been detailed below.

The table below gives point distribution structure for determining Wellness status:

Status	Accumulated Points
Bronze	0 – 9,999
Silver	10,000 – 19,999
Gold	20,000 – 24,999
Platinum	25,000 and above

**Points Accumulation Structure:** The Life Insured can earn points through a range of parameters as provided below:

Details	Limits
Online Assessment	3,900
Health Screening	12,000
Physical activity	15,000

### Online Assessment – Annual

Points/Activity	Activity	Max Points (limit p.a.)	Remarks
Assessments	Health Review	1,000	Assessment are available for all Life Insured irrespective of Wellness Status. Points are allocated to all Life Insured who have completed the assessment.
	Nutrition Assessment	1,000	
	Mental Wellbeing	900	
	Declaration: Smoker / Non-Smoker	1,000	

### Health Screening – Annual

Details	Points for doing the health screening	Points if the results are within the clinically accepted range	Remarks
BMI	1,500	1,500	All Life Insured are eligible for Annual Health Screening and points are allocated to Life Insured basis health screenings conducted and also if the results of the test being in line with WHO recommended clinical range
Blood Pressure	1,500	1,500	
Cholesterol	1,500	1,500	
Glucose	1,500	1,500	

### Physical Activity – Daily<sup>s</sup>

Steps / Heart Rate	Points per day
Steps: 7,500-9,999 Or, Heart rate: At least 30 mins of physical activity in one exercise session a day at an average heart rate of 60% or more of your age-related maximum heart rate	50

Steps / Heart Rate	Points per day
Steps: ≥ 10,000 Or, Heart rate: At least 30 mins of physical activity in one exercise session a day at an average heart rate of 70% or more of your age-related maximum heart rate Or, Heart rate: At least 60 mins of physical activity in one exercise session a day at an average heart rate of 60% or more of your age-related maximum heart rate	100

<sup>5</sup>A maximum of one exercise event is allowed per day to earn points for physical activity. If more than one event is recorded in a single day, the event with the highest number of points will be awarded

Each of these parameters have capping limits to ensure that the Life Insured engages in all the parameters defined above as this will lead to overall improvement of Life Insured health.

The reward point structure not limited to status, parameters, points to be allotted to the parameters, sub limits on each parameter, will be subject to change in the future basis experience trends and will be subject to criteria defined in the Board approved Underwriting Policy. Any such change in the reward point structure will be communicated to the Life Insured upfront with a notice of minimum 30 days in advance

### Health Screening

The Wellness Program offers an inbuilt health screening which shall not be mandatory and details of which shall be available / updated on Company's website from time to time.

The reward point structure not limited to status, parameters, points to be allotted to the parameters, sub limits on each parameter, discounts/reward offered, etc may be subject to change in the future basis experience trends and will be subject to criteria defined in the board approved policy (as amended from time to time). Any such change in the reward point structure will be communicated to the life assured with a notice of minimum 30 days in advance. The Company will also ensure that the details around the Wellness Program offered is updated on Company's website from time to time.

### Health Management Services:

The life Assured(s) of TATA AIA VitaHealth who are eligible for Health Management Services may avail Second Opinion / Personal Medical Case Management / Medical Consultation services from service provider(s) affiliated to/registered with the Tata AIA Life Insurance Co. Ltd. The services are expected to assist the life Assured(s) to ascertain correct diagnosis of a medical condition and obtain due care for the life Assured(s) in case of illness.

#### These services are subject to:

- the availability of suitable service provider(s);

- primary diagnosis has been done by a registered medical practitioner as may be authorized by a competent statutory authority.
- Health Management Service is available to be utilized throughout the policy term, subject to prevailing eligibility conditions.
- the eligibility of the life Assured(s) as may be determined by Board Approved Underwriting Policy which will be reviewed periodically and updated on our website. The changes shall apply without any discrimination to all existing and new customers of the product.
- Policyholders can check their eligibility by visiting our website or contacting the Call Centre.
- Whenever the eligibility criteria changes or the service is withdrawn, the same shall be communicated to all the policyholders. Prior to effecting any changes, we shall inform the same to IRDAI.
- The current eligibility is of a minimum Sum Assured of Rs. 20 Lakhs [under base plan and rider/s (if any)]

#### Note:

- These services are aimed at improving Policyholder engagement and reducing exits from the Company's in-force book.
- The cost of these services is expected to be offset by either lower costs of claims or better economies of scale or higher revenue due to better persistency.
- These value-added services are completely optional for the eligible customer to avail
- For customers availing such services, they are offered at no additional cost to the Life Assured.
- Premiums charged to the policyholder shall not depend on whether such a service(s) is availed by the Policyholder.
- These services have been transparently stated in the Sales Literature and Policy Document with clear guidance on how to verify eligibility etc.
- The Life Assured may exercise his/her own discretion to avail the services.
- These services shall be directly provided by the service provider(s).
- The services can be availed only where the policy / rider is in-force.
- All the supporting medical records should be available to avail the service.
- We reserve the right to discontinue the service or change the service provider(s) at any time.
- The services are being provided by third party service provider(s) and we will not be liable for any liability.



## Disclaimers:

- This product is underwritten by Tata AIA Life Insurance Company Ltd. This rider is not a guaranteed Issuance rider and it will be subject to Company's underwriting and acceptance. In case of Sub Standard lives, extra premiums will be charged as per our underwriting guidelines.
- This plan is not a guaranteed issuance plan and it will be subject to Company's underwriting and acceptance.
- This plan is also available for sale through online mode.
- The brochure is not a contract of insurance. This brochure should be read along with the base product brochure and sales Illustration before concluding a sale. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.
- This product brochure should be read along with Benefit Illustration.
- All Premiums and interest payable under the policy are exclusive of applicable taxes, duties, surcharge, cesses or levies which will be entirely borne/ paid by the Policyholder, in addition to the payment of such Premium or interest. Tata AIA Life shall have the right to claim, deduct, adjust and recover the amount of any applicable tax or imposition, levied by any statutory or administrative body, from the benefits payable under the Policy. Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. The Policyholder is advised to seek an opinion of tax advisor in relation to the tax benefits and liabilities applicable.

**BEWARE OF SPURIOUS  
PHONE CALLS AND  
FICTITIOUS/  
FRAUDULENT OFFERS**

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