

Welcome to Max Life Insurance

<Date>
<Name of the Policyholder>
<Address 1>
<Address 2>
<City> - <Pin Code> <State>
G. O. Name: <G O Name>
Policy no.: <Policy number>
Telephone: <Telephone number>
Email id: <Email address>

Dear <Name of the Policyholder>,

Thank you for opting for **Max Life Group Critical Illness (Additional Benefit) Premier Rider.**

What to do in case of errors

On examination of the policy (enclosed herewith), if you notice any mistake or error, proceed as follows:

1. Contact our customer helpdesk or your agent immediately at the details mentioned below.
 2. Return the policy to us for rectifying the same.
-

Cancelling the Policy

In case you are not completely satisfied with the policy, you have the option to cancel it by returning the original copy with a written request, stating the objections/reasons for such disagreement, to us within the free look period of fifteen (15) days, or thirty (30) days (for policies sourced through distance marketing modes) of receiving the document.

Result: *Upon return, the policy will terminate forthwith and all rights, benefits and interests under the policy will cease immediately. We will only refund the premiums received by us after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.*

Long term protection

We are committed to giving you honest advice and offering you long-term savings, protection and retirement solutions backed by the highest standards of customer service. We will be delighted to offer you any assistance or clarification you may require about your policy or claim-related services at the address mentioned below. We look forward to being your partner for life.

Yours Sincerely,
Max Life Insurance Co. Ltd.

Indeevar Krishna
Executive Vice President and Head (Customer Service and Operations)

CC:- <Relationship Manager>

Agent Name:

Ph. no.:

Address:

Max Life Insurance Company Limited, Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India
Phone: 4219090 Fax: 4159397 (From Delhi and other cities: 0124) Customer Helpline: 1800 200 5577
Regd. Office: 419, Bhai Mohan Singh Nagar, Raimajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533 Visit Us at: www.maxlifeinsurance.com E-mail: service.helpdesk@maxlifeinsurance.com
IRDAI Registration No: 104
Corporate Identity Number: U74899PB2000PLC045626

POLICY PREAMBLE

MAX LIFE INSURANCE COMPANY LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533

Max Life Group Critical Illness (Additional Benefit) Premier Rider

A Non Linked Non Participating Group Rider

UIN [104B031V02]

Max Life Insurance Company Limited has entered into this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule.

We agree to pay the benefits under the Policy on the happening of the insured event, while the base Policy is in force subject to the terms and conditions stated herein.

Max Life Insurance Company Limited

PART B

DEFINITIONS APPLICABLE TO YOUR RIDER

The words and phrases listed below shall have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The words used here but not defined, will derive their meaning from the base Policy.

1. “**Accident**” shall mean a sudden, unforeseen and involuntary event caused by external, violent and visible means;
2. “**Annual Rider Premium**” means an amount payable annually in respect of the Members to secure the benefits under the Rider as specified in the Schedule;
3. “**Claimant**” means Member, Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificates in case Nominee(s) or assignee(s) is/are not alive at the time of claim;
4. “**Critical Illness**” means the first time Diagnosis of the Member with any of the following illnesses or the first performance of any of the following medical procedures/surgeries by a Medical Practitioner in respect of the Member during his lifetime:

1. Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This Diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. However, the following are excluded:

- a) tumours showing the malignant changes of carcinoma in situ and tumours which are histologically described as premalignant or non invasive, including but not limited to Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 and CIN-3;
- b) any skin cancer other than invasive malignant melanoma;
- c) all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- d) papillary micro - carcinoma of the thyroid less than 1 cm in diameter;
- e) chronic lymphocytic leukaemia less than RAI stage 3;
- f) micro carcinoma of the bladder; and
- g) all tumours in the presence of HIV infection.

2. First heart attack – of specified severity (in the lifetime of any Member)

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The Diagnosis for this will be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the Diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain);
- b) new characteristic electrocardiogram changes; and
- c) elevation of infarction specific enzymes, troponins or other specific biochemical markers.

The following are excluded:

- a) non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- b) other acute Coronary Syndromes; and
- c) any type of angina pectoris.

3. Open chest CABG

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

The following are excluded:

- a) Angioplasty and/or any other intra-arterial procedures; and
- b) any key-hole or laser surgery.

4. Open heart replacement or repair of heart valves
The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s).The Diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner. However, Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.
5. Coma of specified severity
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This Diagnosis must be supported by evidence of all of the following:
 - a) no response to external stimuli continuously for at least 96 (Ninety Six) hours;
 - b) life support measures are necessary to sustain life;
 - c) permanent neurological deficit which must be assessed at least 30 (Thirty) days after the onset of the coma; and
 - d) the condition has to be confirmed by a specialist Medical Practitioner.
 Coma resulting directly from alcohol or drug abuse is excluded.
6. Kidney failure requiring regular dialysis
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.
7. Stroke resulting in permanent symptoms
Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 (Three) months has to be produced.
The following are excluded:
 - a) transient ischemic attacks (TIA);
 - b) traumatic injury of the brain; and
 - c) vascular disease affecting only the eye or optic nerve or vestibular functions.
8. Major organ/bone marrow transplant
The actual undergoing of a transplant of:
 - a) one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ; or
 - b) human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.
 The following are excluded:
 - a) other stem-cell transplants; and
 - b) where only islets of langerhans are transplanted.
9. Permanent paralysis of limbs
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 (Three) months.
10. Multiple Sclerosis with persistency symptoms
The definite occurrence of multiple sclerosis. The Diagnosis must be supported by all of the following:
 - a) investigations including typical MRI and CSF findings, which unequivocally confirm the Diagnosis to be multiple sclerosis;
 - b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 (Six) months; and
 - c) well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
 Other causes of neurological damage such as SLE and HIV are excluded.

11. Alzheimer's disease requiring constant supervision

A definite Diagnosis of Alzheimer's disease evidenced by all of the following:

- a) loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning;
- b) personality change;
- c) gradual onset and continuing decline of cognitive functions;
- d) no disturbance of consciousness;
- e) typical neuropsychological and neuro imaging findings (e.g. CT scan);
- f) the disease must require constant supervision (24 hours daily). The Diagnosis and the need for supervision must be confirmed by a consultant neurologist; and
- g) the disease requiring constant supervision must persist for at least 3 (Three) months and evidence of the same must be produced.

For the above definition, the following is excluded:

- a) other forms of dementia due to brain or systemic disorders or psychiatric conditions.

12. Blindness

Total and irreversible loss of sight in both eyes as a result of illness or Accident. The blindness must be confirmed by an ophthalmologist acceptable to Us. The blindness must not be able to be corrected by refractive correction or any medical procedure.

5. "**Date of Commencement of Risk under Rider**" means the date as specified in the Schedule, on which the coverage under this Rider commences;
6. "**Diagnosis**" or "**Diagnosed**" means the definitive diagnosis made by a Medical Practitioner during Rider Term, based upon radiological, clinical, and histological or laboratory evidence acceptable to Us provided the same is acceptable and concurred by Our appointed Medical Practitioner. In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for an examination of the Member and/or the evidence used in arriving at such Diagnosis, by an independent expert selected by Us. The opinion of such an expert as to such Diagnosis shall be binding on both You and Us;
7. "**Extra Rider Premium**" means an additional amount charged by Us, as per Our board approved underwriting policy, which is determined on the basis of disclosures made by You including disclosures in medical examinations, if any, of the Member in relation to this Rider;
8. "**Force Majeure Event**" means an event by which, performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any government or other authority or any circumstance beyond Our control;
9. "**Grace Period**" means a period of 15 (Fifteen) days from the due date of the unpaid Rider Premium for monthly Premium payment mode and 30 (Thirty) days from the due date of unpaid Rider Premium for half yearly and quarterly Premium payment modes which will be same as the base Policy;
10. "**Lapsed Rider**" means a Rider for which the Rider Premium has not been received till the expiry of the Grace Period and thereafter;
11. "**Medical Practitioner**" means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his licence, provided such Medical Practitioner is not a Member or spouse or lineal relative of or employed by either You or the Member;
12. "**Member**" means the person named in the Schedule, on whose life the Rider is effected;
13. "**Rider**" means this rider contract containing these terms and conditions;
14. "**Rider Premium**" means the amount payable to Us by You and/or the Member, as the case may be to secure the benefits payable under this Rider and excludes any amounts payable as service tax or any other taxes, cesses or levies;
15. "**Rider Sum Assured**" means an amount as specified in the Schedule, which is payable as per terms of the Rider;

16. **“Rider Term”** means the term of this Rider as specified in the Schedule;
17. **“We”, “Us” or “Our”** means Max Life Insurance Company Limited; and
18. **“You” or “Your”** means the master policyholder as named in the Schedule who has taken this Rider from Us.

PART C

RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT CONDITIONS

1. ELIGIBILITY FOR RIDER BENEFITS

- 1.1. The Member must be at least of Age 18 (Eighteen) years on the Date of Commencement of Risk under Rider.
- 1.2. The Member must not be more than Age 65 (Sixty Five) years on the Date of Commencement of Risk under Rider or Annual Date of Renewal.
- 1.3. The Member must not be more than Age 66 (Sixty Six) years on the expiry of the Rider Term.
- 1.4. This Rider can be issued to Employer-Employee Group with at least 10 Members and Non Employer-Employee Group with at least 50 members. The respective group should have the above minimum number of Members as on the Date of Commencement of Risk under Rider.

2. RIDER BENEFITS

2.1. Critical Illness Benefit

- 2.1.1 If the Member is Diagnosed with a Critical Illness at any time during the Rider Term and when this Rider and the base Policy are in force, We shall on receipt of Your written request, pay the Rider Sum Assured as specified in the Schedule, to the Member provided that the Member survived for a period of at least 30 days from the date of the first Diagnosis of the Critical Illness.
- 2.1.2 The benefits payable under this Rider are in addition to any benefits payable under the base Policy.
- 2.1.3 We will make payment under this Rider only once during the lifetime of the Member.

2.2. Death Benefit

- 2.2.1. No death benefit is payable under this Rider.
- 2.3. We may increase or decrease the Rider Sum Assured with respect to a Member during the Rider Term subject to:
 - 2.3.1. receipt of a written request for the increase/decrease from You/Member;
 - 2.3.2. receipt of an additional Rider Premium for such increased Rider Sum Assured (if applicable);
 - 2.3.3. submission of evidence of good health and occupation details to Us as per **Annexure I**;
 - 2.3.4. Our board approved underwriting policy; and
 - 2.3.5. compliance with the applicable terms and conditions of this Rider.
- 2.4. At any time during the Rider Term:
 - 2.4.1. the Rider Sum Assured will not be increased if the increased amount exceeds the sum assured payable on death under the base Policy; or
 - 2.4.2. the total Rider Premium (including additional Rider Premium for the increased Rider Sum Assured) will not exceed the total Premium payable under the base Policy.
- 2.5 If We decrease the Rider Sum Assured in respect of a Member, We will only refund the proportionate Rider Premium received for the Rider Sum Assured for the unexpired period of the Rider Term, to You or the Member, as the case may be.

3 EXCLUSIONS APPLICABLE TO THIS RIDER

The following exclusions are applicable to the benefits payable under this Rider:

- 3.1 No Critical Illness benefit shall be payable if the Critical Illness is Diagnosed within 90 (Ninety) days from the Date of Commencement of Risk under Rider or the date of revival of the Rider whichever is later (“**Waiting Period**”). The Waiting Period shall apply to all the Members of a new group and to new Members of an existing group. However, the Waiting Period shall not apply to those Members who have already completed the Waiting Period on or before the renewal of this Rider.
- 3.2 No Critical Illness benefit shall be payable in case of the death of the Member within a period of 30 (Thirty) days from the date of the first Diagnosis of the Critical Illness (“**Survival Period**”). For the avoidance of doubt, the Critical Illness benefit will be paid after the Survival Period even if the Rider Term has expired (i.e. beyond the Policy end date) irrespective of the Rider and/ or Policy being renewed provided the date of Diagnosis of the Critical Illness is before the expiry of the Rider Term.
- 3.3 No Critical Illness benefit shall be payable in respect of any Critical Illness that was Diagnosed before the Date of Commencement of Risk under Rider.
- 3.4 **Other Exclusions:** We will not be liable to make any payment under this Rider if the Critical Illness of the

Member occurs as a result of or under any of the below mentioned conditions:

- 3.4.1 diseases in the presence of an HIV infection;
 - 3.4.2 any congenital condition;
 - 3.4.3 intentional self-inflicted injury(ies), attempted suicide whether the Member is sane or insane;
 - 3.4.4 alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Medical Practitioner;
 - 3.4.5 war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
 - 3.4.6 participation by the Member in a criminal or unlawful act with criminal intent;
 - 3.4.7 engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping; or
 - 3.4.8 nuclear contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 3.5 You shall inform Us of any change in the occupation or profession of the Member(s) as per **Annexure I**, occurring during the Rider Term. However, failing to inform us will not result in rejection of claim even if the new occupation is amongst the list of excluded occupations or professions.
- 3.6 These exclusions are applicable only to this Rider and not to the base Policy.

4 **PREMIUM**

- 4.1 You may pay the Rider Premiums in annual, semi-annual, quarterly or monthly payment modes, as specified in the Schedule provided that the Rider Premium payment mode under this Rider shall always be same as the Premium payment mode of the base Policy. The Rider Premium may change, if the Rider Premium payment mode is changed by You.
- 4.2 The Rider Premiums are payable on the due dates and in the manner, as specified in the Schedule provided that the due dates of payment of Rider Premium within the Rider Term will be same as the Premium due dates of the base Policy. You will record the Rider Premium payable in the Register of Members.

5 **LAPSATION OF RIDER**

- 5.1 If the Rider Premium or the Premium under the base Policy is not received by the expiry of the applicable Grace Period which results in the Rider or the base Policy or both lapsing or going into non-forfeiture mode, the Rider will automatically lapse and no benefits will be payable under the Rider on the occurrence of the insured event or otherwise unless the insured event occurs after the Rider is revived.
- 5.2 No benefits will be payable if the insured event occurs during the period when the Rider is in lapsed mode even if the Rider is revived later.

6 **RIDER PERIOD OF COVERAGE**

- 6.1 This Rider shall run concurrently with the base Policy, unless terminated in accordance with Part D below.

PART D
SERVICING CONDITIONS APPLICABLE TO THE RIDER

1. SURRENDER VALUE

- 1.1. No surrender value is payable under this Rider. However, on surrender of the Rider, the Members will be provided an option, to continue coverage under this Rider until the expiry of the Period of Coverage or to exit from the Rider.
- 1.2. In case the Members opt to continue, where:
 - 1.2.1 the Premium is borne and paid by You, We will refund an amount equal to the Rider Premium for the unexpired Period of Coverage to You and We will continue the coverage for the unexpired Period of Coverage with respect to the Members provided We have received Rider Premium from them for the unexpired Period of Coverage subject to Our Underwriting Policy; or
 - 1.2.2 the Premium is borne by the Members, We will continue the coverage for those Members till the expiry of the Period of Coverage.
- 1.3 In case the Members opt to exit, where:
 - 1.3.1 the Premium is borne and paid by You, an amount equal to the Premium for the unexpired Period of Coverage will be refunded to You; or
 - 1.3.2 the Premium is borne by the Members, an amount equal to the Premium for the unexpired Period of Coverage will be refunded to those Members.

2. REVIVAL OF THE RIDER

- 2.1. A Lapsed Rider may be revived during the Rider Term at Our discretion, provided that:
 - 2.1.1 We receive the written request to revive the Rider;
 - 2.1.2 You provide Us, at Your cost, satisfactory evidence of insurability in respect of the Members, which is acceptable to Us; and
 - 2.1.3 We receive the overdue Premium(s) with late fee/ interest at such rate as may be determined by Us from time to time.
- 2.2. The revival of the Lapsed Rider shall take effect only after We have approved the same in accordance with Our board approved underwriting policy and communicated Our decision in writing.
- 2.3. If the Lapsed Rider is not revived within Rider Term, this Rider will terminate without value, on the expiry of the Rider Term.

3. PAYMENT OF RIDER BENEFITS

- 3.1. The benefits under this Rider shall be payable only on submission of satisfactory proof of the Member's Diagnosis of Critical Illness to Us. The benefits under this Rider shall be payable to the Member upon Your or Member's written request and submission of the required documents.
- 3.2. Once the benefits under this Rider are paid to the Member, this Rider will terminate and the same shall constitute a valid discharge of Our liability under this Rider.

4. TERM, RENEWAL AND TERMINATION OF RIDER

- 4.1. The Rider shall continue to be in force for a period of 1 (One) year from Date of Commencement of Risk under Rider. The Rider shall be governed by the renewal provisions of the Policy. The Rider Premium rates are not guaranteed and may change at the time of renewal of the Rider.
- 4.2. The insurance coverage of a Member under this Rider shall automatically terminate on the occurrence of the first of the following events during the Rider Term:
 - 4.2.1. the Member's death;
 - 4.2.2. payment of a Rider Sum Assured;
 - 4.2.3. on Annual Date of Renewal, if the Member's Age is 66 (Sixty six) years;
 - 4.2.4. any Critical Illness occurring within Waiting Period or the death of the Member within 30 days of the date of the first Diagnosis of a Critical Illness. In this case, the Rider will be terminated without any value or refund of Rider Premium; or
 - 4.2.5. on termination of this Rider for the entire group.
- 4.3. This Rider shall terminate for the entire group at Your level on the happening of the following events whichever occurs first, during the Rider Term:

- 4.3.1. on the date on which We receive a free look cancellation request from You;
 - 4.3.2. if a Lapsed Rider has not been revived during the Rider Term;
 - 4.3.3. on the expiry of the Rider Term;
 - 4.3.4. on the date on which the base Policy is matured, expired, surrendered, cancelled or terminated for any reason whatsoever; or
 - 4.3.5. on receipt of Your written request for cancellation of this Rider after the completion of the free look period.
- 4.4 On cancellation of the base Policy and/or this Rider, the Rider Premium received by Us for the unexpired period of coverage will be refunded to You or to the Member, as the case may be, and the insurance coverage under this Rider and the base Policy will cease from the date of termination of the base Policy and this Rider.
- 4.5 If any Member ceases to be a member of the Employer Employee Group after the Date of Commencement of Risk under Rider, then, the Rider Premium received for the unexpired Period of Coverage under this Rider Term will be refunded by Us and the insurance coverage on the life of such a Member under this Rider shall terminate from the date such a Member ceases to be a member of the said group.
- 4.6 In a Non-Employer-Employee Group, if a Member exits from the Policy, We will continue the insurance coverage of the Member till the end of the Period of Coverage unless We receive a written request from the Member to terminate the insurance coverage under the Policy. On receipt of a written request, We will refund the proportionate Premium received in respect of that Member for the unexpired Period of Coverage

PART E

RIDER CHARGES

APPLICABLE FEES/ CHARGES UNDER THE RIDER

This Rider is a non-linked group rider, so Part E is not applicable to this Rider.

PART F

GENERAL TERMS & CONDITIONS OF THE RIDER

These general terms and conditions are applicable in addition to the general terms and conditions of the base Policy.

1. TAXES

- 1.1. All Rider Premiums are subject to applicable taxes, cesses, levies including service tax and education cess which will be entirely borne and paid by You and/or the Members, as the case may be along, with the payment of Rider Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under this Rider, We reserve the right to claim the same from You and/or the Members. Alternatively, We have the right to deduct the amount from the benefits payable by Us under this Rider.
- 1.2. Tax benefits and liabilities under the Rider are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. You are advised to seek an opinion of Your tax advisor in relation to applicable tax benefits and liabilities.

2. GRACE PERIOD

- 2.1. The Rider Premium is due and payable by the due date specified in the Schedule. If the Rider Premium is not paid by the due date, You may pay the same during the Grace Period without any interest.
- 2.2. During the Grace Period, if the overdue Rider Premium is not received and the Member is Diagnosed with Critical Illness, then, We will pay the benefits under this Rider subject to payment of overdue Rider Premium(s).

3. CLAIM PROCEDURE

- 3.1. We must be notified in writing in respect of a claim for benefits under this Rider preferably within 90 (Ninety) days from the date of Diagnosis of the Critical Illness of the Member. We may at Our discretion condone the delay in notifying a claim, if it is proved by a person claiming benefits under this Rider that the delay was due to a reason beyond his control, subject to such conditions as We may prescribe at the time. You should facilitate Member to file a claim as per the procedure and documents prescribed by Us.
- 3.2. For processing a claim request under this Rider, We will require all of the following documents:
 - 3.2.1. Claimant's statement in the form prescribed by Us;
 - 3.2.2. employer's certificate, if applicable;
 - 3.2.3. certificate issued by Medical Practitioner certifying the Critical Illness;
 - 3.2.4. treatment records of the Member; and
 - 3.2.5. any other documents/information required by Us for assessing and approving the claim request.
- 3.3. Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches and offices.
- 3.4. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause of Critical Illness and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall only pay the benefits under this Rider subject to Our satisfaction:
 - 3.4.1. that the benefits have become payable as per the terms and conditions of this Rider; and
 - 3.4.2. of the bonafides and credentials of Claimant.
- 3.5. Subject to Our discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements mentioned in this Rider.
- 3.6. In the event of any delay on Our part in processing the claim, for a reason other than non-payment of claim due to any reason of proper identification of the Claimant, then, We shall be liable to pay interest at a rate which is 2% (Two percent) above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us or such other interest rate as may be prescribed by the IRDAI from time to time.

4. DECLARATION OF THE CORRECT AGE AND GENDER

- 4.1. Same as base Policy.

5. FRAUD, MISREPRESENTATION AND FORFEITURE

- 5.1. Same as base Policy.

6. TRAVEL

- 6.1. There are no restrictions on travel.

7. NOMINATION

- 7.1. Same as base Policy.

- 8. ASSIGNMENT**
- 8.1. Same as base Policy.
- 9. RIDER CURRENCY**
- 9.1. Same as base Policy.
- 10. ELECTRONIC TRANSACTIONS**
- 10.1. Same as base Policy.
- 11. DUPLICATE RIDER**
- 11.1. Same as base Policy
- 12. AMENDMENT**
- 12.1. Same as base Policy.
- 13. REGULATORY AND JUDICIAL INTERVENTION**
- 13.1. Same as base Policy.
- 14. FORCE MAJEURE**
- 14.1. Same as base Policy.
- 15. COMMUNICATION & NOTICES**
- 15.1. Same as base Policy.
- 16. GOVERNING LAW AND JURISDICTION**
- 16.1. Same as base Policy.

PART G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

Same as base Policy.

ANNEXURE I

Form for Intimation of Change of Occupation/ Profession/ Hobby

Name of Master Policyholder					
Policy Number					
S.No	Name of the Member	Certificate of Insurance Number	Current occupation/ profession/ hobby	New occupation/ profession/ hobby	Date of commencement of new occupation/ profession/ hobby