



**Max Life Group Critical Illness (Additional Benefit) Premier Rider  
A Non Linked Non Participating Group Rider  
UIN: 104B031V02**

**PROSPECTUS**

**Life Insurance Coverage is available in this Rider.**

**About Max Life Insurance**

Max Life Insurance, one of India's premier non-bank promoted private life insurer, is a joint venture between Max Financial Services Ltd. and Mitsui Sumitomo Insurance Co. Ltd. Max Financial Services Ltd. is part of the Max Group, which is a leading Indian multi-business corporation, while Mitsui Sumitomo Insurance is a member of MS&AD Insurance Group, which is amongst the leading insurers in the world. Max Life Insurance offers comprehensive long term savings, protection and retirement solutions through its high quality agency distribution and multi-channel distribution partners. A financially stable company with a strong track record over the last 15 years, Max Life Insurance offers superior investment expertise. Max Life Insurance has the vision 'To be the most admired life insurance company by securing the financial future of our customers'. The company has a strong customer-centric approach focused on advice-based sales and quality service delivered through its superior human capital. In the financial year 2015-16, Max Life recorded Gross Written Premium of ₹ 9,216 crore with Sum Assured In force (Individual) of ₹ 1,88,684 crore and Asset Under Management of ₹ 35,805 crore as on 31st March 2016.

<b>Max Life Group Critical Illness (Additional Benefit) Premier Rider at a Glance</b>													
<b>Type of rider</b>	A non linked non participating group rider												
<b>Coverage</b>	All individuals in accordance with the Board Approved Underwriting Policy												
<b>Minimum group size</b>	10 members for employer-employee groups and 50 members for non-employer-employee groups												
<b>Entry ages</b>	Minimum - 18 years (as at last birthday) Maximum - 65 years (as at last birthday)												
<b>Maximum cover ceasing age</b>	The maximum renewal age for the rider is 65 years (age last birthday) The maximum cover ceasing age for the rider is 66 years (age last birthday) as on policy anniversary.												
<b>Premium modes</b>	The premium payment mode for the rider is the same as the base policy premium payment mode. This rider allows annual, half-yearly, quarterly and monthly premium paying modes. The modal factors are as follows: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Mode</th> <th>Modal Factor</th> <th>Mode</th> <th>Modal Factor</th> </tr> </thead> <tbody> <tr> <td>Annual</td> <td>1.000</td> <td>Quarterly</td> <td>0.265</td> </tr> <tr> <td>Half-yearly</td> <td>0.520</td> <td>Monthly</td> <td>0.090</td> </tr> </tbody> </table>	Mode	Modal Factor	Mode	Modal Factor	Annual	1.000	Quarterly	0.265	Half-yearly	0.520	Monthly	0.090
Mode	Modal Factor	Mode	Modal Factor										
Annual	1.000	Quarterly	0.265										
Half-yearly	0.520	Monthly	0.090										
<b>Rider Term</b>	1 year												
<b>Minimum annualized premium</b>	No minimum premium requirement												
<b>Maximum annualized premium</b>	No Limit, subject to Board approved underwriting policy of the Company. Maximum premium under this rider together with other health riders shall not exceed 100% of the premium payable under the base policy												
<b>Rider sum assured</b>	Minimum: ₹ 5,000 per member												

	<p>Maximum: <input type="checkbox"/>50 lakhs per member subject to</p> <p>(a) rider sum assured not exceeding sum assured under base plan of the scheme member and</p> <p>(b) rider premium not exceeding premium under base plan of the scheme member.</p> <p>Rider sum assured may be increased or decreased subject to underwriting and (a) and (b) above.</p>
<b>Death benefit</b>	This rider does not offer any death benefit
<b>Surrender benefit</b>	<p>The plan is one-year renewable contract and does not carry any surrender value. However, if an individual member exits from the scheme, premium for the unexpired period of risk will be refunded. In case of non employer-employee scheme, if an individual member exits from the group, cover will continue till the end of the period of coverage for which the premium has been received unless specific request is received for the refund of premium for the unexpired period of risk.</p> <p>In both employer employee schemes and non employer employee schemes, on surrender of the master policy, an option to the individual members of the group shall be provided whether to continue the cover for the unexpired period of risk or to exit from the scheme in which case we shall be providing the refund of premium for the unexpired period of risk, in accordance with section 35 (1) of the non-linked product regulations 2013.</p>
<b>Grace period</b>	<p>A grace period of 30 days from the due date for payment of each premium will be allowed for half-yearly and quarterly modes. A grace period of 15 days will be allowed for monthly mode. During the grace period, the Company will accept the premium without interest.</p> <p>During the grace period, the insurance cover under the rider will continue. In the event of occurrence of the insured event during the grace period, consideration of the claim is subject to payment of premiums due.</p>
<b>Waiting Period</b>	<p>The waiting period for the Critical Illness Benefit rider is defined as the period starting from policy inception during which no benefits are payable under the Critical Illness Benefit. No benefit will be paid in case of diagnosis of a Critical Illness condition contracted during the waiting period. Waiting Period for the rider is 90 days from the effective date of coverage</p> <p>The waiting period shall apply to all members of a new group or to new members of an existing group. The waiting period shall not apply to those existing members of a renewing group who have already completed their waiting period fully</p>
<b>Survival Period</b>	The survival period is defined as the period of time after the date of first diagnosis of a critical illness that the policyholder has to survive to be eligible for a benefit payment under the Critical Illness Benefit. The survival period is 30 days from the date of diagnosis of Critical Illness.
<b>Free look</b>	Same as base policy
<b>Revival of rider</b>	<p>Base Policy Revival conditions would apply.</p> <p>No benefit is payable in respect of the insured event which occurred during the period when the policy was in lapsed status even though</p>

	the policy maybe revived
<b>Termination of rider</b>	<p>The rider shall automatically terminate on the following events whichever occur first:</p> <ul style="list-style-type: none"> <li>•the base policy has matured, expired, surrendered, cancelled or terminated for whatever reason; or</li> <li>• Upon payment of benefit specified; or</li> <li>• On the death of the Life Insured; or</li> <li>• On the anniversary of the base policy at which the Life Insured is of age sixty six (66) years; or</li> <li>• Upon the Policyholder's or the member's written request as the case may be for cancellation of the Rider.</li> </ul> <p>Any critical illness occurring within 90 days of the start of coverage (i.e. during the waiting period) or any critical illness causing the death of the insured within 30 days of the first diagnosis of the illness (i.e., the survival period), the rider will be terminated without any value or refund of premium paid.</p>
<b>Renewal of rider</b>	Base Policy renewal conditions would apply. After the expiry of policy term a fresh quote to the group Policyholder will be issued for their renewal consideration

### **Max Life Group Critical Illness (Additional Benefit) Premier Rider Benefit**

The Critical Illness Additional Benefit is payable to the member insured on request being received from the Policyholder only in respect of the first incidence in the lifetime of Life Insured of one of the 12 specified Critical Illnesses as defined below being diagnosed during the period of the cover and the Insured member surviving at least 30 days from the date of first diagnosis.

The rider benefit is an additional benefit with the base policy benefit(s) remaining unaltered on rider benefit payment. Critical Illness benefit is payable only once during the lifetime of the member.

The following critical illnesses are covered under this rider:

#### **1. Cancer of specified severity**

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma
- iii. 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.
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukemia less than RAI stage 3
- vi. Micro carcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

## **2. First heart attack – of specified severity in the lifetime of Life Insured**

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:

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

The following are excluded:

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- ii. Other acute Coronary Syndromes
- iii. 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:

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

- i. No response to external stimuli continuously for at least 96 hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- iv. 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 extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. 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:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. 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 months.

#### **10. Multiple sclerosis with persisting symptoms**

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

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:

- i. 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
- ii. Personality change
- iii. Gradual onset and continuing decline of cognitive functions
- iv. No disturbance of consciousness
- v. Typical neuropsychological and neuro imaging findings (e.g. CT scan)

vi. The disease must require constant supervision (24 hours daily). The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

Alzheimer's Disease requiring constant supervision must persist for at least three months and evidence of this must be produced for the claim to be payable.

For the above definition, the following are not covered:

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 the Company. The blindness must not be able to be corrected by refractive correction or any medical procedure.

The rider benefit is an additional benefit with the base policy benefit(s) remaining unaltered on rider benefit payment.

### **Max Life Group Critical Illness (Additional Benefit) Premier Rider Terms**

- For groups with 50 or fewer members, coverage in respect of all members will be subject to individual underwriting as per the Board approved Underwriting Policy of the Company.
- For groups with more than 50 members, 50% of Free Cover Limit applicable under base life cover is applicable up to a maximum of Rs. 25 Lacs. For the sum assured in excess of this free cover limit, all members will be subject to individual underwriting as per the Board approved Underwriting Policy of the Company.
- Waiting Period for the rider is 90 days from the effective date of coverage. The waiting period shall apply to all members of a new group or to new members of an existing group. The waiting period shall not apply to those existing members of a renewing group provided who have already completed their waiting period fully.
- Critical Illness benefit is payable only in respect of the first incidence in the lifetime of Life Insured of one of the 12 specified Critical Illnesses and only once during the lifetime of the member.
- Lives above the Free Cover Limit will be underwritten as per the Board approved Underwriting Policy of the Company.

### **Max Life Group Critical Illness (Additional Benefit) Premier Rider Exclusions**

Lives with any critical illness existing or occurred previously shall not be offered this benefit.

Critical Illness (Additional Benefit) Premier rider benefit shall not be paid on any claim occurring as a result of or under any of below mentioned conditions:

- Diseases in the presence of an HIV infection
- Any congenital condition;
- Intentional self-inflicted injury, attempted suicide, while sane or insane
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Participation by the insured person in a criminal or unlawful act with criminal intent

- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

- 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.

No benefit is payable in respect of the insured event occurring during the period when the policy was in lapsed status, even though the policy may be revived.

#### **Other terms and conditions**

- **Objective Criteria to allow Discounts and Loadings:** We will allow the discount and loading based on the filed objective criteria and arrive at the premium without any limit.

#### **Full Disclosure & Incontestability**

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

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

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

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

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

Explanation I – For the purposes of this sub-section, the expression “fraud” means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b) the active concealment of fact by the insured having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent.

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

(3) Notwithstanding anything contained in sub-section (2) no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:



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

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

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

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

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

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

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

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

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

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

Nomination: This being a rider, the nomination under this rider shall be the same as under the base plan.

Nomination should be in accordance with provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

Assignment: Assignment should be in accordance with provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

Tax Benefits: Tax benefits are subject to the changes in tax laws. You may be entitled to certain applicable tax benefits on your premiums and policy benefits. Please note that all the tax benefits are subject to the tax laws prevailing at the time of payment of premiums or receipt of benefits by you. You may seek an independent advice on tax benefits from your tax advisor. Tax benefits applicable are:

- Premium(s) paid by the employer would be treated as business expense under section 37(1) of the Income Tax Act, 1961.

- All death claim payments are exempted from tax under Section 10(10D) of the Income Tax Act, 1961

Statutory impositions: Premiums payable and benefits secured under your rider will be subject to applicable statutory levy, cess and taxes as imposed by Government from time to time and you will be responsible for paying these statutory impositions.

### **Important Notes**

- This is only a prospectus. It does not purport to be a contract of insurance and does not in any way create any rights and/or obligations. All the benefits are payable subject to the terms and conditions of the rider.





- Extra Premium may be charged for sub-standard lives.
- Benefits are available provided all premiums are paid, as and when they are due.
- Taxes, cesses and levies as imposed by Government from time to time would be levied as per applicable laws.
- Insurance is the subject matter of solicitation.
- Life insurance coverage is available in this rider.
- All rider benefits are subject to rider being in force.

### **Expert Advice at Your Doorstep**

Our distributors have been professionally trained to understand and evaluate your unique financial requirements and recommend a policy which best meets your needs. With experienced and trained distributors, we are fully resourced to help you achieve your life's financial objectives.

Should you need any further information from us, please do not hesitate to contact on the below mentioned address and numbers. We look forward to have you as a part of the Max Life family.

### **Contact Details of the Company**

**Company Website:** <http://www.maxlifeinsurance.com>

#### **Registered Office**

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

#### **Office Address**

Max Life Insurance Company Limited  
2nd floor, Plot No. 90A, Sector 18,  
Gurugram - 122015, Haryana, India.  
Tel No.: 0124-4219090

**Customer Helpline Number** 1860 120 5577 or SMS "Life" to 54242

### **Disclaimers:-**

Max Life Insurance Company Limited is a Joint Venture between Max Financial Services Ltd. and Mitsui Sumitomo Insurance Co. Ltd. Max Life Insurance Co. Ltd., 11th Floor, DLF Square Building, Jacaranda Marg, DLF City Phase II, Gurugram (Haryana) – 122002. For more details on risk factor, terms and conditions, please read the prospectus carefully before concluding a sale. Insurance is the subject matter of solicitation. You may be entitled to certain applicable tax benefits on your premiums and policy benefits. Please note all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. Tax benefits are subject to change in tax laws. Trade logos displayed belong to Max Financial Services Ltd. and Mitsui Sumitomo Insurance Co. Ltd. respectively and are used by Max Life Insurance Co. Ltd. under a license. You can call us on our nation-wide Helpline number: 1860 120 5577. IRDAI Regn. No – 104

ARN : Max Life/Group Critical Illness (Additional Benefit) Rider/Web Prospectus/May 2018

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

**IRDAI clarifies to public that –**

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