

## Annexure – A

### CUSTOMER INFORMATION SHEET/KNOW YOUR RIDER

This document provides key information about your Rider. You are also advised to go through your Rider document.

SI No	Title	Description (Please refer to applicable Rider Clause Number in next column)	Rider Document Clause Number
1	Name of Insurance Product / Rider	Max Life Waiver of Premium Plus Rider (A Non- Linked Non-Participating Individual Pure Risk Health Insurance Rider)	Rider Preamble
2	Rider number	[Add Rider number]	Rider Schedule
3	Type of Insurance Product / Policy/Rider	Benefit Rider	Rider Preamble
4	Sum Insured (Basis) (Along with amount)	Individual Sum Assured - NA	
5	Policy Coverage (What the policy covers) (Rider Clause Number/s)	<p>1. The benefit shall be payable in form of Waiver of all the Specified Premiums Due till the earliest of the expiry of the Policy Term or the expiry of the Premium Payment Term under the base Policy or the termination of the base Policy due to happening of any insured event / surrender or the end of the Policy Anniversary on which You attain the age of 70 (Seventy) years on the occurrence of the first of the following events when this Rider and the base Policy are in force:</p> <p style="margin-left: 40px;">a) Dismemberment; b) Diagnosis with a Critical Illness; or c) Death (if You are not the Life Insured under the base Policy).</p> <p>2. Once the claim under the Rider is accepted and Specified Premiums Due are waived; then in case of termination of base Policy due to happening of any insured event or surrender (only if surrender value is available under the base Policy), We will pay:</p> <p style="margin-left: 40px;">a) all applicable benefits under the base Policy; and b) the present value of the future Premium (including Rider Premium, if any) to be waived, discounted at the rate of 6.5% p.a.</p>	Clause 2 of Part C, Rider Benefits
6	Exclusions (what the policy does not cover)	<p>Exclusions Applicable to this rider</p> <p>1. No benefit under this rider shall be payable:</p> <p style="margin-left: 40px;">a. 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 ("Waiting Period").</p>	Clause 3.1 to 3.3 of Part C, Rider Benefits

		<p>b. If Life assured dies within a period of 30 (Thirty) days from Diagnosis of Critical Illness.</p> <p>c. In case any Critical Illness is Diagnosed or You suffer Dismemberment before the Date of Commencement of Risk under Rider.</p> <p>2. <b>For Other exclusions to Waiver of Premium Plus benefit:</b> Please refer to Annexure 2</p>	<p>Clause 3.4 of Part C, Rider Benefits</p>
7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p>It is the period of 90 (Ninety) days from the Date of Commencement of Risk under Rider / Revival of this Rider.</p>	<p>Clause 3.1 of Part C, Rider Benefits</p>
8	<p>Financial limits of coverage</p> <p>i. Sub-limit</p> <p>(It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p><b>Sub- Limit:</b></p> <p>The maximum waiver of annual Premiums, under all the Policy(ies) and all other applicable riders in force, shall not exceed a sum of Rs. 25,00,000/- (inclusive of Underwriting Extra Premium and applicable taxes).</p>	<p>Clause 1.6 of Part C</p>
	<p>ii. Co-payment</p> <p>(It is a specified amount/percentage of the admissible claim amount to be paid by policyholder /insured).</p> <p>iii. Deductible</p> <p>(It is a specified amount:</p> <ul style="list-style-type: none"> <li>- up to which an insurance company will not pay any claim, and</li> <li>- which will be deducted from total</li> </ul>	<p><b>Co-payment: NA</b></p> <p><b>Deductible: NA</b></p>	

	claim amount (if claim amount is more than the specified amount)  iv. Any other limit (as applicable)	<b>Any Other Limit: NA</b>	
<b>9</b>	Claims/Claims Procedure	<p><b>Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigations, if any, whichever is later and brief procedure</b></p> <p>I. The Claimant is required to produce the following in case of Policyholders death (if You are not the Life Insured under the base Policy):</p> <ol style="list-style-type: none"> <li>1. claimant's statement in the prescribed form (death claim application form -form A);</li> <li>2. original Rider document;</li> <li>3. original/ attested copy of death certificate issued by the local/municipal authority;</li> <li>4. attending Medical Practitioner's statement confirming Diagnosis of the Life Insured; and</li> <li>5. any other documents/information required by Us for assessing and approving the claim.</li> </ol> <p>II. You are required to produce the following in case of Dismemberment or Critical Illness:</p> <ol style="list-style-type: none"> <li>1. claimant's statement in the prescribed form prescribed by Us;</li> <li>2. original Rider document;</li> <li>3. attending Medical Practitioner's statement confirming Diagnosis of the Life Insured;</li> <li>4. copies of all recent treatment/hospitalization records;</li> <li>5. certificate by a Medical Practitioner confirming Your Dismemberment or Critical Illness; and</li> <li>6. any other documents/information required by Us for assessing and approving the claim.</li> </ol> <p>A Claimant can download the claim request documents from Our website <a href="http://www.maxlifeinsurance.com">www.maxlifeinsurance.com</a> or can obtain the same from any of Our branches and offices.</p>	Clause 3 (Claim Procedure) of Part F
<b>10</b>	Policy Servicing	<p>Helpline No. – 1860 120 5577 or (0124) 4219090 Email: <a href="mailto:service.helpdesk@maxlifeinsurance.com">service.helpdesk@maxlifeinsurance.com</a></p> <p>Head – Customer Care</p>	Clause 1.1 (Dispute Redressal process under policy) – Part G
<b>11</b>	Grievances/ Complaints	Grievance Redressal Officer, Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India	Clause 1.2 (Dispute Redressal

		<p>Helpline No. – 1860 120 5577 or (0124) 4219090  Email:  <a href="mailto:manager.services@maxlifeinsurance.com">manager.services@maxlifeinsurance.com</a>;</p> <p>Ombudsman : Please Refer to Annexure 1</p>	process under Rider) – Part G
12	Things To remember	<p><b>a. Free Look cancellation:</b> You may cancel the insurance Rider, if you do not want it, within 30 days from the beginning of the date of receipt of Rider.</p> <p>If You disagree to any of those terms and conditions of the Rider document or otherwise, and have not made any claim, You have the option to cancel the Rider by sending a written request to Us, by stating the reasons for the same. Upon receipt of Your request and if no claim has been made under the Rider, the Rider will terminate immediately and all rights, benefits and interests under the Rider will cease immediately. You shall be entitled to a refund of the Rider Premiums received by Us after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred by Us on medical examination of the Life Insured, if any, irrespective of the reasons mentioned.</p> <p><b>b. Rider Revival:</b> A Lapsed Rider can be revived within the Revival Period subject to:</p> <ol style="list-style-type: none"> <li>1) Receipt of written request to revive the Rider along with the base Policy.</li> <li>2) Producing an evidence of insurability (in form of declaration of health condition and/or relevant medical reports) at your own cost which is acceptable to Us</li> <li>3) Payment of all overdue Rider Premiums with late fee and/or interest at such rate as may be determined from time to time</li> </ol>	<p>Cover Letter, Part A</p> <p>Clause 3.1 of Part D, Revival of rider</p>
13	Your Obligations	<ul style="list-style-type: none"> <li>• If the Rider Premium or the premium under the base policy is not received by the expiry of the Grace Period, the rider will automatically lapse and no benefits will be payable under the rider.</li> <li>• Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.</li> </ul>	<p>Clause 5 Part C (Lapsation of Rider)</p> <p>Clause 5 of Part F</p>

		<ul style="list-style-type: none"> <li>• Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time.</li> <li>• Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time.</li> </ul>	<p>Clause 8 of Part F</p> <p>Clause 9 of Part F</p>
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Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Declaration by the Policy Holder;

Place:

Date:

(Signature of the Policyholder)

**Note:**

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.maxlifeinsurance.com/content/dam/corporate/Riders/Max-Life-Waiver-of-Premium-Plus/max-life-waiver-of-premium-plus-rider-prospectus.pdf>.
- ii. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.
- iii. Sum Assured on Death is subject to underwriting, for actual Sum Assured details, please refer to the Policy document.
- iv. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

## Annexure A: List of Insurance Ombudsman

**AHMEDABAD** - Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: [bimalokpal.ahmedabad@cioins.co.in](mailto:bimalokpal.ahmedabad@cioins.co.in). (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

**BENGALURU** - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24<sup>th</sup> Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: [bimalokpal.bengaluru@cioins.co.in](mailto:bimalokpal.bengaluru@cioins.co.in). (State of Karnataka)

**BHOPAL**- Office of the Insurance Ombudsman, 1<sup>st</sup> Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) (States of Madhya Pradesh and Chhattisgarh.)

**BHUBANESHWAR** - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) (State of Odisha.)

**CHANDIGARH** - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

**CHENNAI**- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4<sup>th</sup> Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

**DELHI**- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: [bimalokpal.delhi@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

**KOCHI**- Office of the Insurance Ombudsman, 10<sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

**GUWAHATI** - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: [bimalokpal.guwahati@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

**HYDERABAD** - Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

**JAIPUR**- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) (State of Rajasthan)

**KOLKATA** - Office of the Insurance Ombudsman, Hindustan Building, Annexe, 7<sup>th</sup> Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

**LUCKNOW**- Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) (Following Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

**MUMBAI** - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022- 69038800/27/29/31/32/33 Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

**NOIDA** - Office of the Insurance Ombudsman, 4<sup>th</sup> Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) (State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

**PATNA** - Office of the Insurance Ombudsman, 2<sup>nd</sup> floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) (State of Bihar, Jharkhand.)

**PUNE** - Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)

**Annexure 2: Other exclusions to Waiver of Premium Plus benefit**

If Your Critical Illness or Dismemberment is directly or indirectly, caused, occasioned, accelerated or aggravated directly or indirectly, by any of the following:

- i) suicide or attempted suicide or self-inflicted injury, whether You are medically sane or insane;
- ii) committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent;
- iii) any congenital condition;
- iv) 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;
- v) 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, civil commotion or strikes;
- vi) participation by You in any flying activity other than as a bona fide passenger (whether paying or not), pilots and cabin crew in a licensed scheduled aircraft;
- vii) 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
- viii) nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.