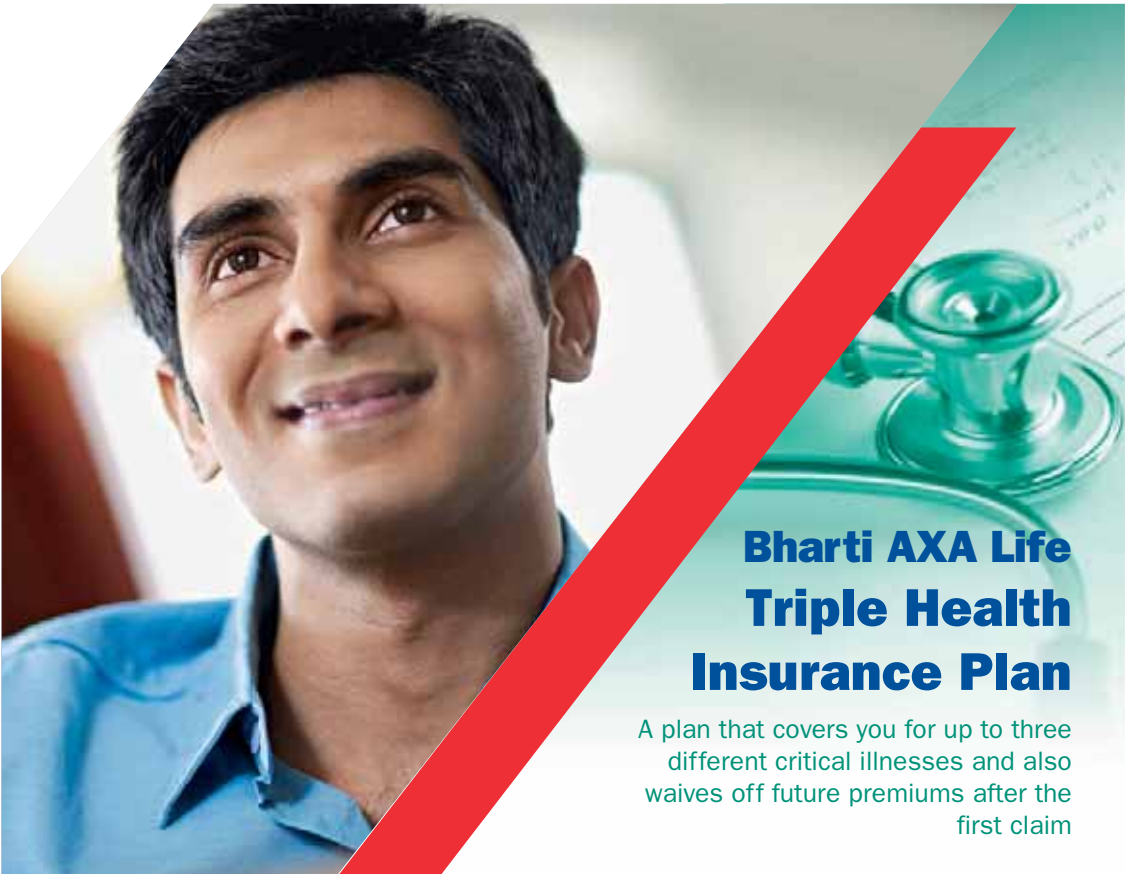


health insurance

Can my critical illness plan protect me for not one but three different claims?



Bharti AXA Life Triple Health Insurance Plan

A plan that covers you for up to three different critical illnesses and also waives off future premiums after the first claim



jeevan suraksha ka
naya nazariya



Why Bharti AXA Life Triple Health Insurance Plan?

Your health is paramount to you and your family. The growing concern, however, is the increasing cost of health care. Which is why you need your health plan to cover you for not one or two but three critical illnesses.

At Bharti AXA Life, we have decided to act. Our latest health product Bharti AXA Life Triple Health Insurance Plan offers you cover for up to three unrelated critical illnesses. This plan pays you the Sum Assured to help you meet unexpected medical expenses.

About us:

Bharti AXA Life Insurance is a joint venture between Bharti, one of India's leading business groups with interests in telecom, agri business and retail, and AXA, one of the world's leading company in financial protection and wealth management. The joint venture company has a 74% stake from Bharti and 26% stake of AXA.

As we further expand our presence across the country with a large network of distributors, we continue to provide innovative products and service offerings to cater to specific insurance and wealth management needs of customers. Whatever your plans in life, you can be confident that Bharti AXA Life will offer the right financial solutions to help you achieve them.

The Policy includes 13 critical illnesses that are split into 3 groups. Should one have the misfortune of being diagnosed with any critical illness from these groups, the first claim could be made and the policyholder will still be eligible for a second and third claim from the other two groups in the future years.

For each claim, you are eligible to receive the full Sum Assured opted for by you irrespective of whether it is the first, second or third claim.

Group A	Group B	Group C
100% Sum Assured payable	100% Sum Assured payable	100% Sum Assured payable
Heart Attack	Coma	Cancer
Coronary Artery Bypass Graft Surgery	Multiple Sclerosis	Benign Brain Tumour
Major Organ Transplant (Kidney or Heart)	Major Organ Transplant (Liver or Lung)	Major Organ Transplant (Bone Marrow)
Renal (Kidney) Failure		
Heart Valve Surgery		
Stroke		
Paralysis		

Cover for two more unrelated critical illnesses continues even after first claim

What are my advantages with Bharti AXA Life Triple Health Insurance Plan?

Sum Assured on critical illness

If you, as the Life Insured, encounter a critical illness, anytime during the policy term of 15 years, 100% of the Sum Assured will be payable to you.

Claim for up to a maximum of three times

Even after you have made your first claim, your critical illness cover continues and you are eligible to make up to 2 more claims for unrelated illnesses (For more details, refer section: *How does this Policy work?*)

The critical illness benefit payout is as follows:

Covered Event	Payments
First Critical Illness	100% of Sum Assured. Future premium payments towards the Policy are waived off.
Second Critical Illness	100% of Sum Assured if event is not included in the same group for which compensation was paid at the first critical illness event.
Third Critical Illness	100% of Sum Assured if event is not included in the same groups for which compensations were paid at the first and second critical illness event.

Waiver of Premium

Once you have made the first claim, all your future premiums are waived off. Bharti AXA Life will pay all the future premiums on your behalf and take the responsibility to keep your Policy cover in force until maturity.

Premiums waived after the first claim

Maturity Benefit

(Available only if you have chosen “With Return of Premium” option)

If you have not made any critical illness claim, then at maturity we will return an amount equal to 15 times the first year’s premium. The Policy term is 15 years.

Death Benefit

(Available only if you have chosen “With Return of Premium” option)

In case no critical illness claim has been made and in the unfortunate event of death of the Life Insured, the death benefit equal to the first year’s premium multiplied by number of completed Policy years until the date of death is paid to the nominee.

Tax Benefits

You may avail of tax benefits under Section 80D for the premiums paid towards health insurance and under Section 80C for the premiums paid towards death benefits, if applicable. The tax benefits are subject to change as per change in Tax laws from time to time.

Service tax and Education cess will be levied as per prevailing tax laws.



How does Bharti AXA Life Triple Health Insurance Plan work?

This policy works as follows:

- You need to choose the desired Sum Assured at inception. While choosing your Sum Assured, take into account the fact that you need to be adequately covered for not only the treatment costs, but also for the loss of income during the treatment period.
- You pay the premiums (base Policy premium) regularly, as per the mode of premium payment selected by you for the Policy term of 15 years.
- You are covered for 13 critical illnesses. These illnesses are grouped in 3 separate groups. You are eligible to make up to three claims (each from a separate group), subject to a no-benefit period of 365 days between each claim.
- After the waiting period of 90 days, and in event that you contract a critical illness, you may make the first claim from any of the groups.
- Once you have made a claim for a particular illness, then you cannot claim for any other illness under the same group.
- All future premium payment obligations are waived off on payment of the first claim, while your cover continues for critical illnesses from the other 2 groups.
- There is a minimum survival period of 30 days post each claim.

Over the Policy term, the product provides cover of the entire Sum Assured (for each claim), for any one critical illness from each of the 3 groups, subject to a maximum of three claims.

Premium return option available

Sample illustration of premium rates:

Sum Assured (₹)	Age at Entry	Without Return of Premium (₹)	
	(years)	Male	Female
10,00,000	25	3,320	3,570
	35	6,090	5,820
	45	14,200	12,810
5,00,000	25	1,975	2,095
	35	3,360	3,220
	45	7,420	6,725
2,00,000	25	1,358	1,408
	35	1,916	1,862
	45	3,562	3,282

Sum Assured (₹)	Age at Entry (years)	'With Return of Premium' Option (₹) (for male lives)		'With Return of Premium' Option (₹) (for female lives)	
		Towards Health Insurance	Towards Life Insurance Benefits	Towards Health Insurance	Towards Life Insurance Benefits
10,00,000	25	3,320	5,530	3,570	5,700
	35	6,090	8,090	5,820	7,870
	45	14,200	13,970	12,810	13,060
5,00,000	25	1,975	3,030	2,095	3,130
	35	3,360	4,305	3,220	4,200
	45	7,420	7,225	6,725	6,775
2,00,000	25	1,358	1,718	1,408	1,756
	35	1,916	2,198	1,862	2,160
	45	3,562	3,324	3,282	3,162

Please note:

- Service Tax, Cess and Surcharge will be applicable additionally as per prevailing rates.
- Sum Assured displayed above is payable in respect for each claim made.

Case Study

Ashok, a 30 year old opts for a Sum Assured of ₹ 5,00,000 under 'With Return of Premium' option while Shalini, a 40 year old opts for a Sum Assured of ₹ 10,00,000 under 'Without Return of Premium' option.

Bharti AXA Life Triple Health Insurance Plan	Ashok (30 year old Male)	Shalini (40 year old Female)
Product option opted	With 'Return of Premium'	Without 'Return of Premium'
Sum Assured	₹ 5,00,000	₹ 10,00,000
Policy Term	15 years	15 years
Annual premium	₹ 5,945 (₹ 2,440 towards health insurance and ₹ 3,505 towards life insurance)	₹ 8,990
Critical Illness Benefits		
First Claim	Cancer (Group C) ₹ 5,00,000 paid out and future premiums waived off	Heart Attack (Group A) ₹ 10,00,000 paid out and future premiums waived off
Year of first claim	Year 3	Year 5
Second Claim	Coma (Group B) ₹ 5,00,000 paid out	-
Year of second claim	Year 6	-
Third Claim	Stroke (Group A) ₹ 5,00,000 paid out	-
Year of third claim	Year 10	-
Summary of Benefits Received		
Total Critical Illness Benefit paid out	₹ 15 lakhs	₹ 10 lakhs

In the above illustration:

- If no claim is made during the Policy term of 15 years, Shalini will not receive any maturity benefit, while Ashok will be eligible to receive ₹ 89,175 (1st year's premium X 15) at maturity.
- If no claim is made and an unfortunate event of death occurs during the Policy term of 15 years (eg. 8th year), Shalini will not receive any death benefit, while Ashok's nominee will be eligible for ₹ 47,560 (1st year's premium x number of completed years before date of death.)

Terms and Conditions

- a. You should not have any pre-existing illnesses while applying for this Policy.
- b. **Waiting Period:**
 - There will be a waiting period of 90 days from Policy inception or from any subsequent reinstatement. During this period, if you contract a critical illness, you will not be eligible to receive your first claim.
 - For your subsequent claims (2nd and 3rd claims), there would be a no benefit period of 365 days from the date of diagnosis of the previous claim.
- c. **Survival Period:**

There will be a minimum survival period of 30 days applicable for each of the 3 possible claims. There may be a longer survival period for specific illnesses. Please refer to the detailed definitions of illnesses.
- d. Premium rates are guaranteed for the first 3 years of the Policy only. After that, the Company may revise the premium rates (upwards or downwards) subject to experience.

If in case you wish to exit the Policy after the revision of premium, the surrender value, if applicable, will be paid out and the Policy benefits will cease to exist.
- e. The claim would be paid only if the critical illnesses falls within the definition laid down for each illness.
- f. Diagnosis must be confirmed by a specialist. The date of diagnosis would be considered for processing a claim.
- g. The premiums remain unchanged for the first three years from the date of commencement of the Policy. Thereafter, the premiums are annually reviewable. Any change in premium will only be effected with approval from IRDA and after giving prior notice in writing to the policyholders.

What happens if I am unable to pay premiums?

Reinstatement of the Policy

In case you do not pay the premiums within the grace period (30 days), your Policy will lapse. You have a flexibility to reinstate all the benefits under the Policy by paying all due premiums with applicable interest within 5 years of the date of discontinuance of the premium. We would require a "Declaration of Good Health", whenever you reinstate the Policy. At the Company's discretion, you may also be needed to undergo medical tests (at your expense). If the Policy is not reinstated during the reinstatement period, the Policy will stand terminated and no Policy benefits will be payable. The reinstatement of the Policy may be on terms different from those applicable to the Policy before it lapsed. In case of death or diagnosis of a critical illness during the reinstatement period, no benefit will be payable.



Can I surrender my policy? (only for those who choose “With Return of Premium” option)

We would want you to pay premiums regularly until maturity to get maximum benefits under the Policy. However, in case you are not able to pay all premiums as per your selected plan option and want to exit the Policy earlier then only Surrender Value will be payable to you. This benefit is available only under “With Return of Premium” option.

Surrender Value

Your Policy will acquire Surrender Value only if three annual premiums are paid, provided no claim has been made under the Policy. At any point in time, the Surrender Value is equal to 30% of all the premiums paid until that date, excluding the first year’s premium and any extra premium paid under this Policy. Surrender shall terminate all rights and benefits under the Policy.

Eligibility criteria

Parameter	Eligibility Criteria
Policy Term	15 years
Premium Payment Term	15 years
Minimum Age at Entry	18 years
Maximum Age at Entry	50 years
Maximum Age at Maturity	65 years
Minimum Sum Assured	₹ 2,00,000
Maximum Sum Assured	₹ 30,00,000
Premium Payment Modes	Annual, Semi-Annual, Quarterly* & Monthly*

* Through ECS only

Section 41 of insurance act 1938

(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: Provided that acceptance by an insurance agent of commission in connection with a Policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the Insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Section 45 of insurance act 1938

“No Policy of life insurance shall after the expiry of two years from the date on which it was effected, be called in question by an Insurer on the ground that statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the Insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that 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.”

Other Terms & Conditions

- This product brochure is indicative of terms, conditions, warranties and exceptions contained in the Insurance Policy.
- Exclusions that shall apply to the benefits payable under this Policy.
 - No benefits will be payable for any event which is a direct or indirect result of any pre-existing diseases.
 - Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV).
 - Self inflicted injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
 - Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
 - War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
 - Radioactive contamination due to nuclear accident.
 - Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.
 - Injuries or diseases arising from professional sports, racing of any kind, scuba-diving, aerial flights (including bungee-jumping, hang-glider, ballooning, parachuting and skydiving) other than as a crew member or as a fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or any hazardous activities or sports.

- Death Benefit is payable only under the “with return of premium” option

- **Free-look Option**

If you disagree with any of the terms and conditions of the Policy, then you have the option to return the original Policy Bond along with a letter stating reasons for the objection within 15 days of receipt of the Policy Bond (“the free look period”). The Policy will accordingly be cancelled and an amount equal to the premium received, less stamp duty and underwriting expenses incurred by The Company will be refunded to you. All your rights under this Policy shall stand extinguished immediately on the cancellation of the Policy under the free look option.

- **Grace Period**

The Grace period for all premium payment modes is 30 days from the premium due date.

- Bharti AXA Life Triple Health Insurance Plan is the name of the traditional insurance product. The name of the product does not in any way indicate the quality of the product, its future prospects.
- This is a non participating Policy, i.e. the Policy does not provide for participation in the distribution of surplus or profits that may be declared by The Company.
- Bharti AXA Life Insurance Company Limited, Unit no 601 & 602, 6th Floor, Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai - 400063
- UIN: 130N047V01

Insurance is the subject matter of solicitation

Critical illness - Definitions

Heart Attack (Myocardial Infarction)

The diagnosis must be supported by all three (3) of the following criteria and be diagnostic of a new definite acute myocardial infarction:

1. Symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction; and
 2. New characteristic electrocardiographic changes; and
 3. The characteristic rise above accepted normal values of biochemical cardiac specific markers such as CK-MB and/or cardiac troponins.
- Heart failure, non-cardiac chest pain, angina, unstable angina, myocarditis, pericarditis, traumatic myocardial injury and all other forms of acute coronary syndromes are not covered.

Coronary Artery By-Pass Graft Surgery

The undergoing of open-heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts. Angiographic evidence to support the necessity of the surgery will be required. Balloon angioplasty, laser or any catheter-based procedures are not covered.



Renal Failure

End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician.

Major Organ Transplant (Kidney and Heart)

The receipt of a transplant of one of the following human organs: heart or kidney that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.

Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

Stroke

Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than three months. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. Specifically excluded are cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

Coma

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

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit, which must be assessed at least 30 days after the onset of the coma. Confirmation by a neurologist must be present. Coma resulting directly from self-inflicted injury; alcohol or drug abuse is excluded.

Multiple Sclerosis

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis;
- 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
- Well-documented history of exacerbations and remissions of said symptoms or neurological deficits. Other causes of neurological damage such as SLE and HIV are excluded.

Major Organ Transplant (Liver and Lung)

The receipt of a transplant of one of the following human organs: lung or liver, that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.

Cancer

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This diagnosis must be histological confirmed.

The term cancer includes leukaemia, but the following cancers are excluded:

All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;

- All forms of lymphoma in the presence of any Human Immunodeficiency Virus;
- Kaposi's Sarcoma in the presence of any Human Immunodeficiency Virus;
- Any skin cancer other than invasive malignant melanoma;
- 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; and T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter.

Major Organ Transplant (Bone Marrow)

The receipt of a transplant of Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation. Other stem cell transplants are excluded.

Paralysis:

Complete and permanent loss of the use of two or more limbs, as a result of injury or disease of the brain or spinal cord. To establish permanence, the paralysis must normally have persisted for at least 6 months from the date of trauma. The condition must be confirmed by a consultant Neurologist on basis of appropriate imaging techniques such as CT/MRI scans.

Benign Brain Tumour:

A benign brain tumor means a tumor that is in the brain or meninges excluding the skull, spinal cord; and where all of the following conditions are met –

It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques"

The following are excluded:

- Cysts
- Granulomas
- Vascular Malformations
- Haematomas;
- Tumours of the pituitary gland or spinal cord; and
- Tumours of Acoustic Nerve (Acoustic Neuroma).



Your Bharti AXA Life Advisor

Life insurance coverage is available in this product.

For any further queries or feedback, please contact your Financial Advisor or get in touch with us on:



24/7 Toll-free:

1800 200 0048



SMS **SURAKSHA** to **56677**
We will get in touch within 24 hours to address your query.



For locating a branch near you, please visit

www.bharti-axalife.com

Bharti AXA Life Insurance Company Ltd.

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