



About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons Ltd. and AIA Group Ltd (AIA). Tata AIA Life combines Tata's pre-eminent leadership position in India and AIA's presence as the largest, independent listed pan-Asia Life Insurance Group in the world spanning 18 markets in Asia Pacific. Tata Sons holds a majority stake (51 per cent) in the Company and AIA holds 49 per cent through an AIA International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110) CIN: U66010MH2000PLC128403. **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or call **1-860-266-9966** (local charges apply) or write to us at **customercare@tataaia.com**. Visit us at: **www.tataaia.com**. Unique Reference Number: **L&C/Advt/2025/Jul/2791** • UIN: **110N183V01**



Tata AIA Health Buddy

Non-Participating, Non-Linked Individual Health Product

Introduction

We all aspire to create a future filled with security, stability, and opportunities for our loved ones. However, life can be unpredictable, and sudden health challenges can place immense emotional and financial strain on individuals and families. In such moments, having the right protection becomes essential.

TATA AIA Health Buddy is designed to be your trusted partner during these difficult times. With its robust health protection features, it ensures that you and your family are supported-not just financially, but with the confidence to focus on recovery and healing. Whether it's a critical diagnosis or an unexpected injury, TATA AIA Health Buddy offers a safety net that helps you stay resilient and prepared.

Choose TATA AIA Health Buddy to face life's uncertainties with strength, knowing you're backed by a plan built to protect what matters most.

Eligibility criteria

Below table outlines the eligibility criteria for Health Buddy :

Parameters	Option	TTB, ATPD, ADB, ATPD	CritiCash, Select CI, Mega CI, Cardiac Care, Cancer Care	HospiCash, SurgiCash	OPD
Entry Age	Minor Life	NA			91 Days - 17 Years
	Major Life	18 - 65 Years			18 - 85 Years
Maturity Age		100 Years	85 Years	100 Years	

Parameters	Option	Mode	TTB, ATPD, ADB, ATPD	CritiCash, Select CI, Mega CI, Cardiac Care, Cancer Care	HospiCash, SurgiCash	OPD
Policy Term (in Months)	ROP	Regular Pay	120 to 984	120 to 360 months	NA	NA
		Limited Pay				
		Single Pay				
	NROP	Regular Pay	13 to 984	13 to 360	13 to 240	13 to 360
		Limited Pay	14 to 984	14 to 360	14 to 240	14 to 360
		Single Pay	12 to 984	12 to 360	12 to 240	12 to 360

Key features

- **All-in-One Health Solution:** Curate your perfect protection plan against illness, disability, and unforeseen events with our wide range of benefit options
- **Enhanced Coverage:** Boost your core coverage with our customized add-on benefits that offer wider protection for your peace of mind
- **Cover More, Worry Less:** Get protection against Critical Illnesses with multi-stage payouts, and the flexibility to customize your coverage across major and minor conditions-just the way you need it
- **Care for Every Heartbeat:** Stay protected against a range of conditions, from early warnings to major health events, so you can focus on recovery and not expenses
- **Tax Advantages:** Avail income tax benefits as per prevailing tax laws to make your protection plan even more rewarding

Parameters	Option	Mode	TTB, ATPD, ADB, ATPD	CritiCash, Select CI, Mega CI, Cardiac Care, Cancer Care	HospiCash, SurgiCash	OPD
Premium Payment Term (in Months)	ROP	Regular Pay	120 to 983	120 to 360	NA	NA
		Limited Pay	60 to 983	60 to 359		
		Single Pay	1	1		
	NROP	Regular Pay	13 to 984	13 to 360	13 to 240	13 to 360
		Limited Pay	13 to 983	13 to 359	13 to 239	13 to 359
		Single Pay	1	1	1	13 to 359

- Note:**
- For Policy Term the limits are subject to maximum maturity age.
 - For Child Care add-on benefit the entry age is minimum: 4 Years and maximum: 17 Years.
 - For ATPPD, ATPD, ADB (Add-on benefit) and TTB : In case the policyholder opts for ‘Partner Care’ option, then minimum policy term shall be at least 60 months.
 - Minimum Sum assured offered under benefit option is as follows:
 - HospiCash: INR 500 per day
 - SurgiCash: INR 50,000
 - CritiCash/ Mega CI and Select CI: INR: 100,000
 - TTB, ATPD, ATPPD, ADB, Cancer Care and Cardiac Care: INR 25,000

Benefit Options

TATA AIA Health Buddy offers flexible coverage against multiple risks that could impact your health and financial well-being. Customise your plan basis your unique protection needs.

Benefit Option	Brief description of risk covered
Accidental Total & Partial Permanent Disability (ATPPD)	Total and Partial Permanent Disability due to Accident
Accidental Total and Permanent Disability (ATPD)	Total and Permanent Disability due to accident
Terminal Illness with Term Booster (TTB)	Benefit paid on earlier of Death or diagnosis of Terminal Illness
Mega CI	Choose from 3 plan options offering coverage against 10, 21, or 60 major critical illnesses
Select CI	Select one option each from 3 or 10 minor critical illnesses and 10, 21, or 60 major/advanced stage critical illnesses for comprehensive, stage-wise protection
CritiCash	Protection from 57 Critical Illness including Minor, Major and Catastrophic
Cancer Care	Diagnosis of major or minor Cancer
HospiCash (HCB)	Per day hospital cash benefit, double benefit in case ICU

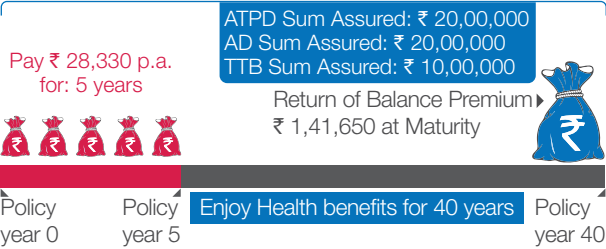
Benefit Option	Brief description of risk covered
SurgiCash (SCB)	Lumpsum payout in case of covered surgery
Cardiac Care	Diagnosis of major or minor Cardiac Condition
OPD	Range of benefits available to opt during the term

Premiums vary based on the chosen option and benefit payouts are applicable only if the respective option is active at the time of claim.

Sample Benefit Illustration

To illustrate the above benefits let’s have a look at the following Benefit Illustration for a healthy male, aged 35 years at standard age proof, opting for Return of Balance Premium option for all chosen benefits

- Premium Payment Term: 5 years
- Policy Term: 40 years
- Annualized Premium: ₹ 28,330
- ATPD Sum Assured: ₹ 20,00,000
- ADB Sum Assured: ₹ 20,00,000
- TTB Sum Assured: ₹ 10,00,000
- Mode of payment: Annual



Some benefits are guaranteed, and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits, then these will be clearly marked “guaranteed” in the illustration table on the pages. If your policy offers variable benefits, then the illustrations on the pages will show two different rates of assumed future investment returns.

These assumed rates of return are not guaranteed, and these are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including actual future investment performance.

Accidental Total and Permanent Disability (ATPD)

Because life doesn't stop after an accident-your protection shouldn't either.

If you're left permanently disabled due to an accident, we ensure your financial goals don't fall apart. Under this benefit, you'll receive 100% of the Insured Amount (as listed below) helping you cover medical costs, lifestyle adjustments, and income loss, provided the disability occurs within 180 days of the accident. The following disability shall be covered under this benefit:

- Loss of sight in both eyes
- Loss of both arms or both hands
- Loss of one arm and one leg
- Loss of one arm and one foot
- Loss of one hand and one foot
- Loss of one hand and one leg
- Loss of both legs
- Loss of both feet
- Removal of the entire lower jaw
- Loss of one hand and loss of sight in one eye
- Loss of one foot and loss of sight in one eye

Accidental Total & Partial Permanent Disability (ATPPD)

Accidents can lead to lifelong physical challenges, whether it's a partial or total disability, ATPPD benefit ensures that your protection plan adapts to your new reality-providing you with the financial strength to recover, rebuild, and reclaim your life.

You can receive up to 100% of the Insured Amount, depending on the severity of the disability and your chosen payout option-provided the disability occurs within 180 days of the accident.

The nature of loss and respective payout percentage of the sum insured is given below:

Nature of Loss	Amount of Benefit (% of Insured Amount under Benefit Option)
Loss of sight in both eyes	100%
Loss of both arms or both hands	
Loss of one arm and one leg	
Loss of one arm and one foot	
Loss of one hand and one foot	
Loss of one hand and one leg	
Loss of both legs	
Loss of both feet	
Removal of the entire lower jaw	
Loss of one hand and loss of sight in one eye	
Loss of one foot and loss of sight in one eye	

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

Following conditions are applicable:

- If more than one type of loss occurs due to a single accident, only the highest applicable payout will be made.
- Any claim paid for Partial Permanent Disability will accelerate the Insured Amount under this benefit option.
- For partial disability claims, the condition must be permanent and must persist for a continuous period of at least 6 months.
- The benefit option will terminate upon payment of 100% of the Insured Amount-either through one total disability claim or multiple partial claims.
- The benefit remains valid if the accident occurs within the policy term, even if the disability is diagnosed after the term (within 180 days of the accident).

Double Benefit – Enhanced Payout in Specific Scenarios (Applicable for ATPD and ATPPD)

The payout will be doubled if the injury occurs under any of the following circumstances:

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

Terminal Illness with Term Booster

A terminal diagnosis brings emotional and financial uncertainty-but your protection plan doesn't stop when life gets hardest. This benefit offers immediate financial support when it's needed most. In the event of a Terminal Illness diagnosis or death (whichever occurs first), a lump sum equal to the Insured Amount is paid out, based on the chosen payout option.

- The benefit is payable only once during the benefit term.
- The option terminates upon the first occurrence of death, terminal illness diagnosis, or expiry of the term.

Mega CI

When faced with a serious health crisis, financial stability can make all the difference. Mega CI provides strong, tailored protection against life-altering illnesses, helping you focus on recovery-not expenses.

You can choose from three plan options based on the level of protection you need:

- **Mega CI 10:** Coverage for 10 major critical illnesses
- **Mega CI 21:** Coverage for 21 major critical illnesses
- **Mega CI 60:** Coverage for 60 major critical illnesses

You may choose any one of these options at policy inception. Once selected, the option cannot be changed during the policy term. On diagnosis of any of the covered Major Critical Illness 100% of the Insured Amount under Benefit Option.

The detailed list of covered critical illnesses is provided below:.

Sr. No.	Name of CI / Surgery	Mega 10	Mega 21	Mega 60
1	Cancer of Specified Severity	✓	✓	✓
2	Myocardial Infarction (First Heart Attack of specific severity)	✓	✓	✓
3	Open Chest CABG	✓	✓	✓
4	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓
5	Multiple Sclerosis with Persisting Symptoms	✓	✓	✓
6	End Stage Liver Failure	✓	✓	✓
7	Major Organ / Bone Marrow Transplant	✓	✓	✓
8	Permanent Paralysis of Limbs	✓	✓	✓
9	Kidney Failure Requiring Regular Dialysis	✓	✓	✓
10	Stroke Resulting in Permanent Symptoms	✓	✓	✓
11	Loss of Limbs	-	✓	✓
12	Coma of Specified Severity	-	✓	✓
13	Blindness	-	✓	✓
14	Deafness	-	✓	✓
15	End Stage Lung Failure	-	✓	✓
16	Motor Neuron Disease with Permanent Symptoms	-	✓	✓
17	Loss of Speech	-	✓	✓

Sr. No.	Name of CI / Surgery	Mega 10	Mega 21	Mega 60
18	Major Head Trauma	-	✓	✓
19	Primary (Idiopathic) Pulmonary Hypertension	-	✓	✓
20	Third Degree Burns	-	✓	✓
21	Benign Brain Tumor	-	✓	✓
22	Severe Rheumatoid Arthritis	-	-	✓
23	Systemic Lupus Erythematosus with Lupus Nephritis	-	-	✓
24	Crohn's Disease	-	-	✓
25	Alzheimer's Disease	-	-	✓
26	Aorta Graft Surgery	-	-	✓
27	Fulminant Hepatitis	-	-	✓
28	Loss of Independent Existence (cover up to Insurance age 74)	-	-	✓
29	Parkinson's disease	-	-	✓
30	Apallic Syndrome	-	-	✓
31	Bacterial Meningitis	-	-	✓
32	Brain Surgery	-	-	✓
33	Cardiomyopathy	-	-	✓
34	Chronic Adrenal Insufficiency	-	-	✓
35	Creutzfeldt-Jakob disease	-	-	✓
36	Dissecting Aortic aneurysm	-	-	✓
37	Eisenmenger's Syndrome	-	-	✓
38	Elephantiasis	-	-	✓
39	Encephalitis	-	-	✓
40	Hemiplegia	-	-	✓
41	Infective Endocarditis	-	-	✓
42	Medullary Cystic Disease	-	-	✓
43	Myasthenia Gravis	-	-	✓
44	Pheochromocytoma	-	-	✓
45	Progressive Supranuclear Palsy	-	-	✓
46	Progressive Scleroderma	-	-	✓
47	Poliomyelitis	-	-	✓
48	Tuberculosis Meningitis	-	-	✓
49	Muscular Dystrophy	-	-	✓
50	Amputation of Feet Due to Complications from Diabetes	-	-	✓
51	Myelofibrosis	-	-	✓
52	Necrotising Fasciitis	-	-	✓
53	Other Serious Coronary Artery Disease	-	-	✓
54	Severe Ulcerative Colitis	-	-	✓
55	Terminal Illness	-	-	✓
56	Pneumectomy	-	-	✓
57	Aplastic Anaemia	-	-	✓
58	Chronic Relapsing Pancreatitis	-	-	✓
59	Ebola	-	-	✓
60	Multiple system atrophy	-	-	✓

The illness must be the first-ever diagnosis of that condition in the insured's lifetime and must occur after policy issuance.

Select CI

A health setback doesn't have to become a financial crisis. Select CI is a comprehensive protection plan that combines coverage for both minor and major critical illnesses, giving you peace of mind at every stage of your health journey.

Plan Options at a Glance:

At the start of the policy, you can select your coverage basis the below listed options-your selection will remain fixed throughout the policy term:

- o **Select CI 3/10:** 3 minor illness covered + 10 major illnesses covered
- o **Select CI 3/21:** 3 minor illness covered + 21 major illnesses covered
- o **Select CI 3/60:** 3 minor illness covered + 60 major illnesses covered
- o **Select CI 10/21:** 10 minor illness covered + 21 major illnesses covered
- o **Select CI 10/60:** 10 minor illness covered + 60 major illnesses covered

The Major Critical Illnesses covered are listed below:

Sr. No.	Name of CI / Surgery	Major 10	Major 21	Major 60
1	Cancer of Specified Severity	✓	✓	✓
2	Myocardial Infarction (First Heart Attack of specific severity)	✓	✓	✓
3	Open Chest CABG	✓	✓	✓
4	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓
5	Multiple Sclerosis with Persisting Symptoms	✓	✓	✓
6	End Stage Liver Failure	✓	✓	✓
7	Major Organ / Bone Marrow Transplant	✓	✓	✓
8	Permanent Paralysis of Limbs	✓	✓	✓
9	Kidney Failure Requiring Regular Dialysis	✓	✓	✓
10	Stroke Resulting in Permanent Symptoms	✓	✓	✓
11	Loss of Limbs	-	✓	✓
12	Coma of Specified Severity	-	✓	✓
13	Blindness	-	✓	✓
14	Deafness	-	✓	✓
15	End Stage Lung Failure	-	✓	✓
16	Motor Neuron Disease with Permanent Symptoms	-	✓	✓
17	Loss of Speech	-	✓	✓
18	Major Head Trauma	-	✓	✓
19	Primary (Idiopathic) Pulmonary Hypertension	-	✓	✓

Sr. No.	Name of CI / Surgery	Major 10	Major 21	Major 60
20	Third Degree Burns	-	✓	✓
21	Benign Brain Tumor	-	✓	✓
22	Severe Rheumatoid Arthritis	-	-	✓
23	Systemic Lupus Erythematosus with Lupus Nephritis	-	-	✓
24	Crohn's Disease	-	-	✓
25	Alzheimer's Disease	-	-	✓
26	Aorta Graft Surgery	-	-	✓
27	Fulminant Hepatitis	-	-	✓
28	Loss of Independent Existence (cover up to Insurance age 74)	-	-	✓
29	Parkinson's disease	-	-	✓
30	Apallic Syndrome	-	-	✓
31	Bacterial Meningitis	-	-	✓
32	Brain Surgery	-	-	✓
33	Cardiomyopathy	-	-	✓
34	Chronic Adrenal Insufficiency	-	-	✓
35	Creutzfeldt-Jakob disease	-	-	✓
36	Dissecting Aortic aneurysm	-	-	✓
37	Eisenmenger's Syndrome	-	-	✓
38	Elephantiasis	-	-	✓
39	Encephalitis	-	-	✓
40	Hemiplegia	-	-	✓
41	Infective Endocarditis	-	-	✓
42	Medullary Cystic Disease	-	-	✓
43	Myasthenia Gravis	-	-	✓
44	Pheochromocytoma	-	-	✓
45	Progressive Supranuclear Palsy	-	-	✓
46	Progressive Scleroderma	-	-	✓
47	Poliomyelitis	-	-	✓
48	Tuberculosis Meningitis	-	-	✓
49	Muscular Dystrophy	-	-	✓
50	Amputation of Feet Due to Complications from Diabetes	-	-	✓
51	Myelofibrosis	-	-	✓
52	Necrotising Fasciitis	-	-	✓
53	Other Serious Coronary Artery Disease	-	-	✓
54	Severe Ulcerative Colitis	-	-	✓
55	Terminal Illness	-	-	✓
56	Pneumectomy	-	-	✓
57	Aplastic Anaemia	-	-	✓
58	Chronic Relapsing Pancreatitis	-	-	✓
59	Ebola	-	-	✓
60	Multiple system atrophy	-	-	✓

The Minor Critical Illnesses covered are listed below:

Sr. No.	Name of CI / Surgery	Minor 1	Minor 2
1	Angioplasty	✓	✓
2	Carcinoma-in-situ	✓	✓
3	Specified Early-Stage Cancer	✓	✓
4	Cardiac Arrest Requiring Permanent Cardiac Pacemaker or ICD Insertion	-	✓
5	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy	-	✓
6	Small Bowel Transplant	-	✓
7	Surgical Removal of One Kidney	-	✓
8	Severe Osteoporosis	-	✓
9	Cirrhosis of the Liver	-	✓
10	Pericardiectomy (irrespective of technique)	-	✓

You'll receive payouts as per the stage of illness diagnosed, as outlined below:

Stages	% Of Sum Assured payable
Minor Stage Critical Illness	25% of the sum Assured or INR 10,00,000; whichever is lower, is payable
Major stage Critical Illness	100% of sum Assured less any minor claim already paid is payable

You can make claims under the Select CI benefit, subject to the following conditions:

- The benefit is payable only on the first-ever diagnosis of a covered critical illness after the policy has been issued
- If multiple conditions are diagnosed within 48 hours, only the illness with the highest eligible payout will be considered for claim settlement
- Multiple minor claims for different minor Critical Illness will be admissible till the payout does not exceed 100% of the Insured amount
- Maximum of 3 claims are payable for 3 Minor CI and maximum of 4 claims are payable for 10 Minor CI. Further, no multiple claims will be paid for the same CIS or the specified Early-Stage Cancer
- For multiple minor stage claims, there needs to be a period of at least 180 days between the occurrence of minor stage Critical Illness and date of diagnosis of the subsequent minor stage Critical Illness. However, this requirement of 180 days is not applicable in case of diagnosis of a major claim following a minor stage claim.

CritiCash

Serious illnesses can strike without warning-CritiCash is designed to support you through all stages of a critical health journey to your wellness. Covering 57 critical illnesses, this benefit provides lump sum payouts upon the first confirmed diagnosis of any listed condition. It helps ease financial stress, so you can focus on recovery, not expenses.

You'll receive respective sum insured as per the stage of illness diagnosed, as outlined below:

Stages	No of Critical illness covered	% Of Sum Assured payable
Minor Stage Critical Illness	22	25% of the sum Assured or INR 10,00,000; whichever is lower, is payable
Major stage Critical Illness	33	100% of sum Assured less any minor claim already paid is payable
Catastrophic Critical Illness	2	150% of sum Assured less any minor claim already paid is payable

The details of the illnesses covered are listed below:

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

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

You can make multiple claims under the CritiCash benefit while the coverage is active, subject to the following conditions:

- **Minor Illnesses:** Multiple claims are allowed until 100% of the CritiCash Sum Assured is exhausted given a minimum gap of 180 days is required between two minor claims. This gap is not required if a major or catastrophic claim follows a minor claim. However, each minor condition can be claimed only once in the policy term.
- **Simultaneous Diagnoses:** If multiple conditions are diagnosed within 48 hours, only the condition with the highest benefit pay-out payout will be considered.
- **Partial Payouts:** If less than 100% of the Sum Assured is paid out for any diagnoses, the remaining balance continues as active coverage.
- The illness must be the first-ever diagnosis of that condition in the insured's lifetime and must occur after policy issuance.

Cancer Care

A cancer diagnosis can be overwhelming-emotionally, physically, and financially. With the Cancer Care benefit, you receive lump sum payouts at both early and advanced stages to help you take control of your care journey without financial stress. You're not just covered-you're empowered.

Covered Cancer Conditions:

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

The payout structure would be as follows:

Stages	% Of Sum Assured payable
Minor Stage conditions	25% of the sum Assured or INR 10,00,000; whichever is lower, is payable
Major stage conditions	100% of sum Assured less any minor claim already paid is payable

You can make claim under the Cancer Care, subject to following conditions:

1. A minimum gap of 180 days is mandatory between the onset of one minor condition and the diagnosis of the next. This 180-day waiting period is not applicable if a major stage claim is diagnosed following a minor stage claim.
2. A specific minor condition is eligible for only one claim during the benefit term i.e. maximum of 2 claims are payable under this condition. No multiple claims will be paid for the same CIS or the specified Early-Stage Cancer
3. Coverage continues for the remaining amount if partial payout is made. Benefit ends once a cumulative 100% payout is reached.
4. If there are more than one condition diagnosed within 48 hours, only one claim with the highest benefit pay-out payout will be considered.
5. The benefit is payable only on the first-ever diagnosis of a covered Cancer condition after the policy has been issued.

HospiCash

Hospital stays can lead to sudden out-of-pocket expenses. HospiCash helps ease this burden by offering a fixed daily payout during hospitalization. You can customize your plan by selecting the daily benefit amount and opting for 15, 30, 45, or 60 days of coverage per policy year and a maximum total of 900 days of hospitalization over the lifetime of the policy-ensuring support that fits your lifestyle and budget.

	Conditions	Benefit payable
HospiCash Benefit	On hospitalization for min. period of continuous 24 hours for any illness or injury due to accident and should be advised in writing by medical practitioner	Per day hospital cash benefit as opted at the time of inception

	Conditions	Benefit payable
ICU Benefit	On Intensive Care Unit (ICU) hospitalization	Double of per day hospital cash benefit for the period in ICU
Recuperation Benefit	On continuous hospitalization for 7 days or more	Additional 5% of Annual HospiCash Sum Assured

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

SurgiCash

Get financial support when you need it most. SurgiCash offers a lump sum payout for medically necessary surgeries. A fixed percentage of the SurgiCash Sum Assured is paid based on the procedure type:

Description	No. of Surgeries	% Of Sum Assured Payable
1) Listed Surgeries	133	
• Category 1	24	25%
• Category 2	61	50%
• Category 3	38	75%
• Category 4	10	100%
2) Non-Listed Surgeries requiring minimum 24 hours of hospitalization	All non-listed surgeries meeting the surgery definition and requiring minimum 24 hours of Hospitalization	10%
3) Day Care Procedures	Day Care Surgeries as per Annexure 1 in policy document	Min 10% or ₹ 50,000/-

Note: In case multiple surgeries are performed during the same hospitalization, the benefit amount will be based on the surgery with the highest payable amount.

You can make multiple claims under the SurgiCash benefit (given separate hospitalization during the benefit term) while it remains in force, regardless of any previous claims, subject to the following conditions:

1. A maximum of **100% of the SurgiCash Sum Assured** can be claimed in any one policy year.
2. You can avail up to **3 claims for Day Care Procedures** per policy year.
3. Maximum of **30-Day Care claim** over the benefit term
4. The **same surgery for the same side or organ** is covered only once per policy year but can be claimed again in subsequent policy years.

Cardiac Care

Take care of your heart-because every heartbeat matters.

The Cardiac Care benefit offers a financial safety net when it's needed most-upon the diagnosis of serious heart-related conditions. A lump sum payout ensures you and your family can focus on recovery without financial worry.

Covered Cardiac Conditions:

Minor Stage Conditions	
1	Angioplasty
2	Balloon Valvotomy or Valvuloplasty
3	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD Insertion
4	Pericardiectomy (irrespective of technique)
Major Stage Conditions	
1	Open Chest CABG
2	Myocardial Infarction (First Heart Attack of specified severity)
3	Stroke resulting in permanent symptoms
4	Open Heart Replacement or Repair of Heart Valve
5	Major Organ Transplant – Heart
6	Aorta Graft Surgery
7	Cardiomyopathy
8	Primary (Idiopathic) Pulmonary Hypertension

The payout structure would be as follows:

Stages	% Of Sum Assured payable
Minor Stage Condition	25% of the sum Assured or INR 10,00,000; whichever is lower, is payable
Major stage Condition	100% of sum Assured less any minor claim already paid is payable

You can make claim under the Cardiac Care, subject to following conditions:

1. A specific minor condition is eligible for only one claim during the benefit term. After that, the coverage for other minor conditions under this benefit terminate.
2. Coverage continues for the remaining amount if partial payout is made. Benefit ends once a cumulative 100% payout is reached.
3. If there are more than one condition diagnosed within 48 hours, only one claim with the highest benefit pay-out payout will be considered.

OPD Benefit:

All benefits under OPD can be availed as cashless/ reimbursement (as applicable for respective benefits) basis through our health partner platform and their network. The limits are as mentioned for each benefit options are annual limits.

The benefit may be available for Self, Nominees, Spouse, Mother, Father, Mother-in-law, Father-in-Law, Siblings, children etc. on either shared basis or individual cover, basis selection.

Upon occurrence of death of the life assured, the OPD benefits shall continue to remain in-force for the remaining policyholders with all future premium pertaining to OPD benefits shall be waived off.

The policyholder has an option to select an one of the following OPD package listed below:

- 1. OPD Plus
- 2. OPD Select

Benefits under OPD Plus are as follows:

OPD Plus	Benefits	Plan Offering Through wallet (in INR)
Teleconsultation (Cashless)	4 Online Consultations per month (Total 48 Teleconsultations per year) with GP & Specialists (24+Verticals)	NA
OPD Consultation (Cashless & reimbursement)	4 - OPD Consultations In Clinic Doctor Consultation with GP and Specialists (24+Verticals) (Incise of reimbursement- ₹ 1000 will be credited to wallet/ per consult)	4000
Pharmacy cover (Cashless & reimbursement)	Wallet for Prescribed Pharmacy ₹ 250 will be credited to wallet per prescription (4 transactions allowed)	1000
Diagnostics cover (Cashless & reimbursement)	Wallet for Prescribed Diagnostics ₹ 250 will be credited to wallet per prescription (4 transactions allowed)	1000
Preventive health check up (Cashless)	Preventive health check up for all covered members Health check up includes Thyroid Profile, HbA1C, BSL, Cholesterol, BMI, Vit B12, Vit D, CBC (For Woman -Additional Test for Anaemia, PCOS, PAP Smear)	NA
Vaccination Wallet (Cashless & reimbursement)	Wallet for Prescribed Vaccination ₹ 500 will be credited to wallet per prescription (4 transactions allowed-if Vaccine is prescribed)	2000
Medical Second Opinion (Cashless)	For critical Illness only- 3 month plan Health concierge for end-to-end support Case manager Doctor for end-to-end guidance Critical Illnesses covered Ambulance (User paid) Vaccination inoculation at home (User paid) Nurse at home support (User paid) Any other healthcare support such as equipment rentals (Wheel Chair, ICU Bed etc) 17	NA

OPD Plus	Benefits	Plan Offering Through wallet (in INR)
Dental Wellness (Cashless & Reimbursement)	2 In-Person Consultation with Dentist (including Orthodontist) (Incise of reimbursement- ₹ 1000 will be credited to wallet/ per consult)	2000
Vision care (Cashless & reimbursement)	Spectacles Wallet Yes. ₹ 1000 will be credited to wallet if prescribed	1000
Nutrition Care (Cashless)	4 per month (Total 48 Teleconsultations per year) Tele Consultation with Nutritionist for Personalized Diet Plans	NA
Mental wellbeing (Cashless)	4 per month (Total 48 Teleconsultations per year) Psychologist/Mental Wellbeing Consults (Available 24x7)	NA
Physiotherapy (Cashless & reimbursement)	1- Teleconsultation with Physiotherapist 5 -Physiotherapy Centre Visits (Incise of reimbursement- ₹ 1000 will be credited to wallet/ per Visit)	NA 5000
Women Care (Cashless & reimbursement)	2 In-Person Consultation with Gynaecologist (PCOD, IVF counselling and other concerns) (Incise of reimbursement- ₹ 1000 will be credited to wallet/ per consult)	2000
Lifestyle & Condition Management Program (Cashless)	Weight Management Program- 3 Month Plan Expert lead health coaching Program and Personalized diet plan 3 Month Program Available - (Choose Any 1) Diabetes management program Hypertension management program Hyperlipidaemia Thyroid Management Program or any other chronic condition	NA NA
Value Added Services (Cashless)	Discounted Pharmacy Ordering - In Store / Home Delivery Discounted Diagnostics- Home Sample collection/ Centre Visit (Up to 20% discount available on lab tests) HRA (Health Risk Assessment) Thorough evaluation of health, wellness, metabolic status, addictions, pathological conditions, and sleep profiles.	NA NA NA

OPD Plus	Benefits	Plan Offering Through wallet (in INR)
Value Added Services (Cashless)	Wellness Sessions/Videos / Podcasts Personalized Fitness Programs & Mental Health Podcasts including Yoga, Meditation, Mindfulness, Dance Fitness, and Specialist Medical Sessions	NA

Benefits under OPD Select are as follows:

OPD Select	Benefits	Plan Offering Through wallet (in INR)
Teleconsultation (Cashless)	4 Online Consultations per month (Total 48 Teleconsultations per year) With GP & Specialists (24+Verticals)	NA
OPD Consultation (Cashless & reimbursement)	4 - OPD Consultations In Clinic Doctor Consultation with GP and Specialists (24+Verticals) (In case of reimbursement- ₹ 1000 will be credited to wallet/ per consult)	4000
Pharmacy cover (Cashless & reimbursement)	Wallet for Prescribed Pharmacy ₹ 250 will be credited to wallet per prescription (4 transactions allowed)	1000
Diagnostics cover (Cashless & reimbursement)	Wallet for Prescribed Diagnostics ₹ 250 will be credited to wallet per prescription (4 transactions allowed)	1000
Preventive health check up (Cashless)	Preventive health check up for all covered members Health check up includes Thyroid Profile, HbA1C, BSL, Cholesterol, BMI, Vit B12, Vit D, CBC (For Woman -Additional Test for Anaemia, PCOS, PAP Smear)	NA
Vaccination Wallet (Cashless & reimbursement)	Wallet for Prescribed Vaccination ₹ 500 will be credited to wallet per prescription (4 transactions allowed-if Vaccine is prescribed)	2000

OPD Select	Benefits	Plan Offering Through wallet (in INR)
Medical Second Opinion (Cashless)	For critical illness only- 3-month plan Health concierge for end-to-end support Case manager Doctor for end-to-end guidance Ambulance (User paid) Vaccination inoculation at home (User paid) Nurse at home support (User paid) Any other healthcare support such as equipment rentals (Wheel Chair, ICU Bed etc)	NA
Dental Wellness (Cashless & Reimbursement)	2 In-Person Consultation with Dentist (including Orthodontist) (Incase of reimbursement- ₹ 1000 will be credited to wallet/ per consult)	2000
Vision care (Cashless & reimbursement)	Spectacles Wallet ₹ 1000 will be credited to wallet if prescribed	1000
Nutrition Care (Cashless)	4 per month (Total 48 Teleconsultations per year) Tele Consultation with Nutritionist for Personalized Diet Plans	NA
Mental wellbeing (Cashless)	4 per month (Total 48 Teleconsultations per year) Psychologist/Mental Wellbeing Consults (Available 24x7)	NA
Physiotherapy (Cashless & reimbursement)	1- Teleconsultation with Physiotherapist 5 -Physiotherapy Centre Visits (Incase of reimbursement- ₹ 1000 will be credited to wallet/ per Visit)	NA 5000
Women Care (Cashless & reimbursement)	2 In-Person Consultation with Gynaecologist (PCOD, IVF counselling and other concerns) (Incase of reimbursement- ₹ 1000 will be credited to wallet/ per consult)	2000
Lifestyle & Condition Management Program (Cashless)	Weight Management Program- 3 Month Plan Expert lead health coaching Program and Personalized diet plan 3 Month Program Available - (Choose Any 1) Diabetes management program Hypertension management program Hyperlipidaemia Thyroid Management Program or any other chronic condition	NA NA

OPD Select	Benefits	Plan Offering Through wallet (in INR)
Value Added Services (Cashless)	Discounted Pharmacy Ordering - In Store / Home Delivery	NA
	Discounted Diagnostics-Home Sample collection/ Centre Visit Upto 20% discount available on lab tests	NA
	HRA (Health Risk Assessment) Thorough evaluation of health, wellness, metabolic status, addictions, pathological conditions, and sleep profiles.	NA
	Wellness Sessions/Videos / Podcasts Personalized Fitness Programs & Mental Health Podcasts including Yoga, Meditation, Mindfulness, Dance Fitness, and Specialist Medical Sessions	NA
Additional services in opt In	Emergency Ambulance Assistance Assistance in providing nearby ambulance provider details to customer via call and SMS(Ambulance charges-User paid)	NA
	Health Concierge Assistance in booking any service on platform (Service charges-User paid)	
	Electronic Health Vault health document wallet to save all health documents	
	Discounts on Gym Membership- 10% Discount on Cult Fit Membership	

The following conditions are applicable while administering the Out-Patient Consultation benefit:

- These features offered to the Policyholder/Life Assured are optional in nature. The Policyholder/Life Assured should exercise his/her own discretion:
 - To opt for the features and/or
 - To follow the course of treatment suggested by the service provider.
- These features shall be directly provided by the service providers with no participation of the company.
- The features are being provided by third-party service provider/s, and the company shall not be liable for any liability.
- The Company reserves the right to change the Service Provider/s at any time.

Please refer to Annexure 1 on our website for definitions, exclusions, and detailed terms for all the above listed benefits.

Enhance Your Coverage with These Add-On Benefits:

Accidental Death Benefit (ADB) (Available with all main Benefit Options)

In life's most unforeseen moments, your family's financial peace shouldn't be compromised. This benefit ensures that if the life insured passes away due to an accident during the policy term, the full Sum Assured is paid out-providing your loved ones with immediate financial support to handle expenses and maintain stability.

Provided the following conditions:

- The death must occur within benefit option term and within 180 days of the accident.
- Benefit is payable only once under this option.
- Coverage ends on death or policy expiry, whichever occurs first.
- Accidental Death is caused by bodily injury resulting from an accident and occurs due to the said bodily injury solely, directly and independently of any other causes and

The payout will be doubled if the injury occurs under any of the following circumstances:

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

Ambulance Cost Benefit

In times of emergency, quick transportation can make all the difference. This benefit provides a lump sum payout towards ambulance expenses incurred for transferring the life assured to a hospital, provided a claim is admissible under any of the following benefit options:

- HospiCash:** Minimum of (2 times of daily hospital cash benefit or INR 5000).
- SurgiCash/ Select CI/ CritiCash/ Mega CI/ Cancer Care/ Cardiac Care:** Minimum of (1% of respective benefit sum assured or INR 5000).

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

In case more than one benefit option chosen and the claim is triggered for one benefit option, the respective benefit option's ambulance cost shall be payable in a policy year subject to the maximum limit of ₹ 5,000.

Monthly Income Assurance

A serious illness can bring not just emotional stress, but long-term financial strain as well. This add-on provides a steady stream of income to help manage ongoing costs.

- Available with the CritiCash, Select CI, Cancer Care, Cardiac Care Benefit Option
- Provides an additional monthly income if a claim is admitted under Major or Catastrophic Critical Illness.
- You'll receive 1% of the admissible Critical Illness Sum Assured every month for the next 36 months.
- This benefit is payable only once during the benefit option term.

Child Care (Juvenile Critical Illness)

Protecting your child's future starts with securing their health. This benefit option is specially designed for children and covers 20 Juvenile Critical Illnesses. On the first diagnosis of any listed condition, a lump sum payout is made-helping parents manage treatment expenses without financial strain.

Parents can choose this cover by selecting a dedicated Sum Assured for their child, ensuring tailored protection during their most vulnerable years.

This add-on benefit, to be offered for Juvenile lives, could be attached to the following benefit options:

1. CritiCash
2. Select CI
3. Cancer Care
4. Cardiac Care

The following conditions are covered under Child Care:

Sr. No.	Conditions
1	Leukaemia
2	Aplastic Anaemia
3	Bone Marrow Transplant
4	Acquired Brain Damage
5	Loss of Speech
6	Glomerulonephritis
7	Deafness

Sr. No.	Conditions
8	Blindness
9	Third Degree Burns
10	Tuberculosis Meningitis
11	Osteogenesis Imperfecta Type III
12	Viral Encephalitis
13	Stills Disease (including Severe Juvenile Rheumatoid Arthritis)
14	Kawasaki Disease with Heart Complications
15	Rheumatic Fever with Valvular Involvement
16	Type I Juvenile Spinal Amyotrophy
17	Wilson's Disease
18	Juvenile Huntington Disease
19	Marble Bone Disease (Osteopetrosis)
20	Severe Asthma

Indexation of Sum Assured

As healthcare costs rise, so should your protection. This add-on benefit lets you keep pace with inflation by gradually increasing your coverage over time. With Indexation of Sum Assured, the respective benefit Sum Assured increases by 5% every policy anniversary, starting from the second policy year-up to a maximum of 100% of the original Sum Assured. The benefit can be opted with SurgiCash, CritiCash, Select CI, Cancer Care and Cardiac Care Benefit Options)

- The ₹10 lakh cap for minor critical illness claims also increases by 5% per year, up to a maximum of double the initial limit.
- If a valid Critical Illness claim is made under the policy, the automatic indexation stops from that point onward.

This feature ensures your plan grows with your needs-offering stronger protection for the future.

Diagnostic Tests and Procedures

Medical diagnostics can be expensive, especially during a critical illness. This add-on benefit provides financial relief for diagnostic tests and procedures required during treatment and can be opted with with HospiCash (HCB), SurgiCash (SCB), CritiCash, Select CI, Cancer Care and Cardiac Care Benefit Options

- If a claim is approved under chosen benefit option including Juvenile Critical Illness, an additional payout of 5% of the claim amount or ₹25,000 (whichever is lower) is provided for diagnostic expenses.
- The benefit applies independently to both Critical Illness and Juvenile CI claims if both are selected.
- If multiple benefit options are triggered at the same time, the diagnostic benefit payable in that policy year will be as per the respective benefit's limits.

This ensures that you're not just covered for the illness-but also for the tests that detect and manage it.

Restoration Benefit

Health issues don’t always come one at a time-and this benefit ensures you stay protected even after your limits are exhausted and can be opted as follows:

- HospiCash: Get 15 additional days of daily hospital cash once your annual limit is fully used.
- SurgiCash: Enjoy 100% restoration of your Sum Assured once the yearly surgical limit is exhausted.
- Restored benefits can only be used for new, unrelated hospitalizations or surgeries-not for the same medical event.
- Available once per policy year, offering an added layer of financial security when you need it most.

Stay worry-free, knowing your protection can bounce back when life throws you more than one challenge.

Overseas Treatment Booster

Access world-class care with added financial support when opted with CritiCash, Select CI, Cancer Care and Cardiac Care Benefit Option. Get an additional 10% of the Critical Illness Sum Assured s.t. maximum of INR 10,00,000 if claim is admissible for a Major, Catastrophic, or Juvenile Critical Illness is taken abroad in a listed country, within the timeline specified in our underwriting policy.

- Applicable only if the Sum Assured is ₹10,00,000 or more.
- Requires proof of overseas treatment for claim eligibility.

Refer to the annexure on our website for eligible countries and detailed conditions.

Child Education Protect

With this benefit, available to opt with ATPD, ATPPD and TTB, upon occurrence of the event under chosen benefit option, a pre-defined (chosen by Life Assured at inception) Income benefit shall be payable to the Child(ren)* of the Life Assured. The Income shall be payable from date of occurrence of the event for Life Assured till the child(ren)* attains a defined age, irrespective whether the child is alive or not.

Please note for ATPPD, the benefit is applicable for only Total and Permanent Disability and not Partial Permanent Disability

The following clauses shall be applicable –

- Additional premium shall be applicable.
- No maturity benefit shall be applicable at the end of Policy Term.
- Unexpired Risk Premium Value factor shall be payable on Surrender
- The maximum term allowed is Child attainment Age of 30 years or Policy Term under the base option (whichever is lower).

- A maximum of 3 children shall be opted.
- In case death of Child(ren) occurs before attaining the defined age (post the death of the Life Assured), benefit shall continue to be payable to other nominee/legal heir till the end of defined child age.
- In case of death of Child prior to the Life Assured, the Life Assured could opt for another child/nominee for which the benefit will be payable till the end of the defined age at the inception the benefit being opted.
- The Income benefit mode (payable in arrears) can be monthly, quarterly, half-yearly and annually, in arrears as chosen by the Life Assured. Income Benefit payable for other than monthly mode is as follows:

Income Frequency	Conversion Factor
Annual	Monthly Income multiply by 12.22
Semi-Annual	Monthly Income multiply by 6.05
Quarterly	Monthly Income multiply by 3.01
Monthly	Monthly Income multiply by 1

- The income benefit can be commuted as a lumpsum benefit discounted at the higher of (4% p.a, prevailing yield on 10 year G-Sec rate + 1%)

* In case of Minor Child(ren), the income shall be payable to the legal guardian

Please refer to Annexure 1 on our website for definitions, exclusions, and detailed terms for all the above listed add-on benefits.

Maturity Benefit:

Return of Balance Premium (ROP)

If you opt for the Return of Balance Premium option at the time of purchase with any of the eligible benefits listed below, you’ll receive a refund of total premiums paid (excluding modal loading) towards the benefit option, less any claim amount already paid out under the respective benefit options and less any Early ROP* claims, at the end of the benefit term-provided no full claim is made and the benefit remains in force.

- Can only be selected at policy inception and cannot be changed thereafter.

Benefit (where Return of Balance Premium)
CritiCash
Mega CI
Select CI
Cancer Care
Cardiac Care
Terminal Illness with Term Booster
Accidental Total and Permanent Disability
Accidental Total and Partial Permanent Disability
Accidental Death

*Early ROP Benefit: If you undergo treatment for maternity, infertility, or any pre-existing condition, you can opt for a lump sum payout up to 50% of total premiums paid till date less any claim already paid under Early ROP benefit at any previous point, subject to conditions defined in board approved underwriting policies. This benefit can be availed any time between 13th to 60th month from the date of commencement of the policy. Early ROP Benefit is an optional feature and should be opted by the policyholder at inception. An additional 1% premium would be applicable for availing this feature.

Payout Options Tailored for You:

a) Lump Sum

Receive the entire benefit amount at once helping you manage immediate medical expenses and maintain financial stability.

b) Combination of Lump Sum and/or income for a fixed income period chosen

Get regular monthly payouts for a chosen period or a mix of lumpsum and income-ideal for managing ongoing treatment costs or maintaining your family's lifestyle.

(applicable for CritiCash, MegaCI, SelectCI, Cancer Care, Cardiac Care, Terminal Illness with Term Booster, Accidental Total and Permanent Disability, Accidental Total and Partial Permanent Disability and Accidental Death Benefit)

c) Payout till survival of chosen dependant partner(s)

Ensure lasting financial security for a chosen dependent with guaranteed monthly income for their lifetime.

(applicable for Terminal Illness with Term Booster, Accidental Total and Permanent Disability, Accidental Total and Partial Permanent Disability and Accidental Death Benefit)

Payout option – Partner Care can only be opted for in case of claim made for Total Permanent Disability and not for Partial Permanent Disability.

* For detailed information on the options, refer to the policy document.

Cover Yourself and Your Loved Ones:

Enjoy the flexibility to insure one or more lives-including your family members-under a single policy, subject to insurable interest and BAUP guidelines. Choose from:

- Individual Cover
- Family Coverage Option

The addition of new lives to the policy shall be applicable from the next monthly anniversary of the policy.

Type of Cover	Family with Shared Cover	Family with Individual Cover
Sum Assured	Sum Assured opted by primary life at inception will be shared between all the covered lives	Separate Sum Assured will be available for each life covered in a family
Benefit options available	HospiCash and SurgiCash	All Benefits

Exclusive discounts on premiums:

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

Sr. No.	Name	% of Premium payable as discount
1	Staff Discount Eligible for all employees (including their family members) of the Promoter group namely the Tata and the AIA Group, its subsidiaries, fellow subsidiaries and Joint ventures (includes TATA AIA Life amongst others), and their associates	25% on first year premium for regular/limited pay 2.5% on premium for single pay
2	Existing Customer Discount For those who already had purchased policy from TATA AIA	4% on first year premium for regular/limited pay 1% on premium for single pay
3	Worksite Discount For policies sourced through campaigns/ stalls / help desks or similar engagement activities conducted for a group.	4% on first year premium for regular/limited pay 1% on premium for single pay
4	Online Discount For all such digital/online sales	1% on single premium 10% on first year premiums for regular/ limited pay
5	Campaign Discount Designed to be offered based upon event and customer segment wherein a premium discount/ reward expressed as a % of premium.	Discount differs basis categories, for details, refer to policy document
6	Nominee/ Family Discount For nominee and family members of the existing customer of TATA AIA Life Insurance products	4% on first year premium for regular/limited pay 1% on premium for single pay

Conditions applicable to above discounts type:

The customers can avail only one of the following discounts:

- Discount on Digital / Online Sales
- Staff Discount
- Existing Customer Discount
- Worksite Discount

Following discounts can be availed in addition to above, if applicable:

- Loyalty Program Reward
- Campaign Discount

- Nominee and Family Discount

Loyalty Program Reward

The loyalty program is usually designed to foster brand loyalty, customer retention and long-term customer relationship. Such loyalty programs administered by empanelled service provider typically involve membership sign-up, accrual of loyalty points based on investment /purchases and redemption of these points and rewards across the company or service providers’ eco-systems. A rewarding loyalty program can help increase investments / persistency, build long-term customer loyalty and brand advocacy.

Customers who are member of loyalty programs administered by service provider empanelled by the Company, shall be offered reward expressed as y% of Annualized / Single Premium in the first policy year; basis the category as defined below. Such reward will be offered in the form of points or coins, as the case may be, in line with the Loyalty Program offered by such platform.

Category	Cat A	Cat B	Cat C	Cat D	Cat E
LP / RP	2%	3%	5%	6%	7%
SP	0.25%	0.35%	0.5%	1.50%	2.0%

The category of the reward (as defined above) shall be objectively determined as per various parameters including but not limited to customer demographics, reward tier etc and shall be driven by pricing & product policy of the Company.

The Company shall transfer the rupee value of the reward to the service provider(s), so empanelled, to enable the service provider to extend such coins or points.

Add-On Policy Booster (Composite Booster):

When you choose this plan along with another Insurance Plan from TATA AIA, you unlock extra value-a special reward that adds more to your journey.

Here’s how it works:

- You’ll be eligible for the Composite Booster when you buy both plans together.
- As long as you’ve paid all due premiums under both plans on time, you’ll receive this booster benefit.
- The nature of booster would depend on the insurance plan it is bought with.

For details, refer to the policy document.

Non-Forfeiture Benefit on Premium Discontinuance:

Surrender Benefit/Unexpired Risk Premium Value will be payable under the following scenarios:

The surrender value shall be equal to the higher of the Guaranteed Surrender Value (GSV) and the Special Surrender Value (SSV).

Premium Paying options		Conditions for acquiring Surrender Value	GSV
Regular Pay	NROP	Not available	Not available
	ROP	If at least 1 full years’ premiums have been paid	GSV Factor x Total Premiums paid (excluding modal loading and discounts) as on date of surrender
Single Pay	NROP	Immediately after the policy is issued	Not available
	ROP	Immediately after the policy is issued	GSV Factor x Total Premiums paid (excluding modal loading and discounts) as on date of surrender
Limited pay	NROP	If at least 1 full years’ premiums have been paid	Not available
	ROP	If at least 1 full years’ premiums have been paid	GSV Factor x Total Premiums paid (excluding modal loading and discounts) as on date of surrender

Special Surrender Value (SSV)/ Unexpired Risk Premium Value:

The surrender value payable shall be adjusted for any claim amount already paid out under the Early ROP Benefit.

Special Surrender Value (SSV) shall be as determined by the Company from time-to-time basis changing economic scenario. The Company may revise SSV, based on the then prevailing market conditions. Any change in the methodology/formula for calculating the SSV shall be subject to IRDAI approval.

The GSV and SSV factors for complete year Policy Terms are available on the website of the Company (www.tataaia.com).

Revival:

Discontinued policies can be revived within 5 years from the first unpaid premium date by paying all due premiums with applicable interest. Once revived, all benefits are fully restored from the date of revival.

Reduced Paid-Up (RPU):

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

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

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

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

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

WELLNESS PROGRAM

TATA AIA Life Insurance offers complimentary wellness program to its policyholders to encourage them to lead a healthy lifestyle through means of adopting practices and habits. Currently, TATA AIA life Insurance offers two Wellness programs i.e. TATA AIA Health Buddy Wellness Program and TATA AIA Vitality Wellness Program. In future, company may suitably introduce/ update wellness program as per relevant customer needs.

1. TATA AIA Heath Buddy Wellness Program

Eligible Lives covered under this Tata AIA Life Insurance plan may access wellness-related services through TATA AIA Health Buddy Wellness program. TATA AIA Health Buddy Wellness Program is a complimentary service provided by Tata AIA Life Insurance, in areas of prediction, prevention, diagnosis, treatment, recovery, and wellness which may include, but not limited to, services such as medical consultations, second opinions, personal medical case management, health coaching. These services are designed to encourage healthy behavior amongst life assureds. Additional discounts and redeemable service vouchers may also be facilitated via third-party service providers, as applicable.

The scope of the services/ benefits offered as part of the wellness program will depend on factors such as the category of base plan to which product is attached, eligibility criteria, availability of service provider, etc. and will be updated on the company website from time to time.

TATA AIA Health Buddy wellness program, along with its scope, service structure and incentivized wellness program (including the reward point structure, not limited to status, parameters, points to be allotted to the parameters, sub limits on each parameter) will be periodically reviewed, and may change in the future basis the experience trends subject to criteria defined in the Board Approved Underwriting Policy (as

amended from time to time). Any change to the services will be communicated to the policyholder with a notice period of at least 30 days.

2. TATA AIA Vitality Wellness Program

Life Insured will get access to science based comprehensive and personalized Wellness Program. Signing up for the Wellness Program offered with this product not only helps you maintain a healthy lifestyle, but also ensures that you are rewarded for it. This product offers rewards in terms of Premium Discount, keeping you on track for your health and fitness goals. This program comes with no additional cost to the policyholder.

The Wellness Status shall be driven by an objective criterion in line with the board approved underwriting policy. The reward offered to customer who enroll into the Wellness program shall be governed by the Pricing Policy of the Company. The same would be updated on website from time to time.

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

Benefits under the Wellness Program:

All Benefits under this Wellness Program will depend on your Wellness Status. Your Wellness status may be based on a point-based structure and may be either Bronze, Silver, Gold or Platinum and further used to determine the extent of benefits/rewards applicable in the following year.

These Rewards Program are only applicable during premium payment term.

Premium Discount on Policy Anniversary: Annual Rewards is offered based on the Wellness Status of the Insured during premium payment term basis their input/ engagement on the app which will be governed on timely basis and updated on the website.

The rewards are offered on cumulative basis and in any year, the maximum rewards shall be 10% for ADB & ATPD and 20% for all other benefit options. Further, the premium payable in any year shall not exceed annualized premium of the respective benefit option at inception without any wellness rewards.

Utilization of Rewards through Premium Discount: You can offset the premium payable towards the product against the Rewards.

Health Screening: The Wellness Program offers an inbuilt health screening once a year which shall not be mandatory. On completion of health screening, Points contributing to the determination of the Wellness Status will be awarded.

Terms and conditions

Change in Premium Payment Modes:

Policyholders may request a change in frequency of premium payment frequency by written request at any time while the policy is in force, subject to:

- Minimum premium requirements
- Insurer's approval
- Policy being active (in-force)

Note: If Enhanced SMART is active, only annual mode is allowed.

Monthly premiums must be paid via auto-debit from a bank account, unless otherwise approved in writing.

Premium payment modes allowed:

The Modal Premium of the policy is arrived at as below:

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

Change in Premium Payment Term:

An increase in the premium payment term is allowed at the time of policy extension, subject to the product's boundary conditions and BAUP guidelines.

This change is permitted only if the policy is in force and all due premiums have been paid.

Note: No other policy alterations are allowed at the time of extension, except changes to Policy Term (PT) and Premium Payment Term (PPT).

Tax Benefits

- Enjoy tax benefits under applicable income tax laws, subject to policy and legal conditions.

Note: Tax laws may change. Please consult your tax advisor for personalized guidance. Tata AIA Life does not take responsibility for individual tax implications.

Free Look Period

You have 30 days from the date you receive your Policy Document-whether digitally or physically-to review the terms and decide if it's right for you. If not, you can cancel the policy and get a refund of all premiums paid (without interest), subject to the following deductions:

- Proportionate risk premium for the days the policy was active
- Stamp duty charges
- Medical examination costs (including applicable GST)

To initiate cancellation, simply send a written, signed request directly to Tata AIA within the 30-day window.

For detailed terms and conditions, please refer to the policy document available on our website.

Grace Period

If you miss a premium payment, you get a grace period to pay it without losing your coverage:

- 15 days for monthly premium payment mode
- 30 days for all other modes

During this time, your policy will remain active, and the risk cover continues as per the terms and conditions.

Suicide Exclusion:

- If death occurs due to suicide within 12 months of policy start or revival, the nominee will receive the higher of 80% of total premiums paid or the surrender value, provided the policy is in force
- No other claim would be entertained by the Company except the refund of 80% Total Premiums Paid or the acquired surrender value, as applicable.

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

Terminal Illness Exclusion:

- Terminal Illness benefit will not be payable if caused directly or indirectly by intentional self-inflicted injury or attempted suicide, whether medically sane or insane

Waiting Period

A Waiting Period refers to a specific time at the beginning of the policy during which certain illnesses, treatments, or medical conditions are not covered, especially if they were already diagnosed or treated before buying the policy.

Note: This Waiting Period does not apply to accidents. For example, a Major Head Trauma caused by an accident is covered from day one.

If a Claim Occurs During the Waiting Period:

- No benefit will be paid.
- Premiums paid toward the specific benefit option will be refunded without interest.
- The benefit option will terminate, and no future coverage or premiums will apply for that benefit.

Special Conditions:

- For CritiCash, MegaCI, SelectCI, and the Add-on: Child Care benefit, the option will terminate permanently if a claim arises during the waiting period.
- For all other benefit options, your policy will continue, and benefits will become payable once the waiting period ends-as long as premiums are paid.

Name of Benefit Option	Waiting Period (in Days)
HospiCash	A waiting period of 30 days is applicable for all benefits payable under Hospital Cash Benefit (except for hospitalization due to an accident). Specific waiting period of 2 years or 3 years apply for specific conditions/ procedures as mentioned in 'Definitions and Exclusions' Annexure 1.
SurgiCash	A waiting period of 30 days is applicable for all benefits payable under SurgiCash Care Benefit (except for Surgical due to an accident). Specific waiting period of 2 years or 3 years apply for specific conditions/ procedures as mentioned in 'Definitions and Exclusions' Annexure 1.
CritiCash	A waiting period of 90 days is applicable on the first diagnosis of any of the major illness (including catastrophic) covered under these benefits. A waiting period of 180 days is applicable on the first diagnosis of any of the minor illness covered under these benefits. No waiting period applies for Critical Illness claims arising due to an accident.
MegaCI	A waiting period of 90 days is applicable on the first diagnosis of any of the major illness (including catastrophic) covered under these benefits. No waiting period applies for Critical Illness claims arising due to an accident.
SelectCI, Cancer Care and Cardiac Care	A waiting period of 90 days is applicable on the first diagnosis of any of the major illness covered under these benefits. A waiting period of 180 days is applicable on the first diagnosis of any of the minor illness covered under these benefits. No waiting period applies for Critical Illness claims arising due to an accident.
Add-on Benefit: Child Care	A waiting period of 90 days is applicable on the first diagnosis of any of the Juvenile's Critical Illness covered under these benefits. No waiting period applies for Critical Illness claims arising due to an accident.
OPD Benefit	A waiting period of 30 days is applicable

The Waiting Period for each benefit option begins from the later of the following dates:

- The Risk Commencement Date, if the benefit option is selected at the time of policy inception.
(For family coverage, it starts from the date each family member is added to the policy.)
- The Policy Anniversary Date on which the benefit option is added, if opted later.
- The Date of Revival, if the benefit option was previously inactive and is later revived.

Survival Period

The following survival periods are applicable to different benefit options:

Benefit Option	Survival Period
CritiCash/Mega CI/ Select CI/ Cardiac Care Add-on Benefit: Child Care	7 days
Cancer Care	0 days

RoBP during Survival period:

For Cardiac Care, Child Care, Mega CI, CritiCash, Select CI, the policy holder has an option to choose for a RoBP option. If this option is selected then in case of death of the life assured during the survival period after the diagnosis of covered event, an amount equal to the Total Premiums Paid (excluding loading for modal premiums) towards the benefit option, less any claim amount already paid out under the respective benefit option and early ROP benefit option, shall be payable.

Termination

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

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

Assignment

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

Nomination

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

Pre- Existing Diseases

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

- a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.

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

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

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

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

*Please refer to the policy document for detailed terms and conditions along with definitions and exclusions covered under this plan on our website

Fraud & Misrepresentation

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

Disclaimers:

- This product is underwritten by Tata AIA Life Insurance Company Ltd. This product is not a guaranteed Issuance product and it will be subject to Company's underwriting and acceptance. In case of Sub-Standard lives, extra premiums will be charged as per our underwriting guidelines.
- This plan is not a guaranteed issuance plan and it will be subject to Company's underwriting and acceptance.
- This plan is also available for sale through online mode.
- The brochure is not a contract of insurance. This brochure should be read along with the base product brochure and sales Illustration before concluding a sale. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.

- This product brochure should be read along with Benefit Illustration.
- All Premiums and interest payable under the policy are exclusive of applicable taxes, duties, surcharge, cesses or levies which will be entirely borne/ paid by the Policyholder, in addition to the payment of such Premium or interest. Tata AIA Life shall have the right to claim, deduct, adjust and recover the amount of any applicable tax or imposition, levied by any statutory or administrative body, from the benefits payable under the Policy. Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. The Policyholder is advised to seek an opinion of tax advisor in relation to the tax benefits and liabilities applicable.

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

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