

Bajaj Allianz Life Insurance Company Limited
Bajaj Allianz Life Smart Protect Goal
A Non-Linked and Non-Participating Policy
Part A
FORWARDING LETTER

Name of the Policyholder _____

Address _____

Dear _____

Sub: Issuance of the Policy under application for the life insurance policy dated _____

We would like to thank you for investing your faith in us. <<Your Policy requires Premiums to be paid for <XX> years.>>

Please find enclosed herewith your Policy Document, a copy of the Proposal Form and documents mentioned herein below, based on which your insurance Policy has been issued. This Policy is issued subject to section 45 of the Insurance Act, 1938 and any amendment from time to time.

Document Type	Specification of Documents provided	Identification No.
Proposal Form	Proposal Form	
Age proof		
Identity Proof		
Address Proof		

Within fifteen (15) days of the receipt of this Policy and thirty (30) days in case of electronic Policy & Policy obtained through distance mode, the Policyholder may, if dissatisfied with any of the terms and conditions for any reason, provided no claim has already been made on the Policy, give the Company a written notice of cancellation along with reasons for the same, and return the Policy Document to the Company, subject to which the Company shall send the Policyholder a refund comprising all Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium (including any Add-on Cover Premium/s) for the period the Life/Lives Assured was/were on cover and the expenses incurred by the Company on medical examination and stamp duty.

For any queries kindly write to us at the below mentioned address and we assure and strive to provide you the best of services.

Authorised Signatory

Head- Underwriting

FOR BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD.
Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

Sales Representative Details:

Name		Code	
Address			
Phone Number		e-Mail Id	

Your Policy Servicing Branch Address: Bajaj Allianz Life Insurance Company Limited

Toll Free Numbers:

Please read policy document, particularly the following clauses on

Premium	Policy Benefits
Non-payment of premium and forfeiture, if any	Definitions & Exclusions as contained in Annexure K

Disclaimer: In case of dispute, English version of the Policy Document shall be final and binding.

Preamble

The Company has received a Proposal Form, declaration and the <<Single Premium / first Regular Premium>> from the Policyholder / Life Assured as named in this Schedule. The said Proposal Form and declaration along with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policyholder as the basis of the contract of insurance, both parties to the assurance contract do hereby further accept and affirm that the Policy, in consideration of and subject to due receipt of subsequent Premium as set out in the Schedule with all its parts (Policy Document and Endorsements if any) shall be subject to the terms and conditions as contained in this Policy. The Policy Documents includes Annexure (including Annexure K & Annexure II) and other documents attached herewith.

This Policy is issued on the basis of the information given, declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy.

Schedule

Name of the Policyholder _____

Address _____

Address _____

Pin code _____

Gender		Date of Birth	
Age at Entry	Years	Age	

Policy No.		Product Name	Bajaj Allianz Life Smart Protect Goal
Product Code		Unique Identification No. (UIN)	
Policy Commencement Date		Variant	Life Cover
Date of Commencement of Risk		Sum Assured	
Policy Term	Years	Premium Payment Frequency	
Premium Paying Term			
<Single/Regular> Premium (₹)**		Extra Premium (₹)	
Due Date of Last Premium	Years	Maturity Date	
Due Dates of Premium			

Details of Life Assured

Name of the Life Assured _____

Address _____

Address _____

Pin code _____

Age	Years	Date of Birth	
Gender		Age Admitted	
Smoker Category		Maturity Benefit (₹)	
Death Benefit (₹)			

** <Single Premium / Regular Premium> excludes any applicable GST or cess but includes any Extra Premium.

Add-on Cover opted in the Policy:

<u>Add-on Cover</u>	<u>Add-on Cover PPT</u>	<u>Add-on Cover Term</u>	<u>Add-on Cover Maturity Date</u>	<u>Add-on Cover Sum Assured</u>	<u>Add-on Cover Maturity Benefit*</u>	<u>Add-on Cover Premium (Rs)</u>	<u>Add-on Cover Extra Premium (Rs)</u>
A DB Cover							
ATPD Benefit Cover							
CIB Cover							
WOPB-I Cover							

* (i) Add-on Cover Maturity Benefit is with respect to each Add-on Cover.

(ii) 'Total premiums paid' and 'Annualised Premium' mentioned in the table above are those with respect to each Add-on Cover.

TOTAL PREMIUM PAYABLE AT EACH PREMIUM PAYMENT FREQUENCY: ₹

In Words: RupeesOnly

Special Clauses, Exclusions and/or Conditions imposed on the Policy (if any):

Details of the Nominee

Nominee(s) Name	Nominee(s) Age(s)	Percentage Share	Relationship to the Life Assured	Appointee Name [in case the Nominee(s) minor(s)]	Appointees Relationship to the Nominee
	Years	%			
	Years	%			
	Years	%			
	Years	%			
	Years	%			

Sales Representative Details:

Name		Code	
Address			
Phone Number		e-Mail Id	

ON EXAMINATION OF THE POLICY, if the Policyholder notices any mistake, the Policy Document is to be returned for correction to the Company.

To whom the Benefits are Payable: The Benefits are payable to the Claimant.

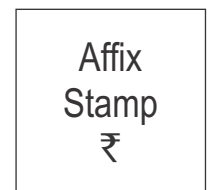
The Policy shall be subject to and governed by the terms of the Policy Document along with the Schedule contained herein and endorsements if any, made from time to time and all these shall together form a single agreement

All taxes, including GST and cess, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra over and above the Premium amount. Payment of such taxes shall be the responsibility of the Policyholder.

Bajaj Allianz Life Insurance Company does not provide any warranty or assurance that the Policyholder will be, by virtue of purchasing this Policy, eligible for any income tax or other tax rebate or relief.

Signed on behalf of Bajaj Allianz Life Insurance Company Limited for Policy No. _____

Issued on



Authorised Signatory

ON EXAMINATION OF THE POLICY, if the Policyholder notices any mistake, the Policy Documents is to be returned for correction to the Company.

PART B

This Policy is issued on the basis of the information given and declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy. The following terminologies shall have the meaning assigned to them below. The singular includes the plural and references to the male include the female where the context so permits.

1) Definitions & abbreviations:

- a. "Accident" means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b. "Accidental Death" means death caused by sudden, violent, unforeseen and involuntary event caused by external and visible means as revealed by an autopsy provided such death was caused directly by such Accident, and independently of any physical or mental illness within one hundred and eighty (180) days of the date of accident and subject to the conditions and exclusions specified in Annexure K, which forms part of this Policy Document.
- c. "Accidental Total Permanent Disability" means disability of the rider life insured as a result of bodily injury caused by an accident (a sudden unforeseen and involuntary event caused by external and visible means) and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the rider life assureds disability which must be permanent and total, subject to the conditions and exclusions specified in Annexure K, which forms part of this Policy.
- d. "ADB" means Accidental Death Benefit and is the additional Add-on Cover benefit payable on the Accidental Death of the Life Assured. Please refer to Section 4)a)ii) below for more details.
- e. "ADB Sum Assured" means the Add-on Cover Sum Assured with respect to ADB
- f. "Add-on Cover" means the four (4) Add-on Covers, as mentioned in Section 2)c) and detailed in Section 4)a) below, that the Policyholder can choose from before the Policy Commencement Date.
- g. "Add-on Cover Extra Premium" means the Extra Premium with respect to any Add-on Cover
- h. "Add-on Cover Maturity Date" means the date as specified in the Schedule on which the Add-on Cover expires.
- i. "Add-on Cover PPT" means the period specified in the Schedule during which the Add-on Cover Premium is payable.
- j. "Add-on Cover Premium" means the amount exclusive of applicable taxes, if any, payable by the Policyholder as part of the Premium during the Add-on Cover PPT, in amount and at the Premium Payment Frequency, both, as specified in the Schedule.
- k. "Add-on Cover Sum Assured" is the amount as specified in the Schedule for the Life Assured under the Add-on Cover.
- l. "Add-on Cover Term" means the period between the Policy Commencement Date and the Add-on Cover Maturity Date, all, as specified in the Schedule.
- m. "Age" means age as at last birthday.
- n. "ATPD" means Accidental Total Permanent Disability
- o. "ATPD Benefit" means the additional Add-on Cover benefit payable on ATPD on the life of the Life Assured. Please refer to Section 4)a)iii) below for more details.
- p. "ATPD Sum Assured" means the Add-on Cover Sum Assured with respect to ATPD
- q. "Annualised Premium" means the total of the Regular Premium/s payable in a Policy Year, excluding any Extra Premium, and GST & cess, if any.
- r. "CI" means Critical Illness
- s. "CI Benefit" means the additional Add-on Cover benefit payable on the diagnosis of any specified Critical Illness on the life of the Life Assured. Please refer to Section 4)a)iv) below for more details.
- t. "CIB Cover Term" means the Add-on Cover Term with respect to CIB
- u. "CIB Premium" means the Add-on Cover Premium with respect to CIB
- v. "CIB Sum Assured" means the Add-on Cover Sum Assured with respect to CIB
- w. "Claimant" means the Life Assured (if alive) or Policyholder (if different from the Life Assured) or the assignee or the Nominee or the legal heirs of Policyholder/Nominee(s) to whom the Policy Benefit will be payable
- x. "Company" refers to BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED.
- y. "Cooling Period" means a consecutive period of 180 days starting from the date of diagnosis of one minor stage CI condition to the date of diagnosis of subsequent minor stage CI condition.
- z. "Critical Illness" means illness shall include either the diagnosis of any of the

illnesses or performance of any of the covered surgeries as given in section I C) of Annexure K, subject to exclusion as given in section II C) of Annexure K. Annexure K forms part of this Policy Document.

- aa. "Date of Commencement of Risk" means the date specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the risk cover of the Life Assured commences under the Policy.
- bb. "Death Benefit" means the benefit payable on the death of the Life Assured. Please refer to Section 4) below for more details.
- cc. "Extra Premium" means the amount of additional premium collected as part of the Regular Premium/Single Premium, which is decided based on the prevailing Board approved underwriting norms of the Company, and was communicated to the Policyholder in the counter-offer made to him and to which he consented.
- dd. "Goods and Service Tax" is charged based on type of policy communication address of Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.
- ee. "Grace Period" means a period of fifteen (15) days for a monthly Premium Payment Frequency and thirty (30) days for other than monthly Premium Payment Frequency, from the due date of the Premium payment, during which period the Life Assured is covered for the applicable risk in the Policy..
- ff. "GST" means Goods and Service Tax
- gg. "IRDAI" means the Insurance Regulatory and Development Authority of India.
- hh. "Life Assured" means the person named as the Life Assured in the Schedule whose life is assured under this Policy.
- ii. "Maturity Benefit" means benefit payable on the Maturity Date and/or the respective Add-on Maturity Date. Please refer to Section 4) vii) below for more details. The Maturity Benefit will be the Return of All Premiums (ROP) with respect to the Variant and/or Add-on Cover. In the calculation of the ROP, any Extra Premium and/or GST will be excluded. This choice of a Maturity Benefit has to be made by the Policyholder at the Policy Commencement Date.
- jj. "Maturity Date" means the date as specified in the Schedule on which the Policy Term expires.
- kk. "Nominee" means the person specified in the Schedule who has been nominated in writing to the Company by the Policyholder, who is entitled to receive the Death Benefits under the Policy. This is applicable only in a Policy where Policyholder and Life Assured are the same.
- ll. "Paid-up Add-on Cover Sum Assured" means the reduced Add-on Cover Sum Assured as on the date of the Policy becoming paid-up [as per Section 6)b) below], arrived by multiplying the Add-on Cover Sum Assured by a proportion of the number of Regular Premiums paid to the number of Regular Premiums payable in the Add-on Cover.
- mm. "Paid-up CI Sum Assured" means the reduced CI Sum Assured as on the date of the Policy becoming paid-up [as per Section 6)b) below], arrived by multiplying the Add-on Cover Sum Assured by a proportion of the number of Regular Premiums paid to the number of Regular Premiums payable in the Add-on Cover; adjusted for any CIB paid for any Minor CI before the date of paid-up.
- i) If Minor CI Benefit/s was/were already paid as on the date of paid-up, the Paid-up CI Sum Assured will be:
$$PUSA1 = [(t/m) * CI Sum Assured] \text{ MINUS sum of all Minor CI Benefit/s paid}$$
Based on the calculation mentioned above, if the paid-up value PUSA1 becomes negative, then the CI cover will be terminated immediately, and no further benefit is payable under the CI cover
- ii) If NO Minor CI Benefit was paid as on the date of paid-up, then, the Paid-up CI Sum Assured will be:
$$PUSA2 = (t/m) * CI Sum Assured$$
- iii) PUAB, Paid-up CIB for Angioplasty = $(t/m) * 500,000$
Where, 't' is the number of Premiums paid and 'm' is the number of Premiums payable in the CIB.
- nn. "Paid-up Maturity Benefit" means the reduced Maturity Benefit as on the date of the Policy becoming paid-up [as per Section 6)b) below]
- i) If ROP was opted in the Policy, Paid-up Maturity Benefit is the ROP paid with respect to the Variant.
- ii) In each Add-On Cover other than CIB: If ROP was opted in the Policy, Paid-up Maturity Benefit is the ROP paid with respect to that Add-on Cover, at the end of each such Add-on Cover Term.

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A Pure Term Insurance Plan

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- (1) In CIB: Provided CIBs with respect to Minor CIs was/were paid during the CI Cover Term, if ROP was opted in the Policy, a proportion of the amount of ROP paid with respect to that CIB will be paid as Maturity Benefit. The proportion will be [1 minus (Sum of all prior CIBs paid / CI Sum Assured)].
- oo. "Paid-up Sum Assured" means the reduced Sum Assured as on the date of the Policy becoming paid-up [as per Section 6)b) below], arrived by multiplying the Sum Assured by a proportion of the number of Regular Premiums paid to the number of Regular Premiums payable in the Policy.
- pp. "Paid-up Sum Assured on Death" means the reduced Sum Assured on Death as on the date of the Policy becoming paid-up [as per Section 6)b) below], arrived by multiplying the Sum Assured on Death by a proportion of the number of Regular Premiums paid to the number of Regular Premiums payable in the Policy.
- qq. "Policy" means the arrangements established by the Policy Document.
- rr. "Policy Anniversary" means the date corresponding numerically with the Policy Commencement Date in each subsequent year during the Policy Term.
- ss. "Policy Commencement Date" means the date of commencement of the Policy as specified in the Schedule.
- tt. "Policy Document" means this Policy wording the Schedule (which is attached to and forms part of this Policy and includes any Annexure or endorsement to it and, if more than one, then, the latest in time) and the Proposal Form.
- uu. "Policyholder" means the adult person named in the Schedule who has concluded the Policy with the Company.
- vv. "Policy Term" means the period, as specified in the Schedule, between the Policy Commencement Date and the Maturity Date.
- ww. "Policy Year" means the year commencing on the Policy Commencement Date or a Policy Anniversary thereof.
- xx. "PPT" means the Premium Paying Term
- yy. "Premium" means the Single Premium or the Regular Premium, as applicable in the Policy.
- zz. "Premium Payment Frequency" is a regular time interval as specified in the Schedule, at which the Regular Premium is payable during the Premium Paying Term.
- aaa. "Premium Paying Term" means the period specified in the Schedule during which the Single/Regular Premium is payable.
- bbb. "Proposal Form" means the Policyholder's statements in the proposal for this Policy submitted by or on behalf of the Policyholder along with any other information or documentation provided to the Company prior to Policy Commencement Date.
- ccc. "PT" means the Policy Term
- ddd. "PUAB" has the meaning as detailed in Section 1)nn.iii) above.
- eee. "PUSA1" has the meaning as detailed in Section 1)nn.i) above.
- fff. "PUSA2" has the meaning as detailed in Section 1)nn.ii) above.
- ggg. "Regular Premium" means the amount exclusive of applicable taxes, if any, payable by the Policyholder at regular intervals during the Premium Paying Term, in amount and at the Premium Payment Frequency, both, as specified in the Schedule.
- hhh. "Revival Period" means the period of five (5) consecutive complete years from the date of first unpaid Regular Premium, during which period the Policyholder is entitled to revive the Policy, which was discontinued due to the non-payment of Regular Premium.
- iii. "ROP" means Return of All Premiums, as detailed in Section 4)a)vii) & Section 4)b)vi) below
- jjj. "Single Premium" means the amount exclusive of applicable taxes, if any, payable by the Policyholder only once at the Policy Commencement Date.
- kkk. "Smoker Category" of the Life Assured is as specified in the Schedule, and is the classification of the Life Assured based on the use of tobacco (in any form by him) and based on the prevailing Board approved underwriting norms of the Company.
- lll. "Sum Assured" is the amount as specified in the Schedule for the Life Assured is insured under the Policy.
- mmm. "Sum Assured on Death" is the amount as specified in the Schedule under the Policy and is the higher of
For Regular Premium: (i) 10 times Annualised Premium or (ii) 105% of Total Premium paid till date of death, (iii) Sum Assured (iv) minimum guaranteed Sum Assured on maturity or (v) any absolute amount assured to be paid on death.
For Single Premium: (i) 1.25 times the Single Premium or (ii) Sum Assured (iii) minimum guaranteed Sum Assured on maturity or (iv) any absolute amount assured to be paid on death.
- Where the "minimum guaranteed sum assured on maturity" is nil and "any absolute amount assured to be paid on death" is equal to the Sum Assured.
- nnn. "Surrender Benefit" means the benefit payable, if any, on the surrender of the Policy. Please refer to Section 9) below for more details.
- ooo. "Survival Period" means a period of fourteen (14) days from the date of diagnosis of the Critical Illness as listed under Annexure K.
- ppp. "Total Premium" means the Single Premium or the sum of all Regular Premiums paid till date, as applicable, excluding any Extra Premium, and GST & cess, if any
- qqq. "Variant" means the Variant Life Cover, as mentioned in Section 2)b) below and detailed in Section 4)a) below, that the Policyholder has chosen before the Policy Commencement Date.
- rrr. "Waiting Period" means a period of ninety (90) days for major CI conditions and one hundred and eighty (180) days for minor CI conditions, from the Date of Commencement of Risk or date of latest revival of the Policy, whichever is later.
- sss. "WOP Benefit" means the Add-on Cover benefit of the waiver of premium (WOP) due in the future on the occurrence of CI (incl. ATPD) of the Life Assured. Please refer to Section 4) a) v below for more details.
WOPB-I: The WOP Benefit will cover the contingencies of CI (incl. ATPD) of the Life Assured.
- ttt. "WOPB" means WOP Benefit.
- uuu. "WOPB Cover Term" means the Add-on Cover Term with respect to WOPB.

PART C

- 2) Policy Description
- a) The Policy is a non-linked, non-participating, individual life, Single Premium / Regular Premium paying, term and health cover (death and health cover related) plan.
- b) The Life Cover Variant has been chosen by the Policyholder under this plan. The chosen Variant cannot be changed under the Policy.
- c) The plan, also, provides four (4) Add-on Covers, as mentioned below, from which the Policyholder will choose before the Policy Commencement Date. The chosen Add-on Covers cannot be changed under the Policy.
- i. Accidental Death Benefit (ADB)
- ii. Accidental Total Permanent Disability Benefit (ATPD Benefit)
- iii. Critical Illness Benefit (CIB)
- iv. WOP Benefit (WOPB)
- d) The details of the benefits under the Variant and under each Add-on Cover are as given in Section 4) below.
- e) The plan provides Death Benefit, ADB (if opted), ATPD Benefit (if opted), CI Benefit (if opted), WOP Benefit, Maturity Benefit (if opted) and Surrender Benefit (if available).
- 3) Premium (Single Premium / Regular Premium)
- a) Single Premium is based on the Variant and any Add-on Cover opted, Gender, Age, Policy Term, Sum Assured, Maturity Benefit (if any) and the Smoker Category of the Life Assured, and includes any Extra Premium. The Single Premium will be collected at the Policy Commencement Date.
- b) The Regular Premium is based on the Variant and any Add-on Cover opted, Gender, Age, Policy Term, Premium Paying Term, Sum Assured, Maturity Benefit (if any) and the Smoker Category of the Life Assured, and includes any Extra Premium.
- i. Regular Premium is payable in full on the due dates of Regular Premium specified in the Schedule or within the Grace Period allowed, during the Premium Paying Term.
- ii. The Company does not have any obligation to issue a notice that Regular Premium is due or for the amount that is due.
- iii. The Company will not accept any amount less than the Premium along with applicable taxes, if any, due, as the Premium.
- iv. The Premium is guaranteed for entire Policy Term of the Policy, where CI Benefit or WOP benefit is not opted. If CI and/or WOP Benefits are opted in the Policy, then the CIB Premium and/or WOP Premium is guaranteed for a period of five (5) years from the Policy Commencement Date or from the date of latest revision of CIB Premium and/or WOP Premium and reviewable for the subsequent CIB Cover

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Term and WOP Cover Term.

Consequently, the Premium for this Policy is also guaranteed only for a period of five (5) Policy Years from the Policy Commencement Date or from the date of latest revision of CIB Premium and/or WOP Premium.

- (1) The revised Premium will be informed to the Policyholder by the Company thirty (30) days before the commencement of the next Policy Year, and shall remain unchanged at least for the next five (5) Policy Years, as applicable.
 - (2) If the Policyholder disagrees to the revised Premium, the Policy will be terminated with immediate effect, and any Surrender Benefit will be paid.
- v. Grace Period as per the Premium Payment Frequency is applicable for each Regular Premium due, where the Premium along with applicable taxes (if any) has not been paid in full, even within the Grace Period, the Policy shall be subjected to the "Non-payment of Premium and Forfeiture" condition(s) as per Section 6) below.
- 4) Policy Benefits:
- a) If all the due Premiums have been paid till date in full:
 The Company will pay the following benefits under the Policy to the Claimant as per the Variant and the Add-on Cover/s opted by the Policyholder under the Policy, subject to Section 6), Section 11) & Section 21) below, and provided the Policy has not been terminated as per Section 12) below.
 - i) Death Benefit: For Life Cover Variant :
 On death of the Life Assured, the Death Benefit equal to Sum Assured on Death will be paid. The risk cover under the Policy will, immediately and automatically, terminate on the date of death of the Life Assured and the Policy on the date of payment of Death Benefit.
 - ii) If the Add-on Cover, ADB, has been opted in the Policy:
 On death of the Life Assured, and if the death is due to an Accident, the ADB Sum Assured will, additionally, be paid. The ADB will, immediately and automatically, terminate on the date of death of the Life Assured.
 - iii) If the Add-on Cover, ATPD Benefit, has been opted in the Policy:
 On the first occurrence of TPD due to Accident suffered by the Life Assured, the ATPD Sum Assured will be paid. The ATPD Benefit will, immediately and automatically, terminate on the date of occurrence of ATPD.
 - iv) If the Add-on Cover, CIB, has been opted in the Policy:
 On the date of diagnosis of a CI on the life of Life Assured during the CI Cover Term, provided the Waiting Period has expired, and subject to the Cooling Period (in case of minor CI) and Survival Period, the CI Benefit is payable by the Company to the Life Assured, based on the condition of CI (Minor or Major) as classified in Annexure K attached herewith.

Provided CIBs for four (4) minor CIs have NOT been paid during CIB Cover Term				Current CI is a Major CI	
Current CI is a Minor CI, but NOT Angioplasty				Current CI is Angioplasty	
Prior CIB for Same Minor CI Paid during CIB Cover Term	Prior CIB for Same Minor CI NOT Paid during CIB Cover Term	Prior CIB for Angioplasty Paid during CIB Cover Term	Prior CIB for Angioplasty NOT Paid during CIB Cover Term	Prior Minor CIB Paid	Prior Minor CIB NOT Paid
No CIB is payable	CIB of 25% of the CIB Sum Assured will be paid	No CIB is payable	CIB of the lower of 25% of the CIB Sum Assured or ₹ 5,00,000 will be paid	CIB of CIB Sum Assured less sum of all prior CIBs paid will be paid.	CIB of CIB Sum Assured will be paid.
(1) CIB for a Minor CI will be paid only once for that minor CIB, during the CI Cover Term. No CIB will be paid for the same minor CI which has been claimed earlier. (2) CIB for a Minor CI where minor CI is angioplasty will be paid only once during the CIB Cover Term. (3) The CIB will continue for any remaining CI Sum Assured, subject to receipt of due CIB Premiums. (4) If CIBs have been paid for four (4) Minor CIs during CIB Cover Term, no CIB will be payable for any future Minor CI. Any remaining CIB Sum Assured shall be payable on the occurrence of a major CI. (5) If the full CIB Sum Assured has been paid as CIBs, then, the CIB will terminate, immediately & automatically, on the date of diagnosis of the latest minor CI.				The CIB will terminate, immediately & automatically, on the date of diagnosis of the first major CI.	

- v) If the Add-on Cover, WOPB-I, has been opted in the Policy:
 On the date of diagnosis of the fourth (4th) minor CI, subject to Cooling Period or on the date of diagnosis of the first (1st) Major CI, whichever is earlier, on the life of Life Assured during the WOPB Cover Term, provided the Waiting Period has expired, and subject to applicable Survival Period:
 - (1) All the future Premiums due under the Policy will be waived.
 - (2) The WOPB-I will, immediately and automatically, terminate on the date of occurrence of the relevant CI.
- vi) In the benefits payable in Sub-Section i) to iv) above, if the benefit with respect to WOPB-I was already triggered in the Policy at the time of death, Accidental Death or if any Add-on Cover benefits become payable, then, the benefits mentioned in Sub-Section i) to iv) above will be increased by the Present Value (at an interest rate of 6% p.a.) of the future Premiums due under the Policy or the Add-on Cover/s as on the date of occurrence of death, Accidental Death or if any Add-on Covers become payable.

- vii) Maturity Benefit [Only if ROP was opted in the Policy]:
 - (1) If ROP has been opted in the Policy, provided the Policy is in-force till Maturity Date, on survival of the Life Assured till the Maturity Date and/or on each Add-on Cover Maturity Date (if any Add-on Cover is available in the Policy),
 - (a) The Return of All Premiums paid with respect to the Variant will be paid as Maturity Benefit.
 - (b) In Each Add-On Cover: Provided the Policy is in force till maturity and on survival till Maturity Date without claiming any add on benefit, the Return of All Premiums paid with respect to each Add-on Cover will be paid as Add-on Cover Maturity Benefit.
 - (c) In CI Add-On Cover: Provided the Policy is in force till Maturity Date and some CI Add-on Cover has been claimed, on survival of the Life Assured till the Maturity Date, (the Return of All Premiums paid with respect to CI Add-on Cover)* [1 minus (the sum of all prior CI Benefits paid / CI Sum Assured)] will be paid as CI Add-on Cover Maturity Benefit.
 - (2) The Add-on Cover will, immediately and automatically, terminate on the Add-on Cover Maturity Date.
 - (3) The risk cover under the Policy will, immediately and automatically, terminate on the Maturity Date, and the Policy on the date of payment of Maturity Benefit.
 - (4) If ROP on Maturity has not been opted for the Variant and/or Add-on Cover(s) in the Policy, no Maturity Benefit is payable.
 - b) If the Policy is a paid-up as per Section 6)b)ii) below, then,
 - i) Death Benefit: For Life Cover Variant :
 On death of the Life Assured, the Death Benefit equal to Paid-up Sum Assured on Death will be paid. The risk cover under the Policy will, immediately and automatically, terminate on the date of death of the Life Assured and the Policy on the date of payment of Death Benefit.
 - ii) If the Add-on Cover, ADB, has been opted in the Policy and :
 On death of the Life Assured and if the death is due to an Accident, the Paid-up ADB Add-on Cover Sum Assured will be paid. The ADB will, immediately and automatically, terminate on the date of death of the Life Assured.
 - iii) If the Add-on Cover, ATPD Benefit, has been opted in the Policy:
 On the first occurrence of ATPD due to Accident suffered by the Life Assured, the Paid-up ATPDB Sum Assured will be paid. The ATPD Benefit will, immediately and automatically, terminate on the date of occurrence of ATPD.
 - iv) If the Add-on Cover, CIB, has been opted in the Policy:
 On the date of diagnosis of CI on the life of Life Assured during the CI Cover Term, provided the Waiting Period has expired, and subject to the Cooling Period (in case of minor CI) and Survival Period, the CI Benefit is payable by the Company to the Life Assured, based on the condition of CI (Minor or Major) as classified in Annexure K attached herewith.

Description	Provided CIBs for four (4) Minor CIs have NOT been paid during CIB Cover Term				Current CI is Major CI	
	Current CI is Minor CI, but NOT Angioplasty		Current CI is Angioplasty		Current CI is Major CI	
	Prior CIB for Same Minor CI Paid during CIB Cover Term	Prior CIB for Same Minor CI NOT Paid during CIB Cover Term	Prior CIB for Angioplasty Paid during CIB Cover Term	Prior CIB for Angioplasty NOT Paid during CIB Cover Term	Prior Minor CIB Paid After the Policy is paid-up	Prior Minor CIB NOT Paid After the Policy is paid-up
Paid-up CI Sum Assured is PUSA1.	No CIB payable	CIB of 25% of the PUSA1 will be paid	No CIB payable	CIB of the lower of 25% of the PUSA1 or PUAB will be paid	CIB of PUSA1 less sum of all prior CIBs paid since the date of paid-up will be paid.	CIB of PUSA1 will be paid.
	(1) The CIB will continue for any remaining PUSA1. (2) If CIBs have been paid for four (4) Minor CIs during the CIB Cover Term, no CIB will be payable for future minor CIs. Please note that angioplasty is a minor CI. (3) If the full PUSA1 has been paid as CIBs, then, the CIB will terminate, immediately & automatically, on the date of diagnosis of the latest minor CI.				The CIB will terminate, immediately & automatically, on the date of diagnosis of the first major CI.	
Paid-up CI Sum Assured is PUSA2.	No CIB payable	CIB of 25% of the PUSA2 will be paid	No CIB payable	CIB of the lower of 25% of the PUSA2 or PUAB will be paid	CIB of PUSA2 less sum of all prior CIB paid will be paid.	CIB of PUSA2 will be paid.
	(1) The CIB will continue for any remaining PUSA2. (2) If CIBs have been paid for four (4) Minor CIs during cover period, no CIB will be payable for future Minor CIs. Please note that Angioplasty is a minor CI. (3) If the full PUSA2 has been paid as CIBs, then, the CIB will terminate, immediately & automatically, on the date of diagnosis of the latest minor CI.				The CIB will terminate, immediately & automatically, on the date of diagnosis of the first major CI.	

- v) If the Add-on Cover, WOPB-I has been opted in the Policy:
 WOPB Benefit will not be available in a paid-up Policy.
- vi) Maturity Benefit [Only if ROP was opted in the Policy]:
 - (1) If ROP on Maturity has been opted in the Policy, on survival of the Life Assured to the Maturity Date and/or on each Add-on Cover Maturity Date (if any Add-on Cover is available in the Policy), the Paid-up Maturity Benefit with respect to the Variant and/or Add-on Covers will be paid out as the Maturity Benefit; provided no claim has been paid under the Variant and/or Add-on Covers (except CIB) and/or the full CI Sum Assured has not been paid-out in the CIB.

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- (2) The Add-on Cover will, immediately and automatically, terminate on the Add-on Cover Maturity Date.
- (3) The risk cover under the Policy will, immediately and automatically, terminate on the Maturity Date, and the Policy on the date of payment of Maturity Benefit.
- (4) If ROP on Maturity has not been opted for the variant and/or Add-on Cover(s) in the Policy, no Maturity Benefit is payable.
- vii) If the Policy is a lapsed as per Section 6(b)i) below, then, no benefit is payable under the Policy.

PART D

- 5) Free Look Condition:
Within fifteen (15) days of the receipt of this Policy and thirty (30) days in case of electronic Policy & Policy obtained through distance mode*, the Policyholder may, if dissatisfied with any of the terms and conditions for any reason, provided no claim has already been made on the Policy, give the Company a written notice of cancellation along with reasons for the same, and return the Policy Document to the Company, subject to which the Company shall send the Policyholder a refund comprising all Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium (including any Add-on Cover Premium/s) for the period the Life/Lives Assured was/were on cover and the expenses incurred by the Company on medical examination and stamp duty.

*Policies obtained through distance mode will be sold through online sales and tele-calling

- 6) Non-payment of Regular Premium and Forfeiture
- a) For Regular Premium payment option without ROP:
If any Regular Premiums is not paid before the end of the Grace Period, then, the Policy will, immediately & automatically, lapse at the expiry of the Grace Period, and no benefit under the Policy will be payable.
- b) For Regular Premium payment option with ROP:
 - i) If at least two (2) full years' Regular Premiums are not paid under a Policy with PPT less than ten (10) years OR three (3) full years' Regular Premiums are not paid under a Policy with PPT ten (10) years & above, the Policy will, immediately & automatically, lapse at the expiry of the Grace Period, and no benefit will be payable under the Policy.
 - ii) If at least two (2) full years' Regular Premiums under a Policy with PPT less than ten (10) years OR at least three (3) full year's Regular Premiums under a Policy with PPT ten (10) years & above are paid, and subsequent Regular Premiums are not paid, then the Policy (along with the Add-on Cover/s, excluding WOPB) will be, immediately & automatically, converted to a paid-up Policy (and paid-up Add-on Cover/s) at the expiry of the Grace Period.

The paid-up benefit structure for all Variants and all Add-on Covers are as follows:

Benefit	All Variants
Paid up Death Benefit & Paid-up Add-on Cover:	(a) The Sum Assured, Sum Assured on Death and Add-on Cover Sum Assured (with respect to ADB, ATPD Benefit, CIB), as applicable, will be converted to Paid-up Sum Assured, Paid-up Sum Assured on Death and Paid-up Add-on Cover Sum Assured respectively. (b) The Death Benefit paid under a paid-up Policy will be subject to a minimum of 105% of Total Premiums paid. (c) In the Add-on Cover, CIB, CI Sum Assured will be converted to Paid-up Sum Assured, per PUSA1 or PUSA2 calculation, as applicable. If this PUSA1 (as calculated) is less than or equal to zero, then, this CIB will, immediately & automatically, terminate and no paid-up benefit [as per Section 6(b)ii) above] will be available under the CIB.
Paid up Maturity Benefit:	(a) If ROP has been opted in the Variant and/or Add-on Cover/s, the Maturity Benefit will be converted to Paid-up Maturity Benefit. (b) The Policy (including the Add-on Cover/s) will terminate on payment of this benefit.

- iii) There is no paid-up value available with respect to WOPB-I.
- 7) Revival
If the Policy is lapsed due to non-payment of due Premium after the Grace Period, the Policy can be revived by the Policyholder, subject to the conditions mentioned below:
 - a) The application for revival is received within the Revival Period.
 - b) The arrears of Regular Premiums together with interest, at such rate as the Company may decide from time to time along with applicable taxes are paid. The current applicable revival interest is 10.0% p.a. compounded half-yearly[†].
 - c) The arrears of Regular Premiums together with interest (as decided by the Company) along with applicable taxes are paid.
 - d) The Policyholder, at his/her own expense, agrees to undergo medical examination and provides furnishes evidence of continuity of insurability.

- e) The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed, based on the prevailing Board approved underwriting norms of the Company. The Company may refuse to revive the Policy, based on the prevailing Board approved underwriting norms of the Company, and refund the amount deposited for the purposes of revival of the Policy.
- f) The revival will take effect only on it being specifically communicated by the Company to the Policyholder.
- g) On revival, the Sum Assured, Sum Assured on Death, Add-on Cover Sum/s Assured and Maturity Benefit, as applicable, under the Policy which prevailed before the date of latest lapse/paid-up will be reinstated
[†]The revival interest rate will be benchmarked to the G-Sec based on the information from Financial Benchmark India Private Ltd (FBIL). It will be equal to [10-year G-Sec yield PLUS 2%] rounded-up to the next full interest rate. The revival interest rate will be reviewed on an annual basis. Any change in bases used for determination of applicable interest rate will be subject to prior approval of IRDAI.
- 8) Foreclosure
Foreclosure is not applicable under the Policy.
- 9) Surrender Benefit
 - a) Surrender Benefit is payable under the Policy, only if ROP has been opted in the Policy, and/or if the Premium payment is Single Premium or if the PPT is less than the PT.
 - b) Under Pure Risk Cover option and where PPT is less than PT, no Surrender Benefit shall be available during the PPT. Surrender Benefit shall only be available after the PPT. Under Pure Risk Cover option where PPT is equal to PT, no surrender benefit shall be available.
 - c) The Policyholder can surrender the Policy at any time after the policy has become paid-up [as per Section 6(b)ii) above], or, in case of a Single Premium Policy, the Policyholder can surrender the Policy at any time.
 - d) If PPT is less than the Policy Term, Surrender Benefit will be available under the Policy, if the policy has acquired paid-up value as mentioned in sub-section b) under section 6 above.
 - e) The Variant or the Add-on Cover/s, independently, cannot be surrendered. The entire Policy only can be surrendered.
 - f) If the PPT is less than the Policy Term in the Policy and if ROP has not been taken in the Policy, then, the Surrender Benefit payable shall be as below:
 - i) During the PPT – No Surrender Benefit shall be payable
 - ii) After the PPT, the Surrender Benefit payable shall be higher of GSV or SSV as below
 - (1) The Guaranteed Surrender Value is: GSV Factor * Total Premium paid till date
 - (2) The Special Surrender Value is: SSV Factor * Total Premium paid till date
 - (3) GSV factors & SSV factors are as per Ann II.1 & Ann II.2 respectively
 - g) In Single Premium and if ROP has not been opted in the Policy, then, the Surrender Benefit payable shall be higher of GSV or SSV as below:
 - i) The Guaranteed Surrender Value is: GSV Factor * Single Premium paid till date
 - ii) The proposed Special Surrender Value is: SSV Factor * Single Premium paid till date
 - iii) GSV factors & SSV factors are as per Ann II.3 & Ann II.4 respectively.
 - h) If the PPT is less than or equal to the Policy Term in the Policy and if ROP has been opted in the Policy, then, the Surrender Benefit payable shall be higher of GSV or SSV as below.
 - i) The Guaranteed Surrender Value is: GSV Factor * Total Premium paid till date
 - ii) The proposed Special Surrender Value is: SSV Factor * Total Premium paid till date
 - iii) GSV factors & SSV factors are as per Ann II.5 & Ann II.6 respectively.
 - i) In a Single Premium Policy and if ROP has been opted in the Policy, then, the Surrender Benefit payable shall be higher of GSV or SSV as below.
 - i) The Guaranteed Surrender Value is: GSV Factor * Single Premium paid till date
 - ii) The proposed Special Surrender Value is: SSV Factor * Single Premium paid till date
 - iii) GSV factors & SSV factors are as per Ann II.7 & Ann II.8 respectively.
 - j) The Company shall have the right to revise the SSV Factors [in Sub-Section f) to i) above] from time to time, subject to the prior approval of the IRDAI.
 - k) If the Variant in the Policy does not have a Surrender Benefit but the Add-on Cover has, then on surrender, the Policy will terminate, immediately and automatically, by

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- paying the available Surrender Benefit on the Add-on Cover.
- 1) If WOPB-I has already been triggered in the Policy prior to date of surrender, on the surrender of the Policy, the benefits mentioned in Sub-Section f) to i) above will be increased by the Present Value (at an interest rate of 6% p.a.) of the future Premiums due under the Policy (including that/those for Add-on Cover/s) as on the date surrender.
- 10) Flexibilities
- a) Alteration of Premium Payment Frequency
The Premium Payment Frequency may be changed at any Policy Anniversary during the Policy Term, subject to availability then of the Premium Payment Frequency and minimum Premium allowed under the Policy, as on the date of change.
Quarterly and Monthly Premium Payment Frequencies are only allowed under auto-debit process (auto-debit process as allowed by RBI to financial institutions).
- b) Policy Loans
Policy loan is not available under the Policy
- PART E
CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc
Not Applicable
- PART F
- 11) Exclusions
- a) Suicide Exclusions
In case of death of Life Assured due to suicide within 12 months from the Date of Commencement of Risk or the date of latest revival of the policy, whichever is later, then the Claimant shall be entitled to receive, the higher of 80% of the Total premiums paid till the date of death of the Life Assured or the Surrender Benefit available as on the date of death of the Life Assured, provided the policy is in force.
- b) Other Exclusions
The other exclusion under the Policy are as given in Annexure K which form part of this Policy Document.
- 12) Termination Conditions
- a) The risk cover under the Policy and/or Add-on Cover shall, immediately and automatically, terminate on the occurrence of any of the following events:
- i) On the date of death of the Life Assured
- ii) On the Maturity Date of the Policy
- iii) On payment of the full Add-on Sum Assured, in the Add-on Covers, ATPD Benefit or CIB.
- iv) Once WOPB has been triggered
- v) On the cessation of respective Add-on Cover Terms
- b) This Policy shall, immediately and automatically, terminate on the earliest occurrence of any of the following events:
- i) On the expiry of the Revival Period for lapsed policies.
- ii) On the payment of Death Benefit.
- iii) On the payment of Maturity Benefit
- iv) On payment of the refund on Free look cancellation (as per Section 5 above)
- v) On payment of Surrender Benefit.
- 13) Age Proof
- a) The Premium payable under the Policy is calculated on the basis of the Life Assured's Age and gender as declared in the Proposal Form. If the Life Assured's Age has not been admitted by the Company, the Policyholder shall furnish such proof of the Life Assured's Age as is acceptable to the Company and have the Age admitted.
- b) If the Age so admitted (the "correct Age") is found to be different from the Age declared in the Proposal Form, then, without prejudice to the Company's other rights and remedies including those under the Insurance Act 1938, the following actions shall be taken:
- i) If the correct Age is such as would have made the Life Assured uninsurable under this Policy, the plan of assurance shall stand altered to such plan of assurance as is generally granted by the Company for the Life Assured's correct Age, which will be subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the Policy shall stand terminated with immediate effect and the Company shall make payment of a refund comprising the all Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty expense.
- ii) If the Life Assured's correct Age is higher than the Age declared in the Proposal Form, the Premium payable under the Policy shall be altered corresponding to the correct Age of the Life Assured and the accumulated difference between the corrected Premium and the original Premium from the Policy Commencement Date up to the date of such alteration shall be collected from the Policyholder. If the Policyholder disagrees to pay the same, the Policy will be terminated with immediate effect by the Company and the Policy shall stand terminated with immediate effect and the Company shall make payment of a refund comprising the all Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty expense.
- iii) If the Life Assured's correct Age is lower than the Age declared in the Proposal Form, the Premium payable under the Policy shall be altered corresponding to the correct Age of the Life Assured from the next due date of Premium. The Company shall refund of the excess premium received (which is the total of the difference between the original Premium and the corrected Premium from the Policy Commencement Date up to the date of such alteration).
- 14) Assignment
Assignment shall be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure AA (as given by IRDAI) for reference]
- 15) Nomination
Nomination shall be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure BB (as given by IRDAI) for reference]
- 16) Fraud, Misrepresentation and forfeiture
Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act, 1938, as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure CC (as given by IRDAI) for reference]
- 17) Notices
Any notice, direction or instruction under this Policy which may be in writing or in any kind of electronic/digital format and if it is to:
- a. The Policyholder or the Life Assured:
- i) Shall be sent either by hand, post, courier, facsimile, Short Messaging Service (SMS), Voice call, e-mail or through any other digital/electronic media to the Policyholder or Life Assured to the address or communication/correspondence details specified by the Policyholder in the Proposal Form or as per subsequent most recent change of address and/or communication/correspondence details intimation submitted by him to the Company.
- ii) The Company shall not be responsible for any consequences arising out of non-intimation of change of the Policyholder's address and/or communication/correspondence details. In case the notice comes back to the Company undelivered to the Policyholder due to any reason, there shall not be any obligation upon the Company to make any attempt again towards dispatch of the notice which was returned undelivered.
- b. The Company, shall be submitted by hand, post, facsimile or e-mail to the corporate office or any branch office of the Company.
Corporate office:
Bajaj Allianz Life Insurance Company,
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006
Toll Free No. 18002097272
Email: customercare@bajajallianz.co.in
The Policyholder must ensure that he/she keeps the Company informed if there is a change of address and contact details. This will enable the Policyholder to receive regular updates, and communication from time to time and facilitate efficient and timely payouts by the Company of the benefits under this Policy.
- 18) Electronic Transactions
Subject to Section 17) above, the Policyholder agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time with

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regard to all transactions and hereby agrees and confirms that all transactions (other than those requiring a written notice or communication under this Policy) effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

19) Currency

All amounts payable either to or by the Company shall be payable in India and in Indian Currency.

20) Modifications

This Policy Document constitutes the complete contract of insurance. This Policy Document cannot be changed or varied except by an endorsement to the Policy, in writing and signed by an officer of the Company authorized for the purpose.

21) Payment of claim

The Company shall be under no obligation to make any payment under Section 4a i) to v) above with respect to Death Benefit unless and until the Company has received from the Claimant (at no expense to the Company) any information and documentation it requests, including but not limited to:

- a) For deaths due to unnatural causes:
 - i) Written notice as soon as possible and in any event preferably within 180 days of the death/ATPD/CI of the Life Assured, and the circumstances resulting to the death/ATPD/CI of the Life Assured.
 - ii) The claimant's proof of entitlement to receive payment under the Policy.
 - iii) Original Policy Document.
 - iv) Original death certificate of the Life Assured issued by a competent authority.
 - v) Claimant statement /claim intimation letter
 - vi) Bank account proof of nominee
 - vii) Medical cause of death certificate from the doctor who last attended to the Life Assured or from the hospital in which the death occurred.
- viii) A copy of First Information Report (FIR) and Post Mortem Report (PMR). Post Mortem Report is mandatory for claiming the death benefit due to an Accident under the Policy.
- ix) Notarized Indemnity bond from the claimant for waiver of title if there is no nomination or in case of nominee's death.
- x) NOC by all class one legal heirs if there is no nomination or in case of nominee's death
- xi) Without Prejudice to the right of the Company to insist for any of the documents as mentioned herein above to examine the admissibility of claim for the benefits under the policy of insurance, the Company may at its sole discretion, consider claims where the claimant is unable to submit required documents.
- b) For deaths due to natural causes:
 - i) Written notice as soon as possible and in any event preferably within 180 days of the death/ATPD/CI of the Life Assured, and the circumstances resulting to the death/ATPD/CI of the Life Assured.
 - ii) The claimant's proof of entitlement to receive payment under the Policy.
 - iii) Original Policy Document.
 - iv) Original death certificate of the Life Assured issued by a competent authority.
 - v) Claimant statement /claim intimation letter
 - vi) Bank account proof of nominee
 - vii) Any other document as asked for by the Company depending on the facts and circumstances of each case.
 - viii) Notarized Indemnity bond from the claimant for waiver of title if there is no nomination or in case of nominee's death
 - ix) NOC by all class one legal heirs if there is no nomination or in case of nominee's death
 - x) Without Prejudice to the right of the Company to insist for any of the documents as mentioned herein above to examine the admissibility of claim for the benefits under the policy of insurance, the Company may at its sole discretion, consider claims where the claimant is unable to submit required documents.

The Company shall be under no obligation to make any payment under Section 4avii) above with respect to Maturity Benefit unless and until the Company has received from the Claimant any information and documentation it requests, including but not limited to:

- i) The Claimant's proof of entitlement to receive payment under the Policy.
- ii) Original Policy Document.
- iii) Any other document as asked for by the Company depending on the facts and circumstances of each case.
- iv) Without Prejudice to the right of the Company to insist for any of the documents as mentioned herein above to examine the admissibility of claim for the benefits under the policy of insurance, the Company may at its sole discretion, consider claims where the claimant is unable to submit required documents.

The Company shall consider delayed claims on merits on satisfaction that the reasons for delay were on account of facts beyond the control of Claimant.

22) Loss of Policy Document

- a) If the Policy Document is lost or destroyed, then subject to Sub-Section c) below, at the request of the Policyholder, the Company, if satisfied that the Policy Document has been lost or destroyed, will issue a copy of the Policy Document duly endorsed to show that it is issued following the loss or destruction of the original document. The Company will charge a fee for the issuance of a copy of the Policy Document. Currently, for issuance of duplicate Policy Document, a fee of Rs. 100 plus a Stamp Duty fee (as applicable for the applicable State/Union-Territory) is being charged.
- b) Upon the issue of a copy of the Policy Document, the original Policy Document will cease to have any legal effect.
- c) The Company reserves the right to make such investigations into and call for such evidence of the loss or destruction of the Policy Document at the expense of the Policyholder, as it considers necessary before issuing a copy of the Policy Document.
- d) It is hereby understood and agreed that the Policyholder will protect the Company and hold the Company harmless from and against any claims, costs, expenses, awards or judgments arising out of or howsoever connected with the original Policy Document or arising out of the issuance of a copy of the Policy Document.

23) Status of Insurance Agent

The insurance agent is only authorized by the Company to arrange completion and submission of the Proposal Form. Any representation made by the insurance agent, which is against the express terms and conditions as contained in this Policy shall not be binding on the Company. Information or payment given to the insurance agent should not be considered as having been given to the Company. In absence of any specific authorisation to an insurance agent to accept premium on behalf of the Company and issue receipt thereof, payment made to an insurance agent shall be considered from the date of receipt of the premium amount by the Company. In the event of happening of any eventuality between the date of payment of premium amount to the insurance agent and the date of receipt of the premium amount by the Company, same shall be considered in accordance with the terms and conditions as contained herein above as if the premium was not paid as on the date of happening of the eventuality.

PART G

24) Grievance Redressal

In case you have any query or complaint/grievance, you may contact the Grievance Officer of any nearest Customer Care Centre at Branch Office of the Company during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with the Company:

By post at: Customer Care Desk,

BajajAllianz Life Insurance Company Ltd.,

BajajAllianz House, Airport Road, Yerawada, Pune - 411006

By Phone at: Toll Free No. 1800 209 7272

By Fax at: 020-6602-6789

By Email: customercare@bajajallianz.co.in

In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 15 days, or you have any suggestion in respect of this Policy or on the functioning of the office, you may contact the following official for resolution:

Grievance Redressal Officer,

BajajAllianz Life Insurance Company Ltd.

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3rd Floor, Bajaj Finserv, Survey No: 208/1-B, Behind Weik Field IT Park, Viman Nagar, Pune – 411014

Tel. No: 1800-209-7272

Email ID: gro@bajajallianz.co.in

If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:

By Phone: TOLLFREE NO: 155255, 1800-425-4732

By Email: complaints@irda.gov.in

By post at: Consumer Affairs Department – Grievance Redressal Cell
Insurance Regulatory and Development Authority of India

Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032

By Fax (Delhi Office) at: +91- 11 – 2374 7650

The Policyholder can also register his complaint online at <http://www.igms.irda.gov.in/>

25) Ombudsman

- a) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to any of the following:
- i) Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
 - ii) Delay in settlement of claim
 - iii) Dispute with regard to premium
 - iv) Non-receipt of your insurance document
 - v) Misrepresentation of policy terms and conditions
 - vi) Legal construction of insurance policies in so far as the dispute relates to claim
 - vii) Policy servicing related grievances against insurers and their agents and intermediaries
 - viii) Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer
- b) The address and contact details of the Insurance Ombudsman centres are

provided as Annexure 2 attached herewith. For the latest list of insurance ombudsman, please refer to the IRDA website at http://www.irdaindia.org/ins_ombusman.htm.

- c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
- d) Also please note that as per provision 14(3) of the Insurance Ombudsman Rules, 2017, the complaint to the Ombudsman can be made
 - i. Only if the grievance has been rejected by the grievance redressal mechanism of the Company or no reply is received within a period of one month from the date of receipt of the grievance by the insurer or the Complainant is not satisfied with the response of the insurer.
 - ii. The complaint should be filed within a period of one year from the date of receipt of order of rejection or decision by the Company or expiry of one month from the date of sending the written representation to insurer, where the subject matter of complaint should not be such where proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

26) Governing Law

Any and all disputes arising out of and under this Policy shall be governed by and determined in accordance with Indian law and by the Indian Courts.

27) Taxation

Payment of taxes, including GST, as applicable, shall be the responsibility of the Policyholder. The Policyholder agrees to pay or allows the Company to deduct/charge from any of the benefits payable or premium received under this Policy, a sum on account of any tax or other payment which may be imposed by any legislation, order, regulation or otherwise, upon the Company, Policyholder or any other beneficiary, which in the opinion of the Company is necessary and appropriate.

THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE PRESERVED SAFELY. PLEASE CHECK THE POLICY DOCUMENT UPON RECEIPT, AND IF ANY MISTAKE OR ERROR IS FOUND, THE SAME BE INFORMED IMMEDIATELY TO BAJAJALLIANZ LIFE INSURANCE COMPANY LIMITED

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GSV factors as % of Single Premium for Pure Risk Cover option																		
Elapsed Duration in years/ PT	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
0	0.2400	0.2500	0.2571	0.2625	0.2667	0.2700	0.2727	0.2750	0.2769	0.2786	0.2800	0.2813	0.2824	0.2833	0.2842	0.2850	0.2857	0.2864
1	0.2400	0.2500	0.2571	0.2625	0.2667	0.2700	0.2727	0.2750	0.2769	0.2786	0.2800	0.2813	0.2824	0.2833	0.2842	0.2850	0.2857	0.2864
2	0.1800	0.2000	0.2143	0.2250	0.2333	0.2400	0.2455	0.2500	0.2538	0.2571	0.2600	0.2625	0.2647	0.2667	0.2684	0.2700	0.2714	0.2727
3	0.1200	0.1500	0.1714	0.1875	0.2000	0.2100	0.2182	0.2250	0.2308	0.2357	0.2400	0.2438	0.2471	0.2500	0.2526	0.2550	0.2571	0.2591
4	0.0600	0.1000	0.1286	0.1500	0.1667	0.1800	0.1909	0.2000	0.2077	0.2143	0.2200	0.2250	0.2294	0.2333	0.2368	0.2400	0.2429	0.2455
5		0.0500	0.0857	0.1125	0.1333	0.1500	0.1636	0.1750	0.1846	0.1929	0.2000	0.2063	0.2118	0.2167	0.2211	0.2250	0.2286	0.2318
6			0.0429	0.0750	0.1000	0.1200	0.1364	0.1500	0.1615	0.1714	0.1800	0.1875	0.1941	0.2000	0.2053	0.2100	0.2143	0.2182
7				0.0375	0.0667	0.0900	0.1091	0.1250	0.1385	0.1500	0.1600	0.1688	0.1765	0.1833	0.1895	0.1950	0.2000	0.2045
8					0.0333	0.0600	0.0818	0.1000	0.1154	0.1286	0.1400	0.1500	0.1588	0.1667	0.1737	0.1800	0.1857	0.1909
9						0.0300	0.0545	0.0750	0.0923	0.1071	0.1200	0.1313	0.1412	0.1500	0.1579	0.1650	0.1714	0.1773
10							0.0273	0.0500	0.0692	0.0857	0.1000	0.1125	0.1235	0.1333	0.1421	0.1500	0.1571	0.1636
11								0.0250	0.0462	0.0643	0.0800	0.0938	0.1059	0.1167	0.1263	0.1350	0.1429	0.1500
12									0.0231	0.0429	0.0600	0.0750	0.0882	0.1000	0.1105	0.1200	0.1286	0.1364
13										0.0214	0.0400	0.0563	0.0706	0.0833	0.0947	0.1050	0.1143	0.1227
14											0.0200	0.0375	0.0529	0.0667	0.0789	0.0900	0.1000	0.1091
15												0.0188	0.0353	0.0500	0.0632	0.0750	0.0857	0.0955
16													0.0176	0.0333	0.0474	0.0600	0.0714	0.0818
17														0.0167	0.0316	0.0450	0.0571	0.0682
18															0.0158	0.0300	0.0429	0.0545
19																0.0150	0.0286	0.0409
20																	0.0143	0.0273
21																		0.0136
22																		
23																		
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Note:
For elapsed duration in fraction of years the Surrender Value will be linearly interpolated
PT mean Policy Term

Bajaj Allianz Life Smart Protect Goal - Ann II.3

Elapsed Duration in years/ PT	GSV factors as % of Single Premium for Pure Risk Cover option																	
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
0	0.2870	0.2875	0.2880	0.2885	0.2889	0.2893	0.2897	0.2900	0.2903	0.2906	0.2909	0.2912	0.2914	0.2917	0.2919	0.2921	0.2923	0.2925
1	0.2870	0.2875	0.2880	0.2885	0.2889	0.2893	0.2897	0.2900	0.2903	0.2906	0.2909	0.2912	0.2914	0.2917	0.2919	0.2921	0.2923	0.2925
2	0.2739	0.2750	0.2760	0.2769	0.2778	0.2786	0.2793	0.2800	0.2806	0.2813	0.2818	0.2824	0.2829	0.2833	0.2838	0.2842	0.2846	0.2850
3	0.2609	0.2625	0.2640	0.2654	0.2667	0.2679	0.2690	0.2700	0.2710	0.2719	0.2727	0.2735	0.2743	0.2750	0.2757	0.2763	0.2769	0.2775
4	0.2478	0.2500	0.2520	0.2538	0.2556	0.2571	0.2586	0.2600	0.2613	0.2625	0.2636	0.2647	0.2657	0.2667	0.2676	0.2684	0.2692	0.2700
5	0.2348	0.2375	0.2400	0.2423	0.2444	0.2464	0.2483	0.2500	0.2516	0.2531	0.2545	0.2559	0.2571	0.2583	0.2595	0.2605	0.2615	0.2625
6	0.2217	0.2250	0.2280	0.2308	0.2333	0.2357	0.2379	0.2400	0.2419	0.2438	0.2455	0.2471	0.2486	0.2500	0.2514	0.2526	0.2538	0.2550
7	0.2087	0.2125	0.2160	0.2192	0.2222	0.2250	0.2276	0.2300	0.2323	0.2344	0.2364	0.2382	0.2400	0.2417	0.2432	0.2447	0.2462	0.2475
8	0.1957	0.2000	0.2040	0.2077	0.2111	0.2143	0.2172	0.2200	0.2226	0.2250	0.2273	0.2294	0.2314	0.2333	0.2351	0.2368	0.2385	0.2400
9	0.1826	0.1875	0.1920	0.1962	0.2000	0.2036	0.2069	0.2100	0.2129	0.2156	0.2182	0.2206	0.2229	0.2250	0.2270	0.2289	0.2308	0.2325
10	0.1696	0.1750	0.1800	0.1846	0.1889	0.1929	0.1966	0.2000	0.2032	0.2063	0.2091	0.2118	0.2143	0.2167	0.2189	0.2211	0.2231	0.2250
11	0.1565	0.1625	0.1680	0.1731	0.1778	0.1821	0.1862	0.1900	0.1935	0.1969	0.2000	0.2029	0.2057	0.2083	0.2108	0.2132	0.2154	0.2175
12	0.1435	0.1500	0.1560	0.1615	0.1667	0.1714	0.1759	0.1800	0.1839	0.1875	0.1909	0.1941	0.1971	0.2000	0.2027	0.2053	0.2077	0.2100
13	0.1304	0.1375	0.1440	0.1500	0.1556	0.1607	0.1655	0.1700	0.1742	0.1781	0.1818	0.1853	0.1886	0.1917	0.1946	0.1974	0.2000	0.2025
14	0.1174	0.1250	0.1320	0.1385	0.1444	0.1500	0.1552	0.1600	0.1645	0.1688	0.1727	0.1765	0.1800	0.1833	0.1865	0.1895	0.1923	0.1950
15	0.1043	0.1125	0.1200	0.1269	0.1333	0.1393	0.1448	0.1500	0.1548	0.1594	0.1636	0.1676	0.1714	0.1750	0.1784	0.1816	0.1846	0.1875
16	0.0913	0.1000	0.1080	0.1154	0.1222	0.1286	0.1345	0.1400	0.1452	0.1500	0.1545	0.1588	0.1629	0.1667	0.1703	0.1737	0.1769	0.1800
17	0.0783	0.0875	0.0960	0.1038	0.1111	0.1179	0.1241	0.1300	0.1355	0.1406	0.1455	0.1500	0.1543	0.1583	0.1622	0.1658	0.1692	0.1725
18	0.0652	0.0750	0.0840	0.0923	0.1000	0.1071	0.1138	0.1200	0.1258	0.1313	0.1364	0.1412	0.1457	0.1500	0.1541	0.1579	0.1615	0.1650
19	0.0522	0.0625	0.0720	0.0808	0.0889	0.0964	0.1034	0.1100	0.1161	0.1219	0.1273	0.1324	0.1371	0.1417	0.1459	0.1500	0.1538	0.1575
20	0.0391	0.0500	0.0600	0.0692	0.0778	0.0857	0.0931	0.1000	0.1065	0.1125	0.1182	0.1235	0.1286	0.1333	0.1378	0.1421	0.1462	0.1500
21	0.0261	0.0375	0.0480	0.0577	0.0667	0.0750	0.0828	0.0900	0.0968	0.1031	0.1091	0.1147	0.1200	0.1250	0.1297	0.1342	0.1385	0.1425
22	0.0130	0.0250	0.0360	0.0462	0.0556	0.0643	0.0724	0.0800	0.0871	0.0938	0.1000	0.1059	0.1114	0.1167	0.1216	0.1263	0.1308	0.1350
23		0.0125	0.0240	0.0346	0.0444	0.0536	0.0621	0.0700	0.0774	0.0844	0.0909	0.0971	0.1029	0.1083	0.1135	0.1184	0.1231	0.1275
24			0.0120	0.0231	0.0333	0.0429	0.0517	0.0600	0.0677	0.0750	0.0818	0.0882	0.0943	0.1000	0.1054	0.1105	0.1154	0.1200
25				0.0115	0.0222	0.0321	0.0414	0.0500	0.0581	0.0656	0.0727	0.0794	0.0857	0.0917	0.0973	0.1026	0.1077	0.1125
26					0.0111	0.0214	0.0310	0.0400	0.0484	0.0563	0.0636	0.0706	0.0771	0.0833	0.0892	0.0947	0.1000	0.1050
27						0.0107	0.0207	0.0300	0.0387	0.0469	0.0545	0.0618	0.0686	0.0750	0.0811	0.0868	0.0923	0.0975
28							0.0103	0.0200	0.0290	0.0375	0.0455	0.0529	0.0600	0.0667	0.0730	0.0789	0.0846	0.0900
29								0.0100	0.0194	0.0281	0.0364	0.0441	0.0514	0.0583	0.0649	0.0711	0.0769	0.0825
30									0.0097	0.0188	0.0273	0.0353	0.0429	0.0500	0.0568	0.0632	0.0692	0.0750
31										0.0094	0.0182	0.0265	0.0343	0.0417	0.0486	0.0553	0.0615	0.0675
32											0.0091	0.0176	0.0257	0.0333	0.0405	0.0474	0.0538	0.0600
33												0.0088	0.0171	0.0250	0.0324	0.0395	0.0462	0.0525
34													0.0086	0.0167	0.0243	0.0316	0.0385	0.0450
35														0.0083	0.0162	0.0237	0.0308	0.0375
36															0.0081	0.0158	0.0231	0.0300
37																0.0079	0.0154	0.0225
38																	0.0077	0.0150
39																		0.0075

Note:
For elapsed duration in fraction of years the Surrender Value will be linearly interpolated
PT mean Policy Term

Bajaj Allianz Life Smart Protect Goal- Life Cover Variant
A Pure Term Insurance Plan
UIN: 116N159V01

Bajaj Allianz Life Smart Protect Goal - Ann II.4

SSV factors as % of Single Premium for Pure Risk Cover option																		
Elapsed Duration in years/ PT	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
0	0.3200	0.3333	0.3429	0.3500	0.3556	0.3600	0.3636	0.3667	0.3692	0.3714	0.3733	0.3750	0.3765	0.3778	0.3789	0.3800	0.3810	0.3818
1	0.3200	0.3333	0.3429	0.3500	0.3556	0.3600	0.3636	0.3667	0.3692	0.3714	0.3733	0.3750	0.3765	0.3778	0.3789	0.3800	0.3810	0.3818
2	0.2400	0.2667	0.2857	0.3000	0.3111	0.3200	0.3273	0.3333	0.3385	0.3429	0.3467	0.3500	0.3529	0.3556	0.3579	0.3600	0.3619	0.3636
3	0.2000	0.2500	0.2857	0.3125	0.3333	0.3500	0.3636	0.3750	0.3846	0.3929	0.4000	0.4063	0.4118	0.4167	0.4211	0.4250	0.4286	0.4318
4	0.1000	0.1667	0.2143	0.2500	0.2778	0.3000	0.3182	0.3333	0.3462	0.3571	0.3667	0.3750	0.3824	0.3889	0.3947	0.4000	0.4048	0.4091
5		0.0917	0.1571	0.2063	0.2444	0.2750	0.3000	0.3208	0.3385	0.3536	0.3667	0.3781	0.3882	0.3972	0.4053	0.4125	0.4190	0.4250
6			0.0786	0.1375	0.1833	0.2200	0.2500	0.2750	0.2962	0.3143	0.3300	0.3438	0.3559	0.3667	0.3763	0.3850	0.3929	0.4000
7				0.0750	0.1333	0.1800	0.2182	0.2500	0.2769	0.3000	0.3200	0.3375	0.3529	0.3667	0.3789	0.3900	0.4000	0.4091
8					0.0667	0.1200	0.1636	0.2000	0.2308	0.2571	0.2800	0.3000	0.3176	0.3333	0.3474	0.3600	0.3714	0.3818
9						0.0600	0.1091	0.1500	0.1846	0.2143	0.2400	0.2625	0.2824	0.3000	0.3158	0.3300	0.3429	0.3545
10							0.0591	0.1083	0.1500	0.1857	0.2167	0.2438	0.2676	0.2889	0.3079	0.3250	0.3405	0.3545
11								0.0542	0.1000	0.1393	0.1733	0.2031	0.2294	0.2528	0.2737	0.2925	0.3095	0.3250
12									0.0500	0.0929	0.1300	0.1625	0.1912	0.2167	0.2395	0.2600	0.2786	0.2955
13										0.0464	0.0867	0.1219	0.1529	0.1806	0.2053	0.2275	0.2476	0.2659
14											0.0433	0.0813	0.1147	0.1444	0.1711	0.1950	0.2167	0.2364
15												0.0438	0.0824	0.1167	0.1474	0.1750	0.2000	0.2227
16													0.0412	0.0778	0.1105	0.1400	0.1667	0.1909
17														0.0389	0.0737	0.1050	0.1333	0.1591
18															0.0368	0.0700	0.1000	0.1273
19																0.0350	0.0667	0.0955
20																	0.0357	0.0682
21																		0.0341
22																		
23																		
24																		
25																		
26																		
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Note:
For elapsed duration in fraction of years the Surrender Value will be linearly interpolated
PT mean Policy Term

Bajaj Allianz Life Smart Protect Goal - Ann II.4

Elapsed Duration in years/ PT	SSV factors as % of Single Premium for Pure Risk Cover option																	
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
0	0.3826	0.3833	0.3840	0.3846	0.3852	0.3857	0.3862	0.3867	0.3871	0.3875	0.3879	0.3882	0.3886	0.3889	0.3892	0.3895	0.3897	0.3900
1	0.3826	0.3833	0.3840	0.3846	0.3852	0.3857	0.3862	0.3867	0.3871	0.3875	0.3879	0.3882	0.3886	0.3889	0.3892	0.3895	0.3897	0.3900
2	0.3652	0.3667	0.3680	0.3692	0.3704	0.3714	0.3724	0.3733	0.3742	0.3750	0.3758	0.3765	0.3771	0.3778	0.3784	0.3789	0.3795	0.3800
3	0.4348	0.4375	0.4400	0.4423	0.4444	0.4464	0.4483	0.4500	0.4516	0.4531	0.4545	0.4559	0.4571	0.4583	0.4595	0.4605	0.4615	0.4625
4	0.4130	0.4167	0.4200	0.4231	0.4259	0.4286	0.4310	0.4333	0.4355	0.4375	0.4394	0.4412	0.4429	0.4444	0.4459	0.4474	0.4487	0.4500
5	0.4304	0.4354	0.4400	0.4442	0.4481	0.4518	0.4552	0.4583	0.4613	0.4641	0.4667	0.4691	0.4714	0.4736	0.4757	0.4776	0.4795	0.4813
6	0.4065	0.4125	0.4180	0.4231	0.4278	0.4321	0.4362	0.4400	0.4435	0.4469	0.4500	0.4529	0.4557	0.4583	0.4608	0.4632	0.4654	0.4675
7	0.4174	0.4250	0.4320	0.4385	0.4444	0.4500	0.4552	0.4600	0.4645	0.4688	0.4727	0.4765	0.4800	0.4833	0.4865	0.4895	0.4923	0.4950
8	0.3913	0.4000	0.4080	0.4154	0.4222	0.4286	0.4345	0.4400	0.4452	0.4500	0.4545	0.4588	0.4629	0.4667	0.4703	0.4737	0.4769	0.4800
9	0.3652	0.3750	0.3840	0.3923	0.4000	0.4071	0.4138	0.4200	0.4258	0.4313	0.4364	0.4412	0.4457	0.4500	0.4541	0.4579	0.4615	0.4650
10	0.3674	0.3792	0.3900	0.4000	0.4093	0.4179	0.4259	0.4333	0.4403	0.4469	0.4530	0.4588	0.4643	0.4694	0.4743	0.4789	0.4833	0.4875
11	0.3391	0.3521	0.3640	0.3750	0.3852	0.3946	0.4034	0.4117	0.4194	0.4266	0.4333	0.4397	0.4457	0.4514	0.4568	0.4618	0.4667	0.4713
12	0.3109	0.3250	0.3380	0.3500	0.3611	0.3714	0.3810	0.3900	0.3984	0.4063	0.4136	0.4206	0.4271	0.4333	0.4392	0.4447	0.4500	0.4550
13	0.2826	0.2979	0.3120	0.3250	0.3370	0.3482	0.3586	0.3683	0.3774	0.3859	0.3939	0.4015	0.4086	0.4153	0.4216	0.4276	0.4333	0.4388
14	0.2543	0.2708	0.2860	0.3000	0.3130	0.3250	0.3362	0.3467	0.3565	0.3656	0.3742	0.3824	0.3900	0.3972	0.4041	0.4105	0.4167	0.4225
15	0.2435	0.2625	0.2800	0.2962	0.3111	0.3250	0.3379	0.3500	0.3613	0.3719	0.3818	0.3912	0.4000	0.4083	0.4162	0.4237	0.4308	0.4375
16	0.2130	0.2333	0.2520	0.2692	0.2852	0.3000	0.3138	0.3267	0.3387	0.3500	0.3606	0.3706	0.3800	0.3889	0.3973	0.4053	0.4128	0.4200
17	0.1826	0.2042	0.2240	0.2423	0.2593	0.2750	0.2897	0.3033	0.3161	0.3281	0.3394	0.3500	0.3600	0.3694	0.3784	0.3868	0.3949	0.4025
18	0.1522	0.1750	0.1960	0.2154	0.2333	0.2500	0.2655	0.2800	0.2935	0.3063	0.3182	0.3294	0.3400	0.3500	0.3595	0.3684	0.3769	0.3850
19	0.1217	0.1458	0.1680	0.1885	0.2074	0.2250	0.2414	0.2567	0.2710	0.2844	0.2970	0.3088	0.3200	0.3306	0.3405	0.3500	0.3590	0.3675
20	0.0978	0.1250	0.1500	0.1731	0.1944	0.2143	0.2328	0.2500	0.2661	0.2813	0.2955	0.3088	0.3214	0.3333	0.3446	0.3553	0.3654	0.3750
21	0.0652	0.0938	0.1200	0.1442	0.1667	0.1875	0.2069	0.2250	0.2419	0.2578	0.2727	0.2868	0.3000	0.3125	0.3243	0.3355	0.3462	0.3563
22	0.0326	0.0625	0.0900	0.1154	0.1389	0.1607	0.1810	0.2000	0.2177	0.2344	0.2500	0.2647	0.2786	0.2917	0.3041	0.3158	0.3269	0.3375
23		0.0313	0.0600	0.0865	0.1111	0.1339	0.1552	0.1750	0.1935	0.2109	0.2273	0.2426	0.2571	0.2708	0.2838	0.2961	0.3077	0.3188
24			0.0300	0.0577	0.0833	0.1071	0.1293	0.1500	0.1694	0.1875	0.2045	0.2206	0.2357	0.2500	0.2635	0.2763	0.2885	0.3000
25				0.0308	0.0593	0.0857	0.1103	0.1333	0.1548	0.1750	0.1939	0.2118	0.2286	0.2444	0.2595	0.2737	0.2872	0.3000
26					0.0296	0.0571	0.0828	0.1067	0.1290	0.1500	0.1697	0.1882	0.2057	0.2222	0.2378	0.2526	0.2667	0.2800
27						0.0286	0.0552	0.0800	0.1032	0.1250	0.1455	0.1647	0.1829	0.2000	0.2162	0.2316	0.2462	0.2600
28							0.0276	0.0533	0.0774	0.1000	0.1212	0.1412	0.1600	0.1778	0.1946	0.2105	0.2256	0.2400
29								0.0267	0.0516	0.0750	0.0970	0.1176	0.1371	0.1556	0.1730	0.1895	0.2051	0.2200
30									0.0258	0.0500	0.0727	0.0941	0.1143	0.1333	0.1514	0.1684	0.1846	0.2000
31										0.0250	0.0485	0.0706	0.0914	0.1111	0.1297	0.1474	0.1641	0.1800
32											0.0242	0.0471	0.0686	0.0889	0.1081	0.1263	0.1436	0.1600
33												0.0235	0.0457	0.0667	0.0865	0.1053	0.1231	0.1400
34													0.0229	0.0444	0.0649	0.0842	0.1026	0.1200
35														0.0222	0.0432	0.0632	0.0821	0.1000
36															0.0216	0.0421	0.0615	0.0800
37																0.0211	0.0410	0.0600
38																	0.0205	0.0400
39																		0.0200

Note:
For elapsed duration in fraction of years the Surrender Value will be linearly interpolated
PT mean Policy Term

Bajaj Allianz Life Smart Protect Goal - Ann II.5

Limited and Regular Premium Payment GSV factors as % of Total Premiums Paid for With-ROP Option																						
Policy year/PT	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	100%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6		100%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7			100%	90%	70%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8				100%	90%	73%	65%	61%	59%	58%	56%	56%	55%	55%	54%	54%	53%	53%	53%	53%	53%	53%
9					100%	95%	80%	73%	68%	65%	63%	61%	60%	59%	58%	58%	57%	56%	56%	56%	56%	55%
10						100%	95%	84%	77%	73%	69%	67%	65%	64%	62%	61%	60%	60%	59%	58%	58%	58%
11							100%	95%	86%	80%	76%	73%	70%	68%	66%	65%	64%	63%	62%	61%	61%	60%
12								100%	95%	88%	82%	78%	75%	73%	70%	69%	67%	66%	65%	64%	63%	63%
13									100%	95%	89%	84%	80%	77%	75%	73%	71%	69%	68%	67%	66%	65%
14										100%	95%	89%	85%	82%	79%	76%	74%	73%	71%	70%	69%	68%
15											100%	95%	90%	86%	83%	80%	78%	76%	74%	73%	71%	70%
16												100%	95%	91%	87%	84%	81%	79%	77%	75%	74%	73%
17													100%	95%	91%	88%	85%	82%	80%	78%	76%	75%
18														100%	95%	91%	88%	85%	83%	81%	79%	78%
19															100%	95%	92%	89%	86%	84%	82%	80%
20																100%	95%	92%	89%	87%	84%	83%
21																	100%	95%	92%	89%	87%	85%
22																		100%	95%	92%	90%	88%
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Note:
PPT means Premium Payment Term
PT means Policy Term

Bajaj Allianz Life Smart Protect Goal - Ann II.5

Policy year/PT	Limited and Regular Premium Payment GSV factors as % of Total Premiums Paid for With-ROP Option																				
	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	51%	51%	51%	51%	51%	51%	51%
9	55%	55%	54%	54%	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%
10	57%	57%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%	54%
11	59%	59%	59%	58%	58%	58%	58%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%
12	62%	61%	61%	60%	60%	60%	60%	59%	59%	59%	58%	58%	58%	58%	57%	57%	57%	57%	57%	56%	56%
13	64%	64%	63%	62%	63%	62%	62%	61%	61%	60%	60%	60%	59%	59%	59%	59%	58%	58%	58%	58%	58%
14	67%	66%	65%	64%	65%	64%	64%	63%	63%	63%	62%	62%	61%	61%	60%	60%	60%	59%	59%	59%	59%
15	69%	68%	67%	66%	67%	66%	65%	65%	64%	64%	63%	63%	63%	62%	62%	61%	61%	61%	61%	60%	60%
16	71%	70%	69%	68%	69%	68%	67%	67%	66%	66%	65%	65%	64%	64%	63%	63%	63%	62%	62%	62%	61%
17	74%	73%	71%	70%	71%	70%	69%	69%	68%	67%	67%	66%	66%	65%	65%	64%	64%	64%	63%	63%	63%
18	76%	75%	74%	73%	73%	72%	71%	70%	70%	69%	68%	68%	67%	66%	66%	65%	65%	64%	64%	64%	64%
19	78%	77%	76%	75%	75%	74%	73%	72%	71%	70%	69%	69%	68%	68%	67%	67%	66%	66%	66%	65%	65%
20	81%	79%	78%	77%	77%	76%	75%	74%	73%	72%	72%	71%	70%	70%	69%	69%	68%	68%	67%	67%	66%
21	83%	82%	80%	79%	79%	78%	77%	76%	75%	74%	73%	73%	72%	71%	71%	70%	69%	69%	68%	68%	67%
22	86%	84%	82%	81%	81%	80%	79%	78%	77%	76%	75%	74%	73%	73%	72%	71%	71%	70%	70%	69%	69%
23	88%	86%	84%	83%	83%	82%	81%	80%	79%	78%	77%	76%	75%	74%	74%	73%	72%	72%	71%	71%	70%
24	90%	88%	86%	85%	85%	84%	83%	81%	80%	79%	78%	77%	77%	76%	75%	74%	74%	73%	72%	72%	71%
25	93%	90%	89%	87%	88%	86%	85%	83%	82%	81%	80%	79%	78%	77%	76%	76%	75%	74%	74%	73%	72%
26	95%	93%	91%	89%	90%	88%	87%	85%	84%	83%	82%	81%	80%	79%	78%	77%	76%	76%	75%	74%	74%
27	100%	95%	93%	91%	92%	90%	88%	87%	86%	84%	83%	82%	81%	80%	79%	79%	78%	77%	76%	76%	75%
28		100%	95%	93%	94%	92%	90%	89%	88%	86%	85%	84%	83%	82%	81%	80%	79%	78%	78%	77%	76%
29			100%	95%	96%	94%	92%	91%	89%	88%	87%	85%	84%	83%	82%	81%	81%	80%	79%	78%	77%
30				100%	98%	96%	94%	93%	91%	90%	88%	87%	86%	85%	84%	83%	82%	81%	80%	79%	79%
31					100%	98%	96%	94%	93%	91%	90%	89%	88%	86%	85%	84%	83%	82%	81%	80%	80%
32						100%	98%	96%	95%	93%	92%	90%	89%	88%	87%	86%	85%	84%	83%	82%	81%
33							100%	98%	96%	95%	93%	92%	91%	89%	88%	87%	86%	85%	84%	83%	82%
34								100%	98%	97%	95%	94%	92%	91%	90%	89%	87%	86%	86%	85%	84%
35									100%	98%	97%	95%	94%	92%	91%	90%	89%	88%	87%	86%	85%
36										100%	98%	97%	95%	94%	93%	91%	90%	89%	88%	87%	86%
37											100%	98%	97%	95%	94%	93%	92%	91%	89%	88%	87%
38												100%	98%	97%	96%	94%	93%	92%	91%	90%	89%
39													100%	98%	97%	96%	94%	93%	92%	91%	90%
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Note:
PPT means Premium Payment Term
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Bajaj Allianz Life Smart Protect Goal - Ann II.5

Policy year/PT	Limited and Regular Premium Payment GSV factors as % of Total Premiums Paid for With-ROP Option																			
	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
9	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
10	54%	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%
11	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	53%	53%	53%
12	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%
13	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%
14	59%	58%	58%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%
15	60%	60%	59%	59%	59%	59%	59%	58%	58%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	57%
16	61%	61%	60%	60%	60%	60%	60%	59%	59%	59%	59%	59%	58%	58%	58%	58%	58%	58%	58%	58%
17	62%	62%	62%	61%	61%	61%	61%	60%	60%	60%	60%	60%	59%	59%	59%	59%	59%	59%	58%	58%
18	63%	63%	63%	63%	62%	62%	62%	61%	61%	61%	61%	61%	60%	60%	60%	60%	60%	59%	59%	59%
19	65%	64%	64%	64%	63%	63%	63%	63%	62%	62%	62%	62%	61%	61%	61%	61%	61%	60%	60%	60%
20	66%	65%	65%	65%	64%	64%	64%	64%	63%	63%	63%	63%	62%	62%	62%	62%	61%	61%	61%	61%
21	67%	67%	66%	66%	66%	65%	65%	65%	64%	64%	64%	63%	63%	63%	63%	62%	62%	62%	62%	62%
22	68%	68%	67%	67%	67%	66%	66%	66%	65%	65%	65%	64%	64%	64%	64%	63%	63%	63%	63%	63%
23	70%	69%	69%	68%	68%	67%	67%	67%	66%	66%	66%	65%	65%	65%	65%	64%	64%	64%	64%	63%
24	71%	70%	70%	69%	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%	65%	65%	65%	65%	64%	64%
25	72%	71%	71%	70%	70%	70%	69%	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%	66%	65%	65%
26	73%	73%	72%	72%	71%	71%	70%	70%	69%	69%	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%
27	74%	74%	73%	73%	72%	72%	71%	71%	70%	70%	70%	69%	69%	69%	68%	68%	68%	67%	67%	67%
28	76%	75%	74%	74%	73%	73%	72%	72%	71%	71%	71%	70%	70%	69%	69%	69%	68%	68%	68%	67%
29	77%	76%	76%	75%	74%	74%	73%	73%	72%	72%	72%	71%	71%	70%	70%	70%	69%	69%	69%	68%
30	78%	77%	77%	76%	76%	75%	74%	74%	73%	73%	73%	72%	72%	71%	71%	71%	70%	70%	69%	69%
31	79%	79%	78%	77%	77%	76%	76%	75%	74%	74%	74%	73%	73%	72%	72%	71%	71%	71%	70%	70%
32	80%	80%	79%	78%	78%	77%	77%	76%	76%	75%	75%	74%	74%	73%	73%	72%	72%	72%	71%	71%
33	82%	81%	80%	80%	79%	78%	78%	77%	77%	76%	75%	75%	74%	74%	73%	73%	72%	72%	72%	72%
34	83%	82%	81%	81%	80%	79%	79%	78%	78%	77%	76%	76%	75%	75%	75%	74%	74%	73%	73%	72%
35	84%	83%	83%	82%	81%	80%	80%	79%	79%	78%	77%	77%	76%	76%	75%	75%	74%	74%	73%	73%
36	85%	85%	84%	83%	82%	82%	81%	80%	80%	79%	78%	78%	77%	77%	76%	76%	75%	75%	74%	74%
37	87%	86%	85%	84%	83%	83%	82%	81%	81%	80%	79%	79%	78%	78%	77%	77%	76%	76%	75%	75%
38	88%	87%	86%	85%	84%	84%	83%	82%	81%	81%	80%	80%	79%	79%	78%	78%	77%	77%	76%	76%
39	89%	88%	87%	86%	86%	85%	84%	83%	83%	82%	81%	81%	80%	80%	79%	79%	78%	78%	77%	77%
40	90%	89%	88%	88%	87%	86%	85%	84%	84%	83%	82%	82%	81%	81%	80%	79%	79%	78%	78%	77%
41	91%	90%	90%	89%	88%	87%	86%	85%	85%	84%	83%	83%	82%	81%	81%	80%	80%	79%	79%	78%
42	93%	92%	91%	90%	89%	88%	87%	86%	86%	85%	84%	84%	83%	82%	82%	81%	81%	80%	80%	79%
43	94%	93%	92%	91%	90%	89%	88%	87%	87%	86%	85%	85%	84%	83%	83%	82%	82%	81%	81%	80%
44	95%	94%	93%	92%	91%	90%	89%	89%	88%	87%	86%	86%	85%	84%	84%	83%	82%	82%	81%	81%
45	96%	95%	94%	93%	92%	91%	90%	90%	89%	88%	87%	87%	86%	85%	85%	84%	83%	83%	82%	82%
46	98%	96%	95%	94%	93%	92%	91%	91%	90%	89%	88%	87%	87%	86%	85%	84%	84%	83%	83%	82%
47	99%	98%	97%	95%	94%	93%	93%	92%	91%	90%	89%	88%	88%	87%	86%	86%	85%	84%	84%	83%
48	100%	99%	98%	97%	96%	95%	94%	93%	92%	91%	90%	89%	89%	88%	87%	87%	86%	85%	85%	84%
49		100%	99%	98%	97%	96%	95%	94%	93%	92%	91%	90%	90%	89%	88%	87%	87%	86%	86%	85%
50			100%	99%	98%	97%	96%	95%	94%	93%	92%	91%	91%	90%	89%	88%	88%	87%	86%	86%
51				100%	99%	98%	97%	96%	95%	94%	93%	92%	92%	91%	90%	89%	89%	88%	87%	87%
52					100%	99%	98%	97%	96%	95%	94%	93%	92%	92%	91%	90%	89%	89%	88%	87%
53						100%	99%	98%	97%	96%	95%	94%	93%	93%	92%	91%	90%	90%	89%	88%
54							100%	99%	98%	97%	96%	95%	94%	94%	93%	92%	91%	91%	90%	89%
55								100%	99%	98%	97%	96%	95%	94%	94%	93%	92%	91%	91%	90%
56									100%	99%	98%	97%	96%	95%	94%	94%	93%	92%	92%	91%
57										100%	99%	98%	97%	96%	95%	94%	93%	92%	92%	91%
58											100%	99%	98%	97%	96%	96%	95%	94%	93%	92%
59												100%	99%	98%	97%	96%	96%	95%	94%	93%
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Note:
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Bajaj Allianz Life Smart Protect Goal - Ann II.6

Limited And Regular Premium Payment SSV factors as % of Total Premiums Paid for With-ROP option																						
Policy year/PPT	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
2	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%
3	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%
4	91%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
5	100%	91%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
6		100%	91%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
7			100%	91%	71%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
8				100%	91%	74%	66%	62%	60%	59%	57%	57%	56%	56%	55%	55%	54%	54%	54%	54%	54%	54%
9					100%	96%	81%	74%	69%	66%	64%	62%	61%	60%	59%	59%	58%	57%	57%	57%	57%	56%
10						100%	96%	85%	78%	74%	70%	68%	66%	65%	63%	62%	61%	61%	60%	59%	59%	59%
11							100%	96%	87%	81%	77%	74%	71%	69%	67%	66%	65%	64%	63%	62%	62%	61%
12								100%	96%	89%	83%	79%	76%	74%	71%	70%	68%	67%	66%	65%	64%	64%
13									100%	96%	90%	85%	81%	78%	76%	74%	72%	70%	69%	68%	67%	66%
14										100%	96%	90%	86%	83%	80%	77%	75%	74%	72%	71%	70%	69%
15											100%	96%	91%	87%	84%	81%	79%	77%	75%	74%	72%	71%
16												100%	96%	92%	88%	85%	82%	80%	78%	76%	75%	74%
17													100%	96%	92%	89%	86%	83%	81%	79%	77%	76%
18														100%	96%	92%	89%	86%	84%	82%	80%	79%
19															100%	96%	93%	90%	87%	85%	83%	81%
20																100%	96%	93%	90%	88%	85%	84%
21																	100%	96%	93%	90%	88%	86%
22																		100%	96%	93%	91%	89%
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Bajaj Allianz Life Smart Protect Goal - Ann II.6

Limited And Regular Premium Payment SSV factors as % of Total Premiums Paid for With-ROP option																					
Policy year/PPT	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
2	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%
3	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%
4	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
5	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
6	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
7	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
8	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	52%	52%	52%	52%	52%	52%	52%
9	56%	56%	55%	55%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%
10	58%	58%	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%	55%
11	60%	60%	60%	59%	59%	59%	59%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%
12	63%	62%	62%	61%	61%	61%	61%	60%	60%	60%	59%	59%	59%	59%	58%	58%	58%	58%	58%	57%	57%
13	65%	65%	64%	63%	64%	63%	63%	62%	62%	61%	61%	61%	60%	60%	60%	60%	59%	59%	59%	59%	59%
14	68%	67%	66%	65%	66%	65%	64%	64%	64%	63%	63%	62%	62%	62%	61%	61%	61%	60%	60%	60%	60%
15	70%	69%	68%	67%	68%	67%	66%	66%	65%	65%	64%	64%	64%	63%	63%	62%	62%	62%	62%	61%	61%
16	72%	71%	70%	69%	70%	69%	68%	68%	67%	67%	66%	66%	65%	65%	64%	64%	64%	63%	63%	63%	62%
17	75%	74%	72%	71%	72%	71%	70%	70%	69%	68%	68%	67%	67%	66%	66%	65%	65%	65%	64%	64%	64%
18	77%	76%	75%	74%	74%	73%	72%	71%	71%	70%	69%	69%	68%	68%	67%	67%	66%	66%	65%	65%	65%
19	79%	78%	77%	76%	76%	75%	74%	73%	72%	72%	71%	70%	70%	69%	69%	68%	68%	67%	67%	66%	66%
20	82%	80%	79%	78%	78%	77%	76%	75%	74%	73%	73%	72%	71%	71%	70%	70%	69%	69%	68%	68%	67%
21	84%	83%	81%	80%	80%	79%	78%	77%	76%	75%	74%	74%	73%	72%	72%	71%	70%	70%	69%	69%	68%
22	87%	85%	83%	82%	82%	81%	80%	79%	78%	77%	76%	75%	74%	74%	73%	72%	72%	71%	71%	70%	70%
23	89%	87%	85%	84%	84%	83%	82%	81%	80%	79%	78%	77%	76%	75%	75%	74%	73%	73%	72%	72%	71%
24	91%	89%	87%	86%	86%	85%	84%	82%	81%	80%	79%	78%	78%	77%	76%	75%	75%	74%	73%	73%	72%
25	94%	91%	90%	88%	89%	87%	86%	84%	83%	82%	81%	80%	79%	78%	77%	77%	76%	75%	75%	74%	73%
26	96%	94%	92%	90%	91%	89%	88%	86%	85%	84%	83%	82%	81%	80%	79%	78%	77%	77%	76%	75%	75%
27	100%	96%	94%	92%	93%	91%	89%	88%	87%	85%	84%	83%	82%	81%	80%	80%	79%	78%	77%	77%	76%
28		100%	96%	94%	95%	93%	91%	90%	89%	87%	86%	85%	84%	83%	82%	81%	80%	79%	79%	78%	77%
29			100%	96%	97%	95%	93%	92%	90%	89%	88%	86%	85%	84%	83%	82%	82%	81%	80%	79%	78%
30				100%	99%	97%	95%	94%	92%	91%	89%	88%	87%	86%	85%	84%	83%	82%	81%	80%	80%
31					100%	99%	97%	95%	94%	92%	91%	90%	89%	87%	86%	85%	84%	83%	83%	82%	81%
32						100%	99%	97%	96%	94%	93%	91%	90%	89%	88%	87%	86%	85%	84%	83%	82%
33							100%	99%	97%	96%	94%	93%	92%	90%	89%	88%	87%	86%	85%	84%	83%
34								100%	99%	98%	96%	95%	93%	92%	91%	90%	88%	87%	87%	86%	85%
35									100%	99%	98%	96%	95%	93%	92%	91%	90%	89%	88%	87%	86%
36										100%	99%	98%	96%	95%	94%	92%	91%	90%	89%	88%	87%
37											100%	99%	98%	96%	95%	94%	93%	92%	90%	89%	88%
38												100%	99%	98%	97%	95%	94%	93%	92%	91%	90%
39													100%	99%	98%	97%	95%	94%	93%	92%	91%
40														100%	100%	98%	97%	96%	94%	93%	92%
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Bajaj Allianz Life Smart Protect Goal - Ann II.6

Policy year/PPT	Limited And Regular Premium Payment SSV factors as % of Total Premiums Paid for With-ROP option																			
	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67
2	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%	31%
3	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%
4	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
5	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
6	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
7	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
8	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
9	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%
10	55%	55%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%
11	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	54%	54%	54%
12	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%
13	58%	58%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%
14	60%	59%	59%	59%	59%	59%	58%	58%	58%	58%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%
15	61%	61%	60%	60%	60%	60%	60%	59%	59%	59%	59%	59%	59%	58%	58%	58%	58%	58%	58%	58%
16	62%	62%	61%	61%	61%	61%	61%	60%	60%	60%	60%	60%	59%	59%	59%	59%	59%	59%	59%	59%
17	63%	63%	63%	62%	62%	62%	62%	61%	61%	61%	61%	61%	60%	60%	60%	60%	60%	60%	59%	59%
18	64%	64%	64%	64%	63%	63%	63%	62%	62%	62%	62%	62%	61%	61%	61%	61%	61%	60%	60%	60%
19	66%	65%	65%	65%	64%	64%	64%	64%	63%	63%	63%	63%	62%	62%	62%	62%	61%	61%	61%	61%
20	67%	66%	66%	66%	65%	65%	65%	65%	64%	64%	64%	64%	63%	63%	63%	63%	62%	62%	62%	62%
21	68%	68%	67%	67%	67%	66%	66%	66%	65%	65%	65%	64%	64%	64%	64%	64%	63%	63%	63%	63%
22	69%	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%	65%	65%	65%	65%	64%	64%	64%	64%	64%
23	71%	70%	70%	69%	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%	66%	65%	65%	65%	65%	64%
24	72%	71%	71%	70%	70%	69%	69%	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%	66%	65%	65%
25	73%	72%	72%	71%	71%	71%	70%	70%	69%	69%	69%	68%	68%	68%	67%	67%	67%	67%	66%	66%
26	74%	74%	73%	73%	72%	72%	71%	71%	70%	70%	70%	69%	69%	69%	68%	68%	68%	67%	67%	67%
27	75%	75%	74%	74%	73%	73%	72%	72%	71%	71%	71%	70%	70%	70%	69%	69%	69%	68%	68%	68%
28	77%	76%	75%	75%	74%	74%	73%	73%	72%	72%	72%	71%	71%	70%	70%	70%	69%	69%	69%	68%
29	78%	77%	77%	76%	75%	75%	74%	74%	73%	73%	73%	72%	72%	71%	71%	71%	70%	70%	70%	69%
30	79%	78%	78%	77%	77%	76%	75%	75%	74%	74%	74%	73%	73%	72%	72%	72%	71%	71%	70%	70%
31	80%	80%	79%	78%	78%	77%	77%	76%	75%	75%	75%	74%	74%	73%	73%	72%	72%	72%	71%	71%
32	81%	81%	80%	79%	79%	78%	78%	77%	76%	76%	75%	75%	74%	74%	73%	73%	73%	72%	72%	72%
33	83%	82%	81%	81%	80%	79%	79%	78%	78%	77%	76%	76%	75%	74%	74%	73%	73%	72%	72%	73%
34	84%	83%	82%	82%	81%	80%	80%	79%	79%	78%	77%	77%	76%	76%	76%	75%	75%	74%	74%	73%
35	85%	84%	84%	83%	82%	81%	81%	80%	80%	79%	78%	78%	77%	77%	76%	76%	76%	75%	75%	74%
36	86%	86%	85%	84%	83%	83%	82%	81%	81%	80%	79%	79%	78%	78%	77%	77%	76%	76%	76%	75%
37	88%	87%	86%	85%	84%	84%	83%	82%	82%	81%	80%	80%	79%	79%	78%	78%	77%	77%	76%	76%
38	89%	88%	87%	86%	85%	85%	84%	83%	83%	82%	81%	81%	80%	80%	79%	79%	78%	78%	77%	77%
39	90%	89%	88%	87%	87%	86%	85%	84%	84%	83%	82%	82%	81%	81%	80%	80%	79%	79%	78%	78%
40	91%	90%	89%	89%	88%	87%	86%	85%	85%	84%	83%	83%	82%	82%	81%	80%	80%	79%	79%	78%
41	92%	91%	91%	90%	89%	88%	87%	86%	86%	85%	84%	84%	83%	82%	82%	81%	81%	80%	80%	79%
42	94%	93%	92%	91%	90%	89%	88%	87%	87%	86%	85%	85%	84%	83%	83%	82%	82%	81%	81%	80%
43	95%	94%	93%	92%	91%	90%	89%	88%	88%	87%	86%	86%	85%	84%	84%	83%	83%	82%	82%	81%
44	96%	95%	94%	93%	92%	91%	90%	90%	89%	88%	87%	87%	86%	85%	85%	84%	83%	83%	82%	82%
45	97%	96%	95%	94%	93%	92%	91%	91%	90%	89%	88%	88%	87%	86%	86%	85%	84%	84%	83%	83%
46	99%	97%	96%	95%	94%	93%	92%	92%	91%	90%	89%	88%	88%	87%	86%	85%	85%	84%	84%	83%
47	100%	99%	98%	96%	95%	94%	94%	93%	92%	91%	90%	89%	88%	88%	87%	86%	85%	85%	85%	84%
48	100%	100%	99%	98%	97%	96%	95%	94%	93%	92%	91%	90%	90%	89%	88%	88%	87%	86%	86%	85%
49		100%	100%	99%	98%	97%	96%	95%	94%	93%	92%	91%	91%	90%	89%	88%	88%	87%	87%	86%
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Annexure K

ADB, ATPD Benefit & Critical Illness Benefit – Definitions and Exclusions

I) Definitions:

A) Accident Death Benefit:

'Accident' shall mean a sudden, unforeseen and involuntary event caused by external, visible, and violent means.

'Accidental Death' means death caused by sudden, violent, unforeseen and involuntary event caused by external and visible means as revealed by an autopsy provided such death was caused directly by such Accident, and independently of any physical or mental illness within one hundred and eighty (180) days of the date of Accident.

B) Accidental Total Permanent Disability:

"Accidental Total Permanent Disability" shall mean disability of the rider life insured as a result of bodily injury caused by an accident (a sudden unforeseen and involuntary event caused by external and visible means) and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the rider life assureds disability which must be permanent and total and must result in at least one of the following:

(a) Loss of both eyes; (b) Loss of both arms and both hands; (c) Loss of one arm and one leg; (d) Loss of one arm and one foot; (e) Loss of one hand and one foot; (f) Loss of one hand and one leg; (g) Loss of both legs; (h) Loss of both feet

The disability must be documented for an uninterrupted period of at least six months.

- Loss of both eyes means total loss of vision in both eyes, certified by an ophthalmologist
- If the disability is due to amputation/ dismemberment, loss of hand will mean amputation/ dismemberment above wrist, loss of arm will mean amputation/ dismemberment above elbow, loss of feet will mean amputation/ dismemberment above ankle and loss of leg will mean amputation/ dismemberment above knee
- If the disability is not due to amputation/dismemberment, loss will mean loss of usage of both limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only.
- The Accidental Permanent Total Disability has to be certified by a registered Medical Practitioner. Claim intimation should be received in writing within 60 days of occurrence of the Accident, which is causing total disability of the rider life assured.
- The Disability Benefit is paid if and only if disability is detected as per above Disability Condition.

C) Critical Illness:

Minor CI Conditions:

1. Percutaneous Heart Valve Repair

The actual undergoing of percutaneous intravascular Valvotomy or percutaneous intravascular Valvuloplasty not involving the deployment of any device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram.

All other surgical corrective methods will be excluded from this benefit.

The following are specifically excluded:

- Chronic constrictive pericarditis related to alcohol or drug abuse or HIV
 - Acute pericarditis due to any reason
 - Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration.
2. Angioplasty
- Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.
- The benefit payout for Angioplasty claim is capped at lower of INR 5 lakhs and 25% of CI SA.

3. Minimally Invasive Surgery of Aorta

The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram and confirmed by a specialist in the relevant field. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

4. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a) Positive result of the blood culture proving presence of the infectious organism(s);
 - b) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
 - c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.
5. Carotid Artery Surgery
- Angioplasty or Endarterectomy for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one (1) or more of carotid arteries. Both (a) and (b) below must be met:

- a) Either:
 - i. Actual undergoing of endarterectomy to alleviate the symptoms; or
 - ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

6. Early Cancer (including Carcinoma in-situ)

The diagnosis of any of the listed below conditions must be established by histological evidence and be confirmed by an independent Medical Practitioner who is an Oncologist.

- Carcinoma in-situ: Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis of which must be positively established by microscopic examination of fixed tissues.
 - Prostate Cancer – early stage: Early Prostate Cancer that is histologically described using the TNM classification as T1N0M0 with a Gleason Score 2 (two) to 6 (six).
 - Thyroid Cancer – early stage: All thyroid cancers that are less than 2.0 cm and histologically classified as T1N0M0 according to TNM classification.
 - Bladder Cancer – early stage: All tumors of the urinary bladder histologically classified as TaN0M0 according to TNM classification.
 - Chronic Lymphocytic Leukaemia – early stage: Chronic Lymphocytic Leukaemia categorized as stage 0 (zero) to 2 (two) as per the Rai classification.
 - Cervical Intraepithelial Neoplasia: Severe Cervical Dysplasia reported as Cervical Intraepithelial Neoplasia 3 (CIN3) on cone biopsy.
- The following are specifically excluded from all early cancer benefits:
- All tumors which are histologically described as benign, borderline malignant, or low malignant potential
 - Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
 - Carcinoma in-situ of skin and Melanoma in-situ
 - All tumors in the presence of HIV infection are excluded

- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
 - Malignant melanoma that has not caused invasion beyond the epidermis.
7. Guillain Barre Syndrome
- A definite diagnosis of Guillain Barre Syndrome by a consultant neurologist. There must be ongoing clinical impairment of motor or sensory function caused by Guillain Barre syndrome which must have persisted for a continuous period of at least six months.
8. Nephrectomy
- The complete surgical removal of one kidney necessitated by any illness or accident of the Life Assured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.
- Donation is excluded.
9. Chronic Primary Sclerosing Cholangitis
- This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. The benefit is payable only where there is a need immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.
10. Secondary Pulmonary Hypertension
- Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.
- The Diagnosis must be established by cardiac catheterisation by a specialist in the relevant field.
11. Ulcerative Colitis
- Ulcerative colitis refers to chronic pan colitis with inflammation involving the entire colon which has been unequivocally diagnosed as ulcerative colitis on the basis of endoscopic appearances and biopsy proof. The diagnosis must be confirmed by a specialist gastroenterologist & there must be a requirement for ongoing systemic immunosuppression therapy or immunomodulatory therapy for a period of at least 6 months supervised by the specialist in gastroenterology. Other forms of inflammatory colitis are specifically excluded. Ulcerative colitis confined to the rectum is specifically excluded.
12. Pericardiectomy
- The undergoing of a pericardiectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both these surgical procedures must be certified to be absolutely necessary by a specialist in the relevant field.
13. Implantable Cardioverter Defibrillator
- Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Documentary evidence of ventricular tachycardia or fibrillation must be provided.
14. Acute Necrohemorrhagic Pancreatitis
- Acute inflammation and necrosis of pancreas parenchyma, focal enzyme necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met:
- The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
 - The diagnosis is based on histopathological features and confirmed by a Specialist in gastroenterology.
- Pancreatitis caused directly or indirectly, wholly or partly, by alcohol or drug abuse is excluded.
15. Endovascular treatment for Cerebral Aneurysm
- Endovascular Treatment for Cerebral Aneurysm shall mean the actual undergoing of an endovascular intervention, such as endovascular embolization, endovascular coiling, angioplasty and/or stenting or the insertion of a flow diverter, to prevent rupture of a cerebral aneurysm or to alleviate the bleeding due to rupture of a cerebral aneurysm. The procedure must be considered Medically Necessary and performed by a Registered Medical Practitioner who is a specialist in the relevant field.
16. Insertion of cerebral shunt
- The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.
17. Less Severe Lung Disease
- Chronic Lung Disease shall mean the Diagnosis of interstitial fibrosis requiring at least intermittent oxygen therapy and showing consistent reduction in FEV₁ of one point two (1.2) litres or less under appropriate medication. Diagnosis, severity and test results must be confirmed by a Registered Medical Practitioner.
18. Small Bowel Transplant
- The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.
- The undergoing of the transplant has to be confirmed by a specialist medical practitioner.
19. Cirrhosis of the Liver
- Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy.
- Liver disease secondary to the following are excluded: (i) Alcohol, (ii) Drug abuse, (iii) Hepatitis B virus, (iv) Hepatitis C virus
- Major CI Conditions:
1. Cancer of specified severity
- A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- The following are excluded –
- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than Rai stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix. All tumors in the presence of HIV infection.
2. Myocardial Infarction - First Heart Attack of Specific Severity
- The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.
- The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For

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- e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
 3. Stroke Resulting in Permanent Symptoms
Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions
 4. Open Heart Replacement or Repair of Heart Valves
The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
Catheter based techniques including but not limited to, balloon valvotomy / Valvuloplasty are excluded.
 5. Open Chest CABG
The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
The following are excluded: i. Angioplasty and/or any other intra-arterial procedures
 6. Coma of specified severity
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
 7. End stage Lung Failure
End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - iv. Dyspnea at rest
 8. End stage Liver Failure
Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.
 9. Kidney Failure requiring regular dialysis
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
 10. Primary (Idiopathic) Pulmonary Hypertension
An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.
 11. Major Head Trauma
Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
The following are excluded: i. Spinal cord injury;
 12. Permanent paralysis of limbs
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
 13. Loss of Limbs
The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.
 14. Motor Neuron Disease with permanent symptoms
Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
 15. Multiple Sclerosis with persisting symptoms
The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
Other causes of neurological damage such as SLE and HIV are excluded.
 16. Major organ / bone marrow transplant
The actual undergoing of a transplant of:
 - a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted.
 17. Third Degree Burns
There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.
 18. Deafness
Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.
 19. Blindness
Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
 20. Loss of Speech
Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.
 21. Benign Brain Tumour
Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.
The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.
 22. Alzheimer's Disease
Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:
Activities of Daily Living are defined as:
 - i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - v. Feeding - the ability to feed oneself once food has been prepared and made available.
Psychiatric illnesses and alcohol related brain damage are excluded.
Coverage for this impairment will cease at age sixty-five (65) or on maturity data/expiry date, whichever is earlier.
 23. Aplastic Anaemia
Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:
 1. Absolute neutrophil count of less than 500/mm³
 2. Platelets count less than 20,000/mm³
 3. Reticulocyte count of less than 20,000/mm³

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.
Temporary or reversible aplastic anemia is excluded and not covered in this policy.
 24. Medullary Cystic Disease
Medullary Cystic Disease where the following criteria are met:
 - i. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - ii. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - iii. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
Isolated or benign kidney cysts are specifically excluded from this benefit.
 25. Parkinson's Disease
The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:
 - 1) The disease cannot be controlled with medication; and
 - 2) There are objective signs of progressive deterioration; and

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- 3) There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:
Activities of Daily Living are defined as:
- Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - Feeding - the ability to feed oneself once food has been prepared and made available. Drug-induced or toxic causes of Parkinsonism are excluded. Coverage for this impairment will cease at age sixty-five (65) or on maturity date/expiry date, whichever is earlier.
26. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.
For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.
Abbreviated ISN/RPS classification of lupus nephritis (2003):
Class I - Minimal mesangial lupus nephritis
Class II - Mesangial proliferative lupus nephritis
Class III - Focal lupus nephritis
Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
Class V - Membranous lupus nephritis
Class VI - Advanced sclerosing lupus nephritis
27. Apallic Syndrome
Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.
28. Major Surgery of the Aorta
Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.
29. Brain Surgery
The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are excluded. Brain surgery as a result of an accident is also excluded. The procedure must be considered necessary by a qualified specialist.
30. Fulminant Viral Hepatitis
Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met: (a) Rapid decrease in liver size associated with necrosis involving entire lobules; (b) Rapid deterioration of liver enzymes; (c) Deepening jaundice; and (d) Hepatic encephalopathy. Hepatitis infection or carrier status alone does not meet the diagnostic criteria.
31. Cardiomyopathy
The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart
Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.
New York Heart Classification
Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.
Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.
32. Muscular dystrophy
Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".
Activities of Daily Living are defined as:
- Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - Feeding - the ability to feed oneself once food has been prepared and made available.
33. Poliomyelitis
The occurrence of Poliomyelitis where the following conditions are met:
- Poliovirus is identified as the cause; and
 - Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist.
- Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded.
34. Pneumonectomy
The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.
35. Creutzfeldt-Jacob Disease
Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.
36. Chronic Relapsing Pancreatitis
An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.
Waiting Period for all stages
- For Insured Major CI conditions: A waiting period of 90 days is applicable from the date of issue of policy or date of revival or reinstatement which is later.
 - For Insured Minor CI conditions: A waiting period of 180 days is applicable from the date of issue of policy or date of revival or reinstatement which is later.
 - No benefit will be payable if there is diagnosis of any stage of CI or any signs or symptoms related to any stage of CI occurs within the waiting period as applicable from either the date of issue of the policy or date of revival whichever is later.
- Survival Period for all stages
Any valid claim is payable subject to fulfilling all of the below criteria:
- 14 days survival period from the date of diagnosis of any insured CI condition.
 - Signs and symptoms relevant to the claimed CI condition should have been present and documented before death.
 - All investigations to confirm the diagnosis of claimed CI condition should have been done before the death of the insured.
- Cooling-Off Period
Up to 4 (four) different minor CI conditions can be claimed over the term of the policy subject to cooling-off period.
Cooling-off period is defined as consecutive period of 180 days starting from the date of diagnosis of one minor stage CI condition to the date of diagnosis of subsequent minor stage CI condition.
Cooling-off period will not apply in case of diagnosis of any major stage condition claim following a minor stage condition claim.
- Medical Practitioner:
A medical practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. This would mean a practitioner treating the Life Insured must be holding a degree equivalent to MD or MS in the relevant field to certify the medical condition.
The Medical practitioner should not be
- the policyholder/insured person himself/herself; or
 - an authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
 - employed by or under contractual engagement with the insurance company;
 - related to the policyholder/insured person by blood or marriage.
- II) Exclusions
- A) Accident Death:
The accidental death benefit will not be payable in the following situations:
- Death occurs as a result of the insured person committing any breach of law with criminal intent
 - Death as a consequence of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner.
 - Death as a result of self-inflicted injuries whilst sane or insane.
 - Death occurs as a result of the insured person taking part in any naval, military or air force operation during peace time.
 - Death occurs as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition
 - Death occurs as a result of suicide
 - Death occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognized airline on regular routes and on a scheduled timetable
 - Death occurs as a result of war, invasion, civil war, rebellion, riots.
- B) Accident Total Permanent Disability:
The Accidental Permanent Total Disability will not be payable in the following situations:
- Disability as a result of the insured person committing any breach of law with criminal intent;
 - Disability of insured person as a result of war, invasion, civil war, rebellion or riot;
 - Disability as a consequence of the insured person being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
 - Disability as a result of the insured person taking part in any naval, military or air force operation;
 - Disability as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
 - Disability of insured person as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
 - Disability of insured person as a result of attempted self-injury whilst sane or insane
 - Disability of insured person as a result of poison, gas or fume (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
- C) Critical Illness and Waiver of Premium on CI Benefit:
The life assured will not be entitled to any benefits if a covered Critical Illness results either directly or indirectly from any one of the following causes or within the waiting period from the date of commencement of the coverage or date of reinstatement, whichever is later. These exclusions apply in addition to the exclusions specified in the definition of each of the covered Critical Illness.
- Pre-Existing disease: Pre-Existing disease is defined as any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter. This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by Insurer at inception.
 - Intentional self-inflicted injury, attempted suicide whilst sane or insane.
 - Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
 - War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
 - Taking part in any naval, military or air force operation during peace time.
 - Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
 - Participation by the insured person in a criminal or unlawful act with a criminal intent.
 - Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
 - Disability due to psychiatric illnesses, post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded
 - Any external congenital anomaly. ** Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
 - The Life Assured has delayed medical treatment in order to circumvent the waiting period.
- I. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

Address & Contact Details of Ombudsman Centres

In case you have any grievance, you may approach the Company Grievance Cell. In case you are not satisfied with the decision/resolution of the Company or if your complaint is not resolved/ not satisfied/not responded for 30 days, you may approach the Office of Insurance Ombudsman, in line with the details provided hereinabove in the policy document, at the addresses given below:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 / Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: - 0674-2596461 / 455 Fax : 0674 - 2596429 Email bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.: - 0172-2706196 /468 / Fax : 0172-2708274 Email bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir , Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: - 044-24333668 /5284 / Fax : 044-24333664 Email bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: - 011-23239633 / 23237532 / Fax : 011-23230858 Email bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: - 0361-2132204/5 / Fax : 0361-2732937 Email bimalokpal.guwahati@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123/ 23312122 / Fax: 040-23376599 Email bimalokpal.guwahati@ecoi.co.in	Andhra Pradesh, Telangana, Yanam – and a part of the Territory of Pondicherry
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 / 2359338 / Fax : 0484-2359336 Email bimalokpal.ernakulam@ecoi.co.in	Kerala , Lakshadweep, Mahe – a part of UT of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel: 033 22124339/(40) / Fax: 033 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/30 / Fax : 0522-2231310 Email bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022 - 26106552 /(960)/ Fax : 022-26106052 Email bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace ,4th Floor, Main Road, Naya Bans, Sector 15, G.B. Nagar, Noida. Tel.: 0120-2514250/52/53 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Annexure AA

Section 38 of Insurance Act, 1938, as amended from time to time – Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with section 38 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. This Policy may be transferred / assigned, wholly or in part, with or without consideration.
2. An assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Company.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against the Company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Company.
6. Fee to be paid for assignment or transfer can be specified by the IRDAI through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. If the Company maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The Company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bona-fide or (b) not in the interest of the Policyholder / Life Assured or (c) not in public interest or (d) is for the purpose of trading of the Policy.
10. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
12. The priority of claims of persons interested in the Policy would depend on the date on which the notices of assignment or transfer is delivered to the Company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to IRDAI.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of assignee or transferee dying before the Life Assured OR
 - c. the Life Assured surviving the Policy TermSuch conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the Company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the Policy
 - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of the Policy under an assignment or transfer effected before commencement of The Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: Section 38 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 38 as amended from time to time for complete and accurate details.]

Annexure BB

Section 39 of the Insurance Act, 1938, as amended from time to time – Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance Policy on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the Nominee is a minor, the Policyholder may appoint any person to receive the money secured by the policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the Company.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the Company and can be registered by the Company in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of change or cancellation of nomination must be delivered to the Company for the Company to be liable to such Nominee. Otherwise, Company will not be liable if a bona-fide payment is made to the person named in the text of the Policy or in the registered records of the Company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the IRDAI through Regulations.
8. On receipt of notice with fee, the Company should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with section 38 of Insurance Act, 1938, as amended from time to time, shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of Company's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case Nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his/her (a) parents or (b) spouse or (c) children or (d) spouse and children or (e) any of them, the Nominees are beneficially entitled to the amount payable by the Company to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.
14. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee(s) or holder of succession certificate of such Nominee(s).
15. The provisions of sub-section 13 and 14 above shall apply to all life insurance Policies maturing for payment after the commencement of The Insurance Laws (Amendment) Act, 2015 (i.e.20.03.2015).
16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of section 39 of the Insurance Act, 1938, as amended from time to time, are not applicable to any life insurance Policy to which section 6 of Married Women's Property Act, 1874, applies or has at any time applied except where before or after The Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under section 39 of the Insurance Act, 1938, as amended from time to time. Where nomination is intended to be made to spouse or children or spouse and children under section 6 of MWPA, it should be specifically mentioned on the Policy. In such a case only, the provisions of section 39 of Insurance Act, 1938, as amended from time to time, will not apply.

[Disclaimer: Section 39 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 39 as amended from time to time for complete and accurate details.]

Annexure CC

Section 45 of the Insurance Act, 1938, as amended from time to time – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015 are as follows:

1. No Policy of life insurance shall be called in question on any ground whatsoever after expiry of three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.
2. On the ground of fraud, a Policy of life insurance may be called in question within three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.
For this, the Company should communicate in writing to the Company or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by Life Assured or Policyholder or by his agent, with the intent to deceive the Company or to induce the Company to issue the life insurance Policy:
 - a. The suggestion, as a fact of that which is not true and which the Life Assured or Policyholder does not believe to be true;
 - b. The active concealment of a fact by the Life Assured or Policyholder having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the Life Assured or Policyholder or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Life Assured or Policyholder / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within three (3) years on the ground that any statement of or suppression of a fact material to expectancy of life of the Life Assured or Policyholder was incorrectly made in the Proposal Form or other documents, basis which Policy was issued or revived or Rider issued. For this, the Company should communicate in writing to the Life Assured or Policyholder or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium(s) collected on Policy till the date of repudiation shall be paid to the Policyholder or legal representative or Nominee or assignees of Policyholder, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the Company. The onus is on Company to show that if the Company had been aware of the said fact, no life insurance Policy would have been issued to the Policyholder.
9. The Company can call 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 of age of Life Assured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: Section 45 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 45 as amended from time to time for complete and accurate details.]