Bharti AXA Life Triple Health Insurance Plan
A Non-Linked Non-Participating Individual Pure Risk Premium Health Insurance Plan

Why Bharti AXA Life Triple Health Insurance Plan?

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

At Bharti AXA Life, we have decided to act. Our latest health product, Bharti AXA Life Triple Health Insurance Plan, offers you multiple critical illnesses claim up to a maximum of 3 claims, provided each of them are from a separate group – Group A, Group B and Group C – as classified on the following page and subject to a 'no benefit period' of 365 days between each claim. This plan pays you the Sum Assured to help you meet unexpected medical expenses.

About us:

Bharti AXA Life Insurance is a joint venture between Bharti Enterprises, one of India's leading business groups with interests in telecom, agri business and retail, and AXA, one of the world's leading organisations with interests in financial protection and wealth management. The joint venture company has a 51% stake from Bharti and 49% stake of AXA.

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

The Policy includes 13 critical illnesses that are split into 3 groups. Should one have the misfortune of being diagnosed with any critical illness from these groups, the first claim could be made and the policyholder will still be eligible for a second and third claim from the other two groups in the future years. Subject to any critical illness event being the first ever occurrence in the lifetime of the insured and a 'no benefit period' of 365 days between each claim.

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

Group A	Group B	Group C
100% Sum Assured payable	100% Sum Assured payable	100% Sum Assured payable
First Heart Attack of Specified Severity	Coma of Specified Severity	Cancer of Specified Severity
Open Chest CABG	Multiple Sclerosis with Persisting Symptoms	Benign Brain Tumor
Major Organ Transplant (Kidney or Heart)	Major Organ Transplant (Liver or Lung)	Bone Marrow Transplant
Kidney Failure Requiring Regular Dialysis		
Heart Valve Surgery		
Stroke Resulting in Permanent Symptoms		
Permanent Paralysis of Limbs		

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

Sum Assured on critical illness

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

Claim for up to a maximum of three times

Even after you have made your first claim, your critical illness cover continues and you are eligible to make up to 2 more claims for illnesses in the other groups as classified in the plan subject to each critical illness being the first ever occurrence in the life time of the life assured. (For more details, refer section How does this policy work?)

The critical illness benefit payout is as follows:

Covered Event	Payments
First Critical Illness	100% of Sum Assured. Future premium payments towards the Policy are waived off.
Second Critical Illness	100% of Sum Assured, if event is not included in the same group for which compensation was paid at the first critical illness event. This is subject to a 'no benefit period' of 365 days between each claim.
Third Critical Illness	100% of Sum Assured, if event is not included in the same groups for which compensations were paid at the first and second critical illness event. This is subject to a 'no benefit period' of 365 days between each claim.

Waiver of Premium

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

Tax Benefits

You may be eligible for tax benefits under as per prevailing tax laws. The tax benefits are subject to change as per change in Tax laws from time to time.

Applicable taxes (if any) and education cess will be levied as per prevailing tax laws.

How does Bharti AXA Life Triple Health Insurance Plan work?

This policy works as follows:

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

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

Sample illustration of premium rates:

Sum Assured (₹)	Age at Entry	Premium Amount (₹)*	
	(years)	Male	Female
	25	3,320	3,570
10,00,000	35	6,090	5,820
	45	14,200	12,810
	25	1,975	2,095
5,00,000	35	3,360	3,220
	45	7,420	6,725
	25	1,358	1,408
2,00,000	35	1,916	1,862
	45	3,562	3,282

**Please note:*

a. *Applicable taxes(if any), cess and surcharge will be applicable additionally as per prevailing rates.*

b. *Sum Assured displayed above is payable in respect for each claim made.*

Case Study

Ashok, a 30 year old, opts for a Sum Assured of ₹5,00,000 under this product.

Bharti AXA Life Triple Health Insurance Plan	**Ashok (30 year old Male)**
Sum Assured	₹ 5,00,000
Policy Term	15 years
Annual premium	₹ 2,440*
Critical Illness Benefits	
First Claim	Cancer of Specified Severity (Group C) ₹ 5,00,000 paid out and future premiums waived off
Year of first claim	Year 3
Second Claim	Coma of Specified Severity (Group B) ₹ 5,00,000 paid out
Year of second claim	Year 6
Third Claim	Stroke Resulting in Permanent Symptoms (Group A) ₹ 5,00,000 paid out
Year of third claim	Year 10
Summary of Benefits Received	
Total Critical Illness Benefit paid out	₹ 15 lakhs

*Exclusive of taxes

Terms and Conditions

a. **Pre-Existing Illness:** You should not have any pre-existing illnesses while applying for this Policy.
Any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or (b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement.

b. **Waiting Period:**

- There will be a waiting period of 90 days from Policy inception or from any subsequent revival. During this period, if you contract a covered critical illness, you will not be eligible to receive your first claim.
- For your subsequent claims (2nd and 3rd claim), there would be a no benefit period' of 365 days from the date of diagnosis of the previous claim.

c. **Survival Period:**

There will be a minimum survival period of 30 days applicable for each of the 3 possible claims. There may be a longer survival period for specific illnesses. Please refer to the detailed definitions of illnesses.

d. Premium rates are guaranteed for the first 3 years of the policy. After that, the company may revise the premium rates (upwards or downwards) subject to experience. The revised premium rates will remain guaranteed for a period of three years from the date of review. If in case you wish to exit the policy after the revision of premium, the policy benefits will cease to exist. Any change in premium will only be effected with approval from IRDAI and after giving prior notice in writing to the policyholders.

e. The claim would be paid only if the critical illnesses falls within the definition laid down for each illness.

f. Diagnosis must be confirmed by a specialist. The date of diagnosis or undergoing of the procedure (as per the definition of the critical illness) would be considered for processing a claim.

What happens if I am unable to pay premiums?

Revival of the Policy

In case you do not pay the premiums within the grace period (15 days for monthly mode and 30 days for annual/ semi-annual/ quarterly premium payment modes), your policy will lapse. You have a flexibility to revive all the benefits under the policy by paying all due premiums with applicable interest within 5 years of the date of discontinuance of the premium. The revival interest rate may be changed by the Company from time to time, subject to prior approval from IRDAI. The revival rate for FY 20-21 is 7.12%. We would require a "Declaration of Good Health", whenever you revive the policy. At the company's discretion, you may also be needed to undergo medicals (at your expense). If the policy is not revived during the revival period, the policy will stand terminated and no policy benefits will be payable. The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed. In case of death or diagnosis of a critical illness during the revival period, no benefit will be payable.

Eligibility criteria

Parameter	Eligibility Criteria
Policy Term	15 years
Premium Payment Term	15 years
Minimum Age at Entry	18 years
Maximum Age at Entry	65 years
Maximum Age at Maturity	80 years
Minimum Sum Assured	₹ 2,00,000
Maximum Sum Assured	₹ 30,00,000
Premium Payment Modes	Annual, Semi-Annual, Quarterly* & Monthly*

* Through ECS only

Section 41 of Insurance Act 1938

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

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

Section 45 of Insurance Act 1938

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 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 appendix – I for reference]

Other Terms & Conditions

- This product brochure is indicative of terms, conditions, warranties and exceptions contained in the Insurance Policy.
- Exclusions that shall apply to the benefits payable under this Policy.
- No benefits will be payable for a period of 48 months for any event which is a direct or indirect result of any pre-existing diseases disclosed at underwriting and/or revival stage and accepted by the company.
- Self inflicted injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
- Use of intoxicating drugs/alchohol /solvent, taking of drugs except under the direction of a qualified medical practitioner.
- War - whether declared or not, civil commotion, breach of law, invasion, hostilities (whether declared or not) rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- Radioactive contamination due to nuclear accident.
- Injuries or diseases arising from professional sports, racing of any kind, scuba-diving, aerial flights (including bungee-jumping, hang-gliding, ballooning, parachuting and sky diving) other than as a crew member or as a fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or any hazardous activities or sports.
- Any critical illness or its signs or symptoms having occurred within 90 days of policy issue date or revival date.
- Any external congenital anomaly: Congenital anomaly which is in the visible and accessible parts of the body. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

  Medical Practitioner means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.

Free-look Option:
The Policyholder has a period of 15 days from the date of receipt of the Policy Document in case of offline policy and within 30 days of receipt of the Policy in case of Policy sourced through distance marketing (i.e. online sales) to review the terms and conditions of the Policy and if Policyholder disagrees with any of the terms and conditions of the Policy, there is an option to return the original Policy along with a letter stating reasons for objection. The Policy will accordingly be cancelled and the Policyholder shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the Company (if any) on medical examination of the proposer and the stamp duty charges. All rights under this Policy shall stand extinguished immediately on cancellation of the Policy under the free look option.
If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-
For existing e-Insurance Account Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

- For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the free look period.
- Grace Period
  The Grace period for all premium payment modes is 15 days for monthly mode and 30 days for annual/ semi-annual/ quarterly premium payment modes from the premium due date.

Disclaimers:

- Bharti AXA Life Triple Health Insurance Plan is the name of the Non-Linked Non-Participating Individual Pure Risk Premium Health Insurance Plan. The name of the product does not in any way indicate the quality of the product and its future prospects.
- This is a non-participating Policy, i.e. the Policy does not provide for participation in the distribution of surplus or profits that may be declared by the Company.
- Registered Address: Bharti AXA Life Insurance Company Ltd. [IRDAI Regd. No. 130] Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051.
  - UIN: 130N047V03.
- Hospi Cash Rider is available with this product at an extra cost. This rider allows payment of a fixed benefit for each day of hospitalization and also provides lump sum benefit in case of surgery. Please refer to the rider brochure for further details. (Hospi Cash UIN: 130B007V03)

The Premium pertaining to health related or critical illness riders shall not exceed 100% of premium under the Base Policy, the Premiums under all other life insurance Riders put together shall not exceed 30% of premiums under the Base Policy and any benefit arising under each of the above mentioned Riders shall not exceed the Sum Assured under the Base Policy.

Appendix I: Section 45 – 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 from time to time are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whats ever after expiry of 3 years from:
   a. The date of issuance of Policy or
   b. The date of commencement of risk or
   c. The date of revival of Policy or
   d. The date of rider to the Policy whichever is later.
2. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from:
   a. The date of issuance of Policy or
   b. The date of commencement of risk or
   c. The date of revival of Policy or
   d. The date of rider to the Policy whichever is later.

   For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
   a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b. The active concealment of a fact by the insured having knowledge or belief of the fact;
   c. Any other act fitted to deceive; and
   d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured 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 Insured/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 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured 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 collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, 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 insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.

9. The insurer 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 insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submit- ted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance, 2014 and only a simplified version prepared for general information. Policyholders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.]

Critical illness - Definitions

Myocardial Infarction (First Heart Attack of Specified Severity)

I. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for 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 e.g. typical chest pain)
   ii. new characteristic electrocardiogram changes
   iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:
   i. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
   ii. Other acute Coronary Syndromes
   iii. Any type of angina pectoris.

Open Chest (CABG)

I. 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.

II. The following are excluded:
   i. Angioplasty and/or any other intra-arterial procedures

Kidney Failure Requiring Regular Dialysis

I. End-stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation.

Major Organ/ Bone Marrow Transplant

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

II. The following are excluded:
   i. Other stem-cell transplants
   ii. Where only islets of langerhans are transplanted

Open Heart Replacement or Repair of Heart Valves

I. 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.

Stroke Resulting in Permanent Symptoms

I. 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.

II. 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.

Coma of Specified Severity

I. 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.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

Cancer of Specified Severity

I. A malignant tumour characterised 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 and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. 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 & 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 leukemia 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

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.

Benign Brain Tumour

i. 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.

ii. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
I. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
II. Undergone surgical resection or radiation therapy to treat the brain tumor.

iii. 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.