



Bharti AXA Life Group Term Life – Employer Employee

A Non-Linked Non-Participating Group Term Life Insurance Plan

An organisation's prosperity and continued growth rests on the shoulders of its employees. In order to achieve success year after year, it is of utmost importance to take care of your employees, their loyalty and association with your organisation are the strongest enablers in your journey to success. However, majority of the members are constantly worried with the prospect of not being able to provide financial support in their absence to their loved ones. Without the safety of financial protection for their loved ones, your organization would always be a second priority for your employees.

At Bharti AXA Life we understand this and have decided to act. We bring to you, Bharti AXA Life Group Term Life Employer Employee Insurance Plan, a group term life insurance plan specifically catered for the needs of your employees, ensuring a safety net for them so that they can work peacefully without any worry about life's eventualities.

Key Features

Product has been designed to offer combination of innovative features and flexibility to best suit your Organization and members i.e. employee's requirements.

For Your Organization:

- **Retention Tool:** Attract and retain employees and helps ensure their loyalty
- **Low Cost Insurance:** Provides insurance cover at low cost to a large group
- **Hassle free Insurance coverage:** Simple and easy administration process
- **Flexible Premium payment modes** –Annual, Semi-Annual, Quarterly or Monthly

For Your Members/Employees:

- **Financial Security:** Financial support to the family in case of untimely demise
- **Tax benefits:** Tax benefits may be available as per prevailing tax laws

Benefits

Death Benefit

- In the event of death of the Insured Member during the coverage term, provided all due premiums till the date of death have been paid and the policy is in force, death benefit will be payable to the nominee(s)/beneficiary(ies). Death Benefit is the Sum Assured chosen at inception by the Master Policy Holder in scheme rules.

On payment of Death Benefit, insurance coverage for the insured member under this plan will immediately and automatically terminate.

In case of the death of the life insured/s during the Grace Period, the death benefit after deducting the unpaid due premium shall be payable. The nominee will not have any rights or obligations except to receive the benefits under the policy.

In case of the death of the life insured while the policy is in lapse status, no benefit shall be payable and the policy shall terminate.

In case the nominee(s)/beneficiary(ies) is/are a minor at the time of death of the life insured, the death benefit payout shall be made to the appointee..

- **Maturity Benefit** – No maturity benefit is payable under this plan.
- **Surrender Benefit** – In case of surrender of the Policy, no benefit is payable.

Types of groups eligible for insurance under this plan:

- The product intends to cover compulsory employer – employee groups where the premium is being borne by employer / Master Policy Holder.

Eligibility Criteria

Bharti Axa Life Group Term Life - Employer Employee Insurance												
Minimum Entry Age	18 years											
Maximum Entry Age	79 years or Normal Retirement Age less one year; whichever is earlier											
Maturity Age	Minimum: 19 years Maximum: 80 years or Normal Retirement Age whichever is earlier											
Minimum Sum Assured	Rs.10,000 per member											
Maximum Sum Assured	No Limit, Subject to Board Approved Underwriting Policy											
Policy Term	1 year (annually renewable)											
Premium Payment Term	One Year Renewable Term											
Minimum Group Size	5 members at inception of the policy											
Mode (Frequency)	<table><tr><th>Frequency</th><th>Modal Factors</th></tr><tr><td>Annual</td><td>1</td></tr><tr><td>Semi-Annual</td><td>0.51</td></tr><tr><td>Quarterly</td><td>0.26</td></tr><tr><td>Monthly</td><td>0.0867</td></tr></table>		Frequency	Modal Factors	Annual	1	Semi-Annual	0.51	Quarterly	0.26	Monthly	0.0867
Frequency	Modal Factors											
Annual	1											
Semi-Annual	0.51											
Quarterly	0.26											
Monthly	0.0867											
Minimum Premium	The minimum premium shall be Rs.20.50 for a 5 member group#											
Maximum Premium	Maximum premium is subject to maximum Sum Assured.											

* All ages mentioned are age last birthday.

The premium shall be subject to scheme/group level details and assumptions including company's past claim experience, occupation class (s) etc.

(No new lives beyond 79 years age last birthday will be added to the group.)

A new member can join the group at any point during the policy term subject to the group policy being in force, eligibility criteria as defined above, and underwriting requirements as prescribed by the Company from time to time.

Terms and conditions

Free Look period

If Master 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 reason/s for the objection within 30 days of receipt of the Policy. The Policy will accordingly be cancelled and the Company will refund an amount equal to the Premium paid and may deduct a proportionate risk premium for the period on cover and stamp duty cover and the expenses incurred by the Company on medical examination of the proposer charges. All rights under this Policy shall stand extinguished immediately on the 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: For the purpose of computation of commencement of free look period, the date of delivery of email confirming the credit of the insurance policy by IR shall be reckoned as the starting date.

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

A grace period of 30 days from the premium due date will be allowed for payment of premiums under half yearly and quarterly premium payment modes and in case of monthly mode, a grace period of 15 days from the premium due date will be allowed for payment of premiums. There will be no grace period for annual premium payment mode.

In case of the death of the Insured Member during the grace period, the Death Benefit shall be payable subject to receipt of unpaid due premium for the master policy.

Lapsation

If the Premium/s is/are not paid on the due date/s or during the grace period, the Policy shall lapse (with effect from the date of first unpaid premium). Lapse of the Policy shall extinguish all rights and benefits of the Master Policyholder and the Insured Member(s) under the Policy.

Revival of the Lapsed Policy (Applicable for Non-Annual modes)

A Policy, which has lapsed for non-payment of the premiums, may be revived for full benefits under the policy subject to the following conditions:

- The application for revival is made within 90 days of the first unpaid premium or before the next Annual Renewal Date of the Policy, whichever is earlier
- Satisfactory evidence of insurability of the Insured Member(s) is produced
- Payment of an amount equal to all unpaid premiums
- The Company will not be liable to pay for any death claims which occurs due to death of Insured Member(s) while the Master Policy is in lapsed status

The Revival shall be as per the Board approved underwriting policy. The effective date of Revival is the date on which the above conditions are satisfied and the risk is accepted by the Company. We reserve the right to Revive the Master Policy at the original terms, revive with modified terms or decline the Revival of the Master Policy, in accordance with the Our board approved underwriting policy. The Revival will take effect only on it being specifically communicated by the Company.

Termination of Master Policy

The Master Policy shall terminate on the occurrence of the earliest of the following:

- a) On payment of Free Look cancellation
- b) if the lapsed Master Policy has not been revived
- c) at the end of Policy Term
- d) at the Annual Renewal Date if Master Policy is not renewed
- e) You may terminate this Master Policy by giving Us at least 30 days notice
- f) Non -payment of the Premium within the grace period

Termination of coverage

The Coverage of an Insured Member under the Policy shall terminate on the Termination Date which will be on the date of occurrence of the earliest of any of the following events:

- a) On completion of Coverage Term
- b) On death of Insured Member
- c) On payment of Free Look cancellation
- d) The date Insured Member ceases to be an eligible member of the group
- f) On Annual Renewal Date, if Insured Member Age exceeds at the maximum maturity age as per the Master Policy Document
- e) The date on which Master Policy is terminated

If the in-force Master Policy is terminated by the Master Policyholder before the Annual Renewal Date, unexpired Premium (excluding taxes) shall be refunded without interest to the Master Policyholder.

Closure of Policy to new members:

The Master Policyholder or the Insurer will be entitled to terminate the Policy by providing prior written notice of atleast 30 days, stating its intent to terminate the policy, in which case the Master Policy will stand terminated and will close to new members.

Any unexpired premium shall be payable to the Master Policyholder or the members in the proportion in which the premium was paid. The cover under the Master Policy shall cease to exist.

Tax Benefit

Tax benefits may be applicable as per prevailing tax laws.

Addition of Member:

The Master Policyholder can choose to add new Members by paying the Premium for such Member. The Master Policyholder should inform or intimate the Company with the list of new joiners preferably within 30 days from the date of new joiners becoming eligible to be admitted under this Master Policy. The Risk Commencement Date for the new joiners shall be the date of joining of the Eligible Member, provided that their details are intimated to the Company within 30 days and due premium in full is paid in advance. If such intimation is not given to the Company within the above-mentioned period of 30 days, the life cover under this Policy shall not extend to such new employees, unless the same is specifically approved in writing by the Company. The Company shall communicate its decision on addition of Eligible Member based on its then prevailing underwriting policy. In case of inadequate Premium, the Insurance Coverage will begin from the date of receipt of the full Premium. Premium shall be deposited in advance for addition of new Members. The Premium charged shall be proportionate to the unexpired duration of the Policy Year, as applicable. Any applicable levies, taxes, duties or surcharges will also be charged.

Deletion of Member:

In case a Member leaves the scheme during the Member Coverage Term (due to reasons other than death), where Master Policyholder has paid the Premium, the Company will refund the pro- rata Premium to the Master Policyholder. The Master Policyholder should inform the Company of deletions for Members leaving the scheme within 30 days. Such Members' Insurance Coverage will cease from the date of leaving the scheme.

Change in Sum Assured:

The Master Policyholder will be allowed to increase / decrease the sum assured of members during the year as per the definition of the cover for the group. The changes are due to mid-term salary increase / decrease where the benefits are determined basis salary; or where member receives promotion and benefits are linked to grade / designation etc.. Any such changes would be as per scheme rules and is subject to terms and conditions and will have same FCL limits as applicable to the entire group.

Advance Deposit:

The Master Policyholder can keep adequate advance deposit, to cover the premium requirements of new members expected to join the scheme during the year.

Based on Master Policyholders choice, all mid-year deletion refund can be deposited in the advance deposit or will be refunded back to Master Policyholder.

Where the Master Policyholder decides not to keep such advance deposit, all mid-year additions will be covered only after the premiums for them are received and refunds for mid-year deletions will be refunded back to the Master Policyholder.

Other Terms & Conditions

1. The product will be customized based on the scheme level underwriting, wherever appropriate.
2. The maximum maturity age, and the maximum and minimum entry ages may vary based on scheme within the limits as mentioned under eligibility criteria above.
3. Insurance cover would commence only after acceptance of risk by Bharti AXA Life & receipt of full premium.

Actively at Work

An employee of the Company is said to be 'Actively at Work' if he/she meets both the following conditions:

- i) he/she is not absent on the grounds of ill health or maternity leave at the time of joining the Scheme and
- ii) he/she has not have availed any leave on the grounds of ill-health for a continuous period of seven (7) days or more in the year preceding his/her admission into the Scheme as applicable.

Further, a member will be deemed not to be absent from work if they are doing one of the following:

1. Carrying out his/her normal work duties, or such other duties as required by their employer, or;
2. Attending or training course, whether internal or external or;
3. Attending an activity arranged by their employer, or;
4. Taking pre-arranged paid personal leave. For the avoidance of doubt, maternity leave shall not be considered as pre-arranged paid personal leave.
5. Due to the nature of leave, members on the paternity leave will be treated as actively at work for the purpose of commencement of cover.

In all other cases the Member will not be considered to be actively at work.

This clause will not be applicable for EDLI – Employee Deposit Linked Insurance cover as all Members who are on the pay roll of the organization are automatically covered under this scheme.

Employees who are not actively at work on the cover commencement date then such employees must submit health declaration at the time of joining insurance scheme for coverage amount up to the FCL. The insurance cover will commence based on satisfactory health declaration submitted.

If there is any abnormality found in the health questionnaire then the Company shall reserve the right to call for further evidence of insurability in respect of such members.

Actively at work clause shall not be applicable for existing members of existing (renewal/takeover) schemes. This includes existing members of new entities added to an existing scheme provided the new entity has prior insurance.

Claims process

The Beneficiary/ (ies) should report the claim to the Master Policyholder on occurrence of unfortunate death of Insured Member and following primary documents along with the written notice for processing the claim should be submitted:

- Copy of Death Certificate
- Copies of medical reports, if any
- Death Claim Form (to be jointly signed by nominee(s)/ beneficiary(ies) and Master Policyholder and submitted by the Master Policyholder in case of lender borrower group);
- Any other documentation that the Company may consider as material and relevant to the claim

Please note the above is not an exhaustive list and additional documents may be required / as may be demanded by the Company depending on the circumstances of death and validity of the claim.

The Company reserves the right to call for any additional information and documents required to satisfy itself as to the validity of the claim.

Suicide Claim Provision

Not applicable under this product

Grievance Redressal

1. Customer Service

You can seek clarification or assistance on the Policy from the following:

- The Advisor through whom the Policy was bought
- The Customer Service Representative of the Company at toll free no. 1800 102 4444
- WhatsApp us 'Hi' at 02248815768
- SMS "SERVICE" to 56677
- Email: service@bharti-axa.com
- Mail to: Customer Service

Bharti AXA Life Insurance Company Ltd.
Spectrum tower, 3rd Floor,
Malad link road, Malad (west),
Mumbai 400064. Maharashtra

2. Grievance Redressal Procedure

Step 1: Inform us about your grievance



In case you have any grievance, you may approach our Grievance Redressal Cell at any of the below-mentioned helplines:

Lodge your complaint online at www.bharti.axa.com

Call us at our toll free no. 1800 102 4444

Email us at complaints.unit@bharti.axa.com

Write to us at:

Registered Office:

Bharti AXA Life Insurance Company Ltd.
Unit No. 1902, 19th Floor, Parinee Crescenzo
'G' Block, Bandra Kurla Complex, BKC Road,
Behind MCA Ground, Bandra East,
Mumbai -400051, Maharashtra

Grievance Redressal Cell

Bharti AXA Life Insurance Company Ltd.
Spectrum tower, 3rd Floor,
Malad link road, Malad (west),
Mumbai 400064. Maharashtra'

- Visit our nearest branch and meet our Grievance Officer who will assist you to redress your grievance/ lodge your complaint.

Step 2: Tell us if you are not satisfied

In case you are not satisfied with the decision provided or if you have not received any response post completion of 14 days, you may write to Head - Customer Service for resolution at the above mentioned address or email at: head.customerservice@bharti.axa.com:

You are requested to inform us about your concern (if any) within 8 weeks of receipt of resolution as stated above, failing which it will be construed that the complaint is satisfactorily resolved.

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority (IRDA of India) of India on the following contact details:

IRDA of India Grievance Call Centre (IGCC) TOLL FREE NO:155255 or 18004254732

Email ID: complaints@irda.gov.in

You can also register your complaint online at <https://bimabharosa.irdai.gov.in/>

Address for communication for complaints by paper:

General Manager

Insurance Regulatory and Development Authority of India(IRDAI)

Policyholder's protection & Grievance Redressal Department – Grievance Redressal Cell.

Sy.No.115/1, Financial District, Nanakramguda,

Gachibowli, Hyderabad – 500 032.

Step 3: If you are not satisfied with the resolution provided by the Company

Where the redressal provided by the Company is not satisfactory despite the escalation above, the customer may represent the case to the Ombudsman for Redressal of the grievance.

For preferring a complaint before the Insurance Ombudsman, you may prefer to Insurance Ombudsman Rule, 2017(as may be amended from time to time).

To locate the nearest Ombudsman office, please visit <https://www.cioins.co.in/Ombudsman> or you may also locate the list our website - <https://www.bharti.axa.com>

Assignment and Nomination

Assignment: Assignment shall be in accordance with the provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

Nomination: Nomination shall be in accordance with the provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

SECTION 41 OF INSURANCE ACT 1938 as amended from time to time

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

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

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.”

SECTION 45 OF INSURANCE ACT 1938 as amended from time to time

Fraud, Misstatement or suppression of material fact, 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]***

About Us

Bharti AXA Life Insurance Company Limited is a wholly owned subsidiary of Bharti Life Ventures Private Limited (Bharti Group Company), a business group in India with interests in telecom, agri business and retail.

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.

Disclaimers

- Life Insurance Coverage is available under this policy



- Bharti AXA Life Insurance is the name of the Company and Bharti AXA Life Group Term Life – Employer Employee is only the name of the non-linked non-participating group term insurance policy and does not in any way represent or indicate the quality of the policy or its future prospects.
- This product brochure is indicative of the terms, conditions, warranties and exceptions contained in the insurance policy bond
- Tax benefits are as per the Income Tax Act, 1961, and are subject to any amendments made thereto from time to time

Bharti AXA Life Insurance Company Limited, IRDAI Registration No.: 130

Registered Office: Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra

UIN: 130N124V01

CIN - U66010MH2005PLC157108

ADVT No.: II-Mar-2025-5631

BEWARE OF SPURIOUS/ FRAUD PHONE CALLS

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

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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:

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from

- a. the date of issuance of Policy or
- b. the date of commencement of risk or
- c. the date of reinstatement of Policy or
- d. the date of rider to the Policy

whichever is later.

02. 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 reinstatement 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.

03. 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.

04. 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.

05. 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.

06. 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.

07. 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.

08. 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.

09. 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 submitted 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. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.]