

TATA AIA Vitality Health

A Non-Linked, Non-Participating Individual Health Rider



About Tata AIA Life

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

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110)
CIN: U66010MH2000PLC128403. **Registered & Corporate Office:**
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Unique Reference Number: **L&C/AdvT/2024/Oct/2902** • UIN: **110B045V03**



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Congratulations on completing the first step towards protecting you family. While you are considering an insurance policy for the financial protection of your family, your goals and dreams, you also need to ensure this protection is complete without any gaps. Tata AIA Vitality Health helps complement the existing protection available under your base plan and provides all round protection to you and your family. This rider allows you to choose multiple risk covers from a list of 5 which include disability, hospitalization and illness related covers. Moreover, you can also enroll in 'Tata AIA Vitality' our Wellness Program through which you can earn rewards for healthy habits and for staying fit.

Why Tata AIA Vitality Health?

- **Enhanced Protection:** Choice of one or more Benefit Options (risk covers) from a list of 5 available which includes disability, hospitalization and illness
- **Multiple claims and cover for minor conditions:** The rider provide coverage against minor injuries / illness as well as major stage ailments and allows multiple claim payouts.
- **Need based benefit payout:** Flexibility to receive benefit amount as a lump sum or as monthly income for up to 10 years or a combination of both.
- **Cover your loved ones:** The rider allows you to extend protection to your loved ones too under the same plan
- **Rewards for a healthy lifestyle** with enrolment in our Wellness Program - 'Tata AIA Vitality'
- **Flexibility** to cover yourself as well as your family against the risks covered either at policy inception or at any policy anniversary
- **Income tax benefits** as per the prevailing tax laws.

What benefits can be availed under this Rider?

The Tata AIA Vitality Health offers coverage against a range of risks. You may opt for coverage against one or more risks as per your needs by choosing from the following Benefit Options.

Benefit Option	Brief description of risk covered	Rider Benefit Payout Option
Accidental Disability Care	Covers both Permanent Total or Permanent Partial Disability due to an accident (multiple claims covered in case partial disability)	Flexibility to choose between <ul style="list-style-type: none"> • Lump sum benefit • Income for the income period chosen
Multistage CritiCare	39 Critical Illness covered including minor stage illness	<ul style="list-style-type: none"> • Combination of Lump sum and income for the income period chosen
Cancer Care	Covers early as well as late stage cancers	
Cardiac Care	Covers 14 minor as well as 8 major cardiac and related ailments	
HospiCare (HC)	Pays fixed amount on Hospitalization, ICU benefit and also Recuperation benefit in case of hospitalization for 7 or more days	<ul style="list-style-type: none"> • Lump sum benefit

The premium will vary depending upon the Option chosen.

Details of benefits under each Benefit Option is as provided below.

1. Accidental Disability Care

In the event of Total / Partial and Permanent disability of the life insured due to an accident within the Benefit Option term, a percentage of Insured Amount under Benefit Option is paid as per the below table based on the description of disability, provided the disability occurs within 180 days from that accident is payable as below:

Description of Disability	Amount of Benefit (% of Insured Amount under Benefit Option)
Total and Permanent Disability	100%
Partial and Permanent Disability:	
Permanent loss of	
- each arm at the shoulder joint	60%
- each arm to a point above elbow joint	55%
- each arm below elbow joint	50%
- each hand at the wrist	50%
- each thumb	20%
- each index finger	10%
- each finger other than the thumb or index finger	5%
- each leg above center of the femur	60%
- each leg up to a point below the femur	55%
- each leg to a point below the knee	50%
- each foot at the ankle	40%
- each big toe	5%
- each toe other than the big toe	2%
Loss of sight in Each eye	50%
Loss of Hearing in each ear	30%

In case the benefit payable is less than 100% of the Insured Amount under the Benefit Option the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the Insured Amount under the Benefit Option.

For calculation of the cumulative value of Insured Amount, only the payout to the extent of percentage of the Insured Amount under the Benefit Option mentioned above shall be considered.

Double Benefit

Twice the percentage of the Insured Amount (as applicable) will be payable if the disability due to accident for which the benefit is payable occurs under any of the following circumstances:

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

The benefit will be payable if the accident occurs within the Benefit Option Term even if the disability occurs beyond the term (however within 180 days of the accident)

Please refer 'Definitions and Exclusions Annexure' for definitions of accident, Total Permanent Disability etc.

2. Multistage CritiCare

- In the event of diagnosis of Life Insured with an illness or undergoing of a procedure covered under this Benefit Option, the following benefits shall be payable.

Minor Stage Critical Illness	25% of the 'Insured Amount under the Benefit Option'
Major Stage Critical Illness	100% of the 'Insured Amount under the Benefit Option' less any previously paid claims under the Benefit Option

- Multiple minor claims for different minor Critical Illnesses will be admissible till the total payout does not exceed 100% of the Insured Amount under the Benefit Option'.
- For multiple minor stage claims, there needs to be a Cooling off period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario.

- However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.
- Any minor Critical Illness can be claimed only once during the Benefit Option Term.
- In case the payout under the Benefit Option is less than 100% of the 'Insured Amount under the Benefit Option' the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the 'Insured Amount under the Benefit Option'.

Following critical illnesses are covered under this Benefit Option.

Major Critical Illnesses	
1	Apallic Syndrome
2	Benign Brain Tumor
3	Blindness
4	Severe Rheumatoid Arthritis
5	End Stage Lung Failure
6	Coma of Specified Severity
7	End Stage Liver Failure
8	Kidney Failure requiring Regular Dialysis
9	Encephalitis
10	Third Degree Burns
11	Major Head Trauma
12	Major Organ (less heart)/ Bone Marrow Transplant
13	Permanent Paralysis of Limbs
14	Loss of limbs
15	Fulminant Viral Hepatitis
16	Alzheimer's Disease
17	Aplastic Anaemia
18	Deafness
19	Loss of Speech
20	Medullary Cystic Kidney Disease
21	Motor Neuron Disease with Permanent Symptoms
22	Multiple Sclerosis with Persisting Symptoms
23	Muscular Dystrophy
24	Parkinson's Disease
25	Progressive Scleroderma
26	SLE with Renal Involvement
27	Bacterial Meningitis
28	Chronic Recurrent Pancreatitis
29	Loss of Independent Existence
30	Poliomyelitis
31	Creutzfeldt-Jacob disease
Minor Critical Illnesses	
32	Severe Osteoporosis
33	Brain Surgery
34	Pneumonectomy
35	Small Bowel Transplant
36	Cirrhosis of the Liver
37	Nephrectomy/removal of one kidney
38	Portal Vein Thrombosis
39	Ulcerative Colitis

The benefit will be payable only upon first occurrence of any of the conditions covered under this benefit during the lifetime of the Individual covered.

Please refer 'Definitions and Exclusions Annexure' for definitions of Critical Illness covered, exclusions etc

3. Cancer Care

- In the event of diagnosis of the Life Insured with cancer as defined under this Benefit Option, the following benefits shall be payable.

Minor Stage Cancer	25% of the 'Insured Amount under the Benefit Option'
Major Stage Cancer	100% of the 'Insured Amount under the Benefit Option' less any previously paid claims under the Benefit Option

- Multiple minor claims for different minor cancers will be admissible till the total payout does not exceed 100% of the Insured Amount under the Benefit Option.

- For multiple minor stage claims, there needs to be a Cooling off period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario.
- However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.
- Any minor cancer can be claimed only once during the Benefit Option Term. More than 1 unrelated Minor stage cancer condition can be claimed. Unrelated cancer means cancer which does not belong to the same organ and same histological type or has not metastasized and occurred because of a prior cancer. Where the organs are in a pair such as breasts, lungs, kidneys, testes, ovaries etc., the entire pair is considered as one organ.
- In case the payout under the Benefit Option is less than 100% of the 'Insured Amount under the Benefit Option' the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the 'Insured Amount under the Benefit Option'.

Additional Benefits for Female lives - Reconstructive Breast Surgery

If the Life Insured is diagnosed as suffering from breast cancer as defined under "Major stage cancer of specified severity", and the same is intimated to the company within 30 days of diagnosis, an additional benefit amount of 30% of the 'Insured Amount under the Benefit Option' will be payable to her for reconstructive breast surgery. This payment will be made on the actual undergoing of Reconstructive Breast Surgery on the diagnosis of the breast cancer and it being confirmed by an oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the company.

Following Cancer related Conditions are covered under this Benefit Option.

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

The benefit will be payable only upon first occurrence of any of the conditions covered under this benefit during the lifetime of the individual covered.

Please refer 'Definitions and Exclusions Annexure' for definitions of Cancer covered, exclusions etc

4. Cardiac Care

- In the event of diagnosis of Life Insured with an illness or actual undergoing of a procedure covered under the Benefit Option, the following benefit shall be payable.

Minor Stage Cardiac condition	25% of the 'Insured Amount under the Benefit Option' (subject to a maximum of Rs. 5 Lacs in case the life insured undergoes angioplasty)
Major Stage Cardiac Condition	100% of the 'Insured Amount under the Benefit Option' less any previously paid claims under the Benefit Option

- Multiple minor claims for different minor cardiac conditions will be admissible till the total payout does not exceed 100% of the 'Insured Amount under the Benefit Option'.
- For multiple minor stage claims, there needs to be a Cooling off period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario.
- However, this requirement of 180 days is not applicable in case of diagnosis of a major stage claim following a minor stage claim.
- Any minor cardiac condition can be claimed only once during the Benefit Option Term.
- In case the payout under the Benefit Option is less than 100% of the Insured Amount under the Benefit Option the coverage will continue for the balance Insured Amount under the Benefit Option, if any. The benefit will terminate on payment of a cumulative 100% of the Insured Amount under the Benefit Option.

Following Cardiac Conditions are covered under this Benefit Option:

Minor Stage Cardiac Conditions	
1	Angioplasty
2	Balloon Valvotomy or Valvuloplasty
3	Carotid Artery Surgery
4	Implantable Cardioverter Defibrillator
5	Implantation of Pacemaker of Heart
6	Infective Endocarditis
7	Minimally Invasive Surgery of Aorta
8	Pericardiectomy
9	Pulmonary Thromboembolism
10	Surgery for Cardiac Arrhythmia
11	Surgery to Place Ventricular Assist Devices or Total Artificial Hearts
12	Renal Angioplasty
13	Pulmonary Artery Graft
14	Percutaneous Procedures for Heart Valve Surgery
Major Stage Cardiac Conditions	
1	Myocardial Infarction (First Heart Attack of specified severity)
2	Open Chest CABG (Coronary Artery Bypass Graft)
3	Open Heart Replacement or Repair of Heart Valves
4	Major surgery of Aorta
5	Heart Transplant
6	Cardiomyopathy (of specified severity)
7	Stroke resulting into permanent symptoms
8	Primary (Idiopathic) Pulmonary Hypertension

The benefit will be payable only upon first occurrence of any of the conditions covered under this benefit during the lifetime of the individual covered.

Please refer 'Definitions and Exclusions' Annexure for definitions of Cardiac conditions covered, exclusions etc

5. HospiCare (HC)

The following benefits shall be payable subject to hospitalization of the Life Insured for medically necessary treatment of any illness or injury for a minimum period of consecutive 24 hours.

Benefit	Percentage of HospiCare Benefit Insured Amount	Yearly Limit
Hospital Cash Benefit	0.5% per day paid in case of hospitalization for medically necessary treatment of any illness or injury for a minimum period of 24 hours	Maximum 30 days per policy year
ICU Benefit [^]	0.5% per day is paid for each day of stay in the Intensive Care Unit (ICU)	Max 15 days per policy year
Recuperation Benefit [^]	1.5% of the HospiCare benefit Insured Amount will be payable in case of continuous hospitalization in one or more hospitals for 7 or more days (excluding the time taken for transit between hospitals) for the same injury or disease.	This benefit will be paid once in a policy year

[^] Both ICU and Recuperation benefit are payable subject to the daily cash benefit being payable at the time of hospitalization. Recuperation Benefit is not payable if the Life Insured dies during Hospitalization

HospiCare benefit will terminate on payment of a 100% of the 'Insured Amount' under the Benefit Option.

The Insured Amount under any Benefit Option, however, shall be payable only if the respective benefit option is in force. In case policyholder has chosen multiple benefit options and he/she has claimed under a particular condition, coverage under other conditions shall continue to remain in force.

Lives Covered:

With this rider, you can cover one or more of your loved ones too under the same plan subject to insurable interest and as per the Board Approved Underwriting Policy (BAUP). e.g. spouse/child/parent/parent-in-law or sibling of the Policyholder under the base plan subject to board approved underwriting policy.

When rider coverage is opted on any life other than Base Plan Life Insured, the rider coverage for other lives will continue even after the death of Base Plan life insured. At inception, the Policy Holder should appoint a Contingent Rider Policy Holder(s) to take over the rider(s) in case of base policyholder's death.

What are the Rider Benefit Payout Options?

You can choose to receive the benefits payout as either

- Lump sum benefit OR
- Income for the income period chosen OR
- Combination of lump sum and income for the income period chosen

If income payout is chosen, i.e. (ii) or (iii), the Policyholder can choose to receive the same monthly, quarterly, half-yearly or, annually for a chosen duration of up to 10 years. The chosen yearly income will be paid in arrears as per the chosen payment frequency and for the income period chosen starting from the date of occurrence of insured event. The payment frequency can't be changed once the regular income commences. Any accrued income, due before intimation of claim, will be paid along with the first payout under this option.

The regular income instalments for frequencies other than annual shall be as specified below, where the Yearly Income below refers to the regular income payable in respect of annual frequency:

Frequency	Income Instalment (per frequency)
Half-yearly	98% of Yearly Income x $\frac{1}{2}$
Quarterly	97% of Yearly Income x $\frac{1}{2}$
Monthly	96% of Yearly Income x $\frac{1}{12}$

The nominee also has an option to receive the commuted value of the future yearly income benefits as a lumpsum, discounted at the higher of (4.00%, SBI domestic term deposit rate for '5 years and up to 10 years' + 2.00%).

Where the Insured Amount is higher than the Sum Assured under Benefit Option, the excess amount shall be paid in lump sum.

"Sum Assured under Benefit Option" shall be the sum of - (a) Lump sum and (b) Present value of all future yearly income streams – chosen under the respective Benefit Option.

(For the purpose of premium calculation, sum assured for the income portion will be computed as the discounted value of the yearly income stream using a discount rate of 4% p.a.)

The income option is not applicable for HospiCare (HC).

Tata AIA Vitality

Tata AIA Vitality is a science based comprehensive and personalized Wellness Program. Signing up for our Wellness Program offered with this rider not only helps you maintain a healthy lifestyle, but also ensures that you are rewarded for it. This rider offers an Upfront reward at the time of inception, Reward flex structure during premium payment Term and Cover Booster or Annual Health rewards post premium payment term; thus, keeping you on track for your health and fitness goals. You can opt in this wellness program only at inception. This program comes with no additional cost.

Benefits under the Wellness Program:

All Benefits under the Wellness Program will depend on your Wellness Status. Your Wellness status shall be based on a point-based structure and shall be either Bronze, Silver, Gold or Platinum and shall be used to determine the extent of benefits/rewards applicable in the following year. The communication with respect to wellness benefit shall be notified to you before the policy anniversary on your registered e mail id or contact number

Rewards Program during premium payment term

1. Up-front reward at inception of benefit option

Provided the Insured opts to enroll for the Wellness Program, an up-front reward equivalent to 5% of annualized premium for Accidental Disability Care and 10% of annualized premium for all other benefit options shall be offered for the first policy year.

The above Up-front reward structure shall be subject to review and revision based on objective measurable criteria in line with the Board Approved Underwriting Policy. Any revision thereof shall be filed with the Authority and shall apply to prospective policyholders only.

2. Annual Rewards Flex

Annual Rewards Flex is offered based on the Wellness Status of the Insured during premium payment term.

Wellness Status at the end of the policy year	Annual Reward Flex*	
	Accidental Disability Care	Other Benefit Options
Platinum	+1%	+2%
Gold	+0.5%	+1%
Silver	-1.25%	-2.5%
Bronze	-2.5%	-5%

*negative reward refers to a reduction in total rewards

The rewards are offered on cumulative basis and in any year, the maximum rewards in view of both the Up-front Rewards and Annual Rewards Flex together shall be 15% for Accidental Disability Care and 30% for all other benefit options. Further, the premium payable in any year shall not exceed annualized premium of the respective benefit option at inception without any wellness rewards.

For example, Total Rewards in the 2nd year for HospiCare = (Upfront Reward + Annual Rewards Flex earned in the first year) x Annualized Premium. Hence if the Wellness Status earned at the end of the first policy year is Platinum and the applicable upfront reward is 10%, the total reward in the second policy year shall be 12% of annualized premium.

3. Utilization of Rewards

You can choose to utilize the Rewards (both up-front reward at inception and Rewards offered during premium payment term) in one of the following two available modes. You need to make this choice at the time of purchase and then alter it during the premium payment term with effect from immediate next policy anniversary by writing to us at least 30 days before the immediate next policy anniversary:

- Premium discount: You can offset the premium payable towards the rider against the Rewards.
- Premium Cashback: You will have an option to convert the cashback points into cash balance and utilize it towards health expenses such as Health checks/ diagnostics, Pharmaceuticals/ Medicines / nutritional supplements as prescribed by your medical practitioner, Dental treatments, hearing aids, vision improvement treatments, physiotherapy, Ayurvedic treatments, and such health-related services. You can choose to receive and utilize the cash balance through a digital health wallet/ e-card service provider(s) empaneled with the Company, from time to time. Benefits payable under the policy (including towards Health Wallet) shall be governed in accordance with the prevailing provisions of Income Tax Act, 1961.

Rewards Program post premium payment term

Provided all premiums have been paid, you may opt for Cover Booster or Annual Health Cashback Program, the eligibility of which will be subject to Board Approved Underwriting Policy (BAUP). You can opt for either of this program at any time until 30 days before the end of the last premium payment year. This program will be applicable for limited pay and single pay policies only.

1. Cover Booster Structure

• Accumulated Cover Booster

Accumulated Cover Booster will increase the amount of benefit payable if the insured event for which the benefit is payable occurs. Accumulated Cover Booster is equivalent to rewards applicable in the last policy year.

Example 1– For a limited pay HospiCare with premium payment term of four years, if the Wellness Status maintained throughout premium payment term is Platinum. The policyholder has accumulated Total Rewards of 16%. The accumulated cover booster at the end of premium payment term is equivalent to 16%.

Example 2 - For a single pay HospiCare, the accumulated cover booster at the end of first year is equivalent to 10%.

• Cover Booster Flex

Annual Cover Booster flex will increase the amount of benefit payable if the insured event for which the benefit is payable

occurs. The quantum of flex is based on the Wellness Status of the Insured after premium payment term.

Wellness Status at the end of the policy year	Cover Booster Flex*	
	Accidental Disability Care	Other Benefit Options
Platinum	+1%	+2%
Gold	+0.5%	+1%
Silver	-1.25%	-2.5%
Bronze	-2.5%	-5%

*negative Cover Booster flex refers to a reduction in benefit payable

The Cover Boosters are offered on cumulative basis. Any accumulated rewards at the end of policy term will be carried forward at the time of the renewal. The maximum rewards during lifetime in view of both the Accumulated Cover Booster and Cover Booster Flex together shall be 15% for Accidental Disability Care and 30% for all other benefit options. Further, the total Cover Booster in any year shall not be lower than zero.

Example 1 - For a limited pay HospiCare as above, if the Wellness status earned at the end of the premium payment term is Platinum, the applicable Cover Booster Flex will be 2%. The total cover booster on the benefit payable will be 18% in 5th policy year.

In case policy is renewed under Renewability option, the accumulated premium discount, if any shall be applicable during PPT of the renewed period and accumulated cover booster, if any shall be applicable post PPT of the renewed period.

2. Annual Health Cashback

Alternatively, you can opt to receive Annual Health Cashback based on the Wellness Status you have attained each year. The Annual Health Cashback will be applicable on the Cover Booster as mentioned above.

You can convert the Annual Health Cashback points into cash balance and utilize it towards health expenses such as Health checks/ diagnostics, Pharmaceuticals/ Medicines / nutritional supplements as prescribed by your medical practitioner, Dental treatments, hearing aids, vision improvement treatments, physiotherapy, Ayurvedic treatments, and such health-related services.

You can choose to receive and utilize the cash balance through a digital health wallet/ e-card service provider(s) empaneled with the Company, from time to time. Benefits payable under the policy (including towards Health Wallet) shall be governed in accordance with the prevailing provisions of Income Tax Act, 1961.

The cash balance once earned can be carried forward each Policy Year till the expiry of the term of the benefit option.

The points are allocated through a range of parameters comprising of online assessments, physical activity & health check-up. The same shall be as per the objective criterion in line with the board approved underwriting policy and may be reviewed from time to time for any revisions. Any change in parameters will be subject to prior approval of the Authority. The points architecture has been detailed below.

Thus whilst all policyholders are given the same upfront reward at inception, only those who maintain or improve their health continue to enjoy the benefit of a rewards or enhanced rider sum assured.

The above rewards structure and cover booster framework shall be subject to review and revision based on objective measurable criteria in line with the Board Approved Underwriting Policy. Any revision thereof shall be filed with the Authority and shall apply to both existing and prospective policyholders.

Health Screening

The wellness program offers an inbuilt health screening once a year which shall not be mandatory. On completion of health screening, Points contributing to the determination of the Wellness Status will be awarded. The following tests will be performed as part of health screening

- Physical Medical Examination to include: Height, Weight, Waist Circumference, Blood pressure, Pulse
- Fasting Blood Glucose / Fasting Blood Sugar / HbA1C
- Total Cholesterol

Wellness Status - Points:

The Wellness Status is driven by an objective criterion where the Life Assured attains the Wellness status by accumulation of points. The points are allocated through a range of parameters comprising of online assessments, physical activity & health check-up.

The table below gives point distribution structure for determining Wellness status:

Status	Accumulated Points
Bronze	0 – 9,999
Silver	10,000 – 19,999
Gold	20,000 – 24,999
Platinum	25,000 and above

Points Accumulation Structure: The Life Insured can earn points through a range of parameters as provided below:

Details	Limits
Online Assessment	3,900
Health Screening	12,000
Physical activity	15,000

Online Assessment – Annual

Points/Activity	Activity	Max Points (limit p.a.)	Remarks
Assessments	Health Review	1,000	Assessments are available for all Life Insured irrespective of Wellness Status. Points are allocated to all Life Insured who have completed the assessment.
	Nutrition Assessment	1,000	
	Mental Wellbeing	900	
	Declaration: Smoker / Non-Smoker	1,000	

Health Screening – Annual

Details	Points for doing the health screening	Points if the results are within the clinically accepted range	Remarks
BMI	1,500	1,500	All Life Insured are eligible for Annual Health Screening and points are allocated to Life Assured basis health screenings conducted and also if the results of the test being in line with WHO recommended clinical range
Blood Pressure	1,500	1,500	
Cholesterol	1,500	1,500	
Glucose	1,500	1,500	

Physical Activity – Daily^s

Steps / Heart Rate	Points per day
Steps: 7,500-9,999 Or, Heart rate: At least 30 mins of physical activity in one exercise session a day at an average heart rate of 60% or more of your age-related maximum heart rate	50
Steps: ≥ 10,000 Or, Heart rate: At least 30 mins of physical activity in one exercise session a day at an average heart rate of 70% or more of your age-related maximum heart rate Or, Heart rate: At least 60 mins of physical activity in one exercise session a day at an average heart rate of 60% or more of your age-related maximum heart rate	100

^sA maximum of one exercise event is allowed per day to earn points for physical activity. If more than one event is recorded in a single day, the event with the highest number of points will be awarded

Each of these parameters have capping limits to ensure that the Life Assured engages in all the parameters defined above as this will lead to overall improvement of Life Insured's health.

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

Definitions for Benefits Payable:

The following definitions have been used:

“Sum Assured under Benefit Option” shall be the sum of - (a) Lump sum and (b) Present value of all future yearly income streams – chosen under the respective Benefit Option.

‘Rider Sum Assured’ is the maximum of all ‘Sum Assured under Benefit Option’ for the respective Benefit Options chosen by the Policyholder.

The **‘Insured Amount’** payable under each option shall be:

Highest of:

- 11 times the Annualized Premium[^] for Limited Pay/Regular Pay and 1.25 times for Single Premium[^] for the respective Benefit Option
- 105% of Total Premiums Paid (excluding loading for modal premiums) as up to the date of incidence of underlying insured event
- Sum Assured under the Benefit Option

[^]excluding the underwriting extra premiums, modal loading and applicable taxes, cess or levies (if any) charged under the applicable benefit option.

Note : Under all the Benefit Options, the total benefit applicable over the policy term under the respective benefit option shall be at least equal to the Insured Amount defined above.

‘Annualized Premium’ shall be the premium payable in a year chosen by the Policyholder for a particular Benefit Option, excluding the taxes, underwriting extra premiums, loading for modal premiums, if any.

‘Total Premiums Paid’ shall be defined as the sum of all the premiums paid to date under the respective benefit option excluding any extra premium and taxes.

‘Benefit Option Term’ is the duration for which coverage is available under a particular Benefit Option

‘Life Insured’ refers to the life covered under the respective Benefit Option

How can we enhance protection using this rider?

You may choose to opt for any one or more Benefit Options as per your protection needs

Who can opt for coverage under this Rider?

You can opt for coverage under the various Benefit options provided you meet the following Eligibility Criteria:

Benefit Option	Minimum Entry age (years)	Maximum Entry age (years)	Maximum Maturity age (years)	Sum Assured [^] (₹) under the Benefit Option	
				Minimum	Maximum
Accidental Disability Care	18	65	75	25,000	Subject to board approved underwriting policy [^]
Multistage CritiCare	18	65	75	25,000	
Cancer Care	5*	65	75	25,000	
Cardiac Care	18	65	75	25,000	
HospiCare	18	65	75	25,000	

• All ages are as on last birthday and are applicable to the life insured under the Benefit Option. • Rider Sum Assured cannot exceed the Death Benefit at inception of the Base Plan •
*Subject to a minimum maturity age of 18 years • [^]The minimum/maximum Sum Assured is subject to underwriting • The minimum entry age for cancer care for a child is 13 years

Benefit Option Terms and Premium Payment Options

Benefit Option Term: Coverage under the various Benefit Options are as available for a term as follows:

Minimum Policy Period:

Benefit Option	Regular Pay	Limited Pay	Single Pay
Hospi Care	13	14	12
Accidental Disability Care	13	14	12
Multistage CritiCare	13	14	12
Cancer Care	13	14	12
Cardiac Care	13	14	12

Maximum Policy Period:

Across all benefit options: 60 months

- The Benefit Option Term shall not exceed the outstanding policy term of the base plan
- The Benefit Option will terminate on the Life Insured attaining the maximum age at maturity of the Benefit Option

Premium Payment Option	Premium Payment Term	
	Minimum	Maximum
Single Pay	1	1
Limited Pay	13 month	Benefit Option Term minus 1 months
Regular Pay (premium payment term same as the Benefit Option Term)	13 month	Same as Benefit Option Term

Premium Payment Mode: Same as the Premium Payment Mode of the base plan (Single, Annual, Half-yearly, Quarterly, Monthly).

Renewability Option at Maturity

At maturity, the policyholder can choose to extend the term of their respective benefit option. Policyholders can extend their benefit term by an additional five years, provided they meet the maximum maturity age and pay the required premiums as per the Board Approved Underwriting Policy (BAUP). The policy must be active with all due premiums paid up to date. Policyholders can choose a new term and premium payment period of five years, within the specified limits. Benefits will continue based on the outstanding coverage at the time of extension. For HospiCare benefits, applicable lifetime limits will be restored upon renewal of new tranche. For Multistage Criticare, Cancer Care, and Cardiac Care benefits, the outstanding coverage will be the lifetime limit minus any claims for minor conditions. Extension is not possible if 100% of claims have been settled. For Accidental Disability Care, the outstanding coverage will be the lifetime limit minus any settled claims. Extension is not possible if 100% of claims have been settled. Additional premiums will be calculated based on the life assured's age at the time of extension and the chosen policy term and premium payment period, reflecting the outstanding coverage at the extension date. No policy alterations, except for changes in policy term or premium payment term, are allowed at the time of extension. This ensures that policyholders can continue to enjoy their benefits with minimal disruption, provided they meet the necessary conditions.

Survival and Waiting period:

Survival Period:

Any benefit will be paid only if the person covered under a Benefit Option survives for a period as specified below following the date of confirmed diagnosis of the covered condition.

Benefit option	Survival Period
Accidental Disability Care, HospiCare	Not Applicable
Cancer Care	7 days
Cardiac Care	14 days
Multistage CritiCare	30 days

*The evidence of "full histopathological diagnosis" of the cancer, including stage and grading should be available during the claim. Failure to do so entitles the Insurance company to refuse any claim under this cover.

Waiting Period:

'Waiting Period' means a period during which specified diseases/treatments which have been diagnosed and/or have received medical advice/treatment are not covered

In the event of occurrence of any of the scenarios mentioned above, during the applicable waiting period,

- No benefit shall be payable
- the premiums paid under the respective Benefit Option during the waiting period will be refunded* without any interest (not applicable in HospiCare Option)
- the Benefit Option shall terminate and no future premiums and benefits shall be payable (not applicable in HospiCare)

'Waiting period' is not applicable if the insured event occurs as a result of an Accident (eg: Major Head Trauma due to an accident)

*However, no refund shall be made where coverage is called in question on the grounds as provided under section 45 of the Insurance Act, 1938 as amended from time to time.

Waiting period applicable under the various Benefit Options is as under

Benefit Option	Waiting Period applicable^
Accidental Disability Care	Not Applicable
Multistage CritiCare, Cancer Care, Cardiac Care,	A waiting period of 90 days is applicable on the first diagnosis of any of the major illness covered under the respective benefits. A waiting period of 180 days is applicable on the first diagnosis of any of the minor illness covered under the respective benefits.
HospiCare	A waiting period of 90 days is applicable for all benefits payable under HospiCare (except for hospitalization due to an accident). • A specific waiting period of 2 years for specific conditions mentioned in the Exclusion section of the 'Definitions and Exclusions' Annexure will be applicable for all benefits covered under the HospiCare

*The waiting period for each Benefit Option shall be applicable from later of

- Risk Commencement Date (if Benefit Option is opted at inception)
- Policy anniversary at which Benefit Option is opted (if Benefit Option is opted for on the policy anniversary)
- Date of revival (in case of revival of the Benefit Option)

What if I don't pay the premiums?

If any premium for a non-single pay Benefit option remains unpaid at the end of the Grace Period, the Benefit Option shall lapse from the due date of the first unpaid premium. The following is the treatment under various scenarios:

Premium Paying options	Cover Continuance		Treatment during and at the end of Revival Period	Treatment post revival period and at Maturity
	Before 2 years' premium paid	After 2 years' premium paid		
Regular Pay	Cover ceases to exist	Cover ceases to exist	No amount is payable	No amount is payable
Limited pay	Cover ceases to exist	Cover ceases to exist	Unexpired Risk Premium Value [#] is paid out in case <ul style="list-style-type: none"> Policyholder terminates On Expiry of Revival Period or at maturity, whichever is earlier 	No amount is payable as benefit option is terminated by the end of the revival period

[#]Surrender Value and Unexpired Risk Premium Value is as defined in the 'Surrender Benefit' section below

^{*}Reduced Paid-Up Sum Assured is as defined in the 'Reduced Paid-Up Benefit' section below

^{*}Return of balance premiums as defined in the 'Definitions for Benefits Payable' section above.

Revival:

If a premium is in default beyond the Grace Period and subject to the Policy and Benefit Option not having been surrendered, it may be revived, within the Revival Period applicable to the base product after the due date of first unpaid premium and before the date of maturity, subject to:

- Policyholder's written application for revival;
- production of Insured's current health certificate and other evidence of insurability, satisfactory to the Company; and
- Payment of all overdue premiums with interest.
- The Board approved underwriting Policy

Any evidence of insurability and medical requirements requested at the time of revival will be based on the prevailing underwriting guidelines duly approved by the Board.

The interest rate applicable on revival should be the same as that applicable in the base plan

If the base policy had lapsed, on revival of the base policy on repayment of all due premium within the revival period, the Benefit Option will get revived along with the base policy. The Benefit Option cannot be revived independently and can only be revived along with the revival of the base policy.

Any revival shall only cover loss or insured event which occurs after the revival date subject to the waiting period applicable for the respective Benefit Option. Upon revival of the Benefit Option, all benefits shall be restored and be applicable with effect from the date of revival.

If the rider is not revived along with the base policy, the rider shall be terminated by paying any residual surrender value as on the date of revival of the base policy and revival of such terminated rider will not be allowed at a later stage.

Unexpired Risk Premium Benefit:

It is advisable to continue the policy till the chosen term. However, due to some unfavorable circumstances if the policy needs to be discontinued, the Unexpired Risk Premium Value, as applicable under the following scenarios will be payable:

Premium Paying options	Conditions for acquiring Surrender Value	Guaranteed Surrender Value (GSV)	Special Surrender Value (SSV)/ Unexpired Risk Premium Value
Single Pay	Immediately on receiving the premium	Not available	75% * (sum of premiums paid excluding any premium discounts availed under wellness program as premium cashback or premium discounts) * (1-premium paying term / benefit option term) * (Balance benefit option term / benefit option term) less any claims paid/payable.
Regular Pay	Not available	Not available	Not available
Limited pay	If at least 2 full years' premiums have been paid	Not available	75% * (sum of premiums paid excluding the first years' premium and excluding any premium discounts availed under wellness program as premium cashback or premium discounts) * (1-premium paying term / benefit option term) * (Balance benefit option term / benefit option term) less any claims paid/payable.

Any or all of the benefit options alone may be surrendered / discontinued separately or it gets surrendered / discontinued if the base product is surrendered / discontinued or made paid-up.

No surrender benefit/ Unexpired Risk Premium Value is payable if the total claim/s value paid exceeds the total premiums paid by the Policyholder.

For Surrender Value factors, please refer the Policy Document on our website: www.tataaia.com. Company may review this Special Surrender Value factor from time to time based on the experience and any change in SSV factors will be subject to prior approval of IRDAI.

Termination

The Benefit Option/s opted under this rider shall automatically terminate on the occurrence of the earliest of the following:

- End of term of the respective health Benefit Option; or
- Payment of surrender value of the respective health Benefit Option or the base plan; or
- On the payment of 100% of the benefit or commencement of Income Benefit payment under the respective Benefit option under the Rider or the date of intimation of repudiation of the claim; or

- Free Look Cancellation of respective health Benefit Option or base plan by the Policyholder; or
- If the base policy along with Benefit Option is not revived within revival period of the base policy; or
- On termination of Base Plan, except where the Rider coverage is opted on Life Insured/s other than the Life Insured under the Base Plan, the Rider coverage shall continue for such Life Insured/s under the Rider in case of death of Base Plan Life Insured.
- On the Maturity/Expiry Date or the date on which the base Policy is surrendered, converted into reduced paid-up (when the Benefit Option has not acquired Surrender Value), terminated or cancelled for any reason; or
- On cancellation/ termination of the respective health Benefit Option or base plan by Us on grounds of misrepresentation, fraud or non- disclosure established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time.

Additional Features:

Health Management Services:

Life Insureds of Tata AIA Vitality Health, who are eligible for the Health Management Services, will be eligible to avail second opinion/personal medical case management services/medical

consultation from the service provider/s affiliated to/registered with Us. The services are expected to assist the Life Insured with an independent diagnosis of the medical condition, thus helping the Life Insured to take the required steps. These services are subject to:

- the availability of a suitable service provider/s;
- primary diagnosis (wherever applicable) has been done by a registered medical practitioner as may be authorized by a competent statutory authority;
- Health Management Service is available to be utilised throughout the policy term, subject to prevailing eligibility conditions;
- the eligibility conditions of the Life Insured will be determined as per the Company's extant Underwriting Policy;
- the eligibility will be reviewed periodically and changes shall apply without any discrimination to all existing and new customers of the product.
- In case of any change, the eligibility details will be displayed on Our website (www.tataaia.com) or You may contact Our helpline number 1-860-266-9966 (local charges apply), before using the services;
- Whenever the eligibility criteria changes or the service is withdrawn, the same shall be communicated to all the policyholders. Prior to effecting any changes, we shall inform the same to IRDAI; and
- The current eligibility is of a minimum total Sum Assured of Rs. 30 Lakhs [under base plan and rider/s (if any)].

Note:

- These services are aimed at improving Policyholder engagement.
- These Value-added Services are completely optional for the eligible Life Insured to avail.
- For Life Insured availing such services, they are offered at no additional cost.
- The Premiums charged shall not depend on whether such a service(s) is offered or availed.
- The Life Insured may exercise his/her own discretion to avail the services.
- These services shall be directly provided by the service provider(s).
- The services can be availed only where the Policy / rider is in-force.
- All the supporting medical records should be available to avail the service.
- We reserve the right to change the service provider(s) at any time.
- The services are being provided by third party service provider(s) and We will not be liable for any liability.

• Discounts offered:

1. Loyalty Discount: If the customer opts for the rider(s) any time after the inception of the base plan; the Company shall offer a loyalty discount of 1% for Single premium and 10% on first year premiums for regular / limited pay to the customers.

2. Employee discount: Employee discount as per the Base Plan rate will be offered on First Year Premium on policies sourced by the company to employees of Tata AIA Life Insurance Company and employees of Tata Group and AIA Group companies.

3. Online Discount: For digital/online sales, a discount of 1% on premiums will be offered to such customers.

The customer can opt for either one of the above three discounts.

- **Free Look Period:** You have a period of 30 (Thirty) days from the date of receipt of the document for the Benefit Option to review the terms and conditions of the Benefit Option under

the rider. If you disagree to any of the terms or conditions, you have the option to return the original documents to us, by stating the objections/reasons for such disagreement. Upon return, the Benefit Option will terminate forthwith and all rights, benefits and interests under the Benefit Option in the Rider will cease immediately. We will only refund the Premiums for the respective Benefit Option received by us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.

- The clauses covering Incontestability, Fraud & Non-Disclosure, Misstatement of Age & Gender and Exclusions will be the same as in the base policy.

- **Policy Loan:** Loan is not available against this rider

- **Grace Period:** A Grace Period of fifteen (15) days for monthly mode and thirty (30) days for all other modes, from the due date will be allowed for payment of each subsequent premium. The Grace Period applicable to the Rider shall be same as per the Base Plan. The Benefit Option will remain in force during this period. If the full premium for the Benefit Option for the first 2 years from the risk commencement date under the Benefit Option, remains unpaid at the end of the grace period and the Benefit Option has not acquired a surrender value, the Benefit Option shall lapse from the due date of the first unpaid premium for the Benefit Option. If any claim occurs during the grace period, any due premium (without interest) towards for the Benefit Option for the policy year, in which the insured event has occurred will be deducted from the claim pay out. At renewability, the policyholder shall be offered a grace period of 30 days. The insurance coverage shall cease to exist till the date of receipt of renewal premium during the grace period

- **Nomination:** Nomination for the Benefit Option shall be as per provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

- **Assignment:** Assignment for the Benefit Option shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time and prevailing regulations.

- All Premiums, Charges, and interest payable under the policy are exclusive of applicable taxes, duties, surcharge, cesses or levies which will be entirely borne/ paid by the Policyholder, in addition to the payment of such Premium, charges or interest. Tata AIA Life shall have the right to claim, deduct, adjust, recover the amount of any applicable tax or imposition, levied by any statutory or administrative body, from the benefits payable under the Policy.

- **Tax benefits:** Premiums paid under this plan may be eligible for tax benefits as per applicable tax laws and are subject to modifications made thereto from time to time. Tax benefits and liabilities under the Policy are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. The Policyholder is advised to seek an opinion of tax advisor in relation to the tax benefits and liabilities applicable.

Exclusions:

Please refer 'Definitions and Exclusions Annexure' (Definitions and Exclusions) on our website (www.tataaia.com) for definitions of illnesses and conditions covered under the rider.

Details of the Exclusions applicable under the various 'Health Benefit options' are given below.

Event	Exclusion
Accidental Disability Care	<p>Accidental Disability Benefit shall be not payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> • Injury occurred before the risk commencement date • If the Disability occurs after 180 days from the date of the accident • If the Disability has not persisted for at least 180 days and is not in the opinion of a medical practitioner, deemed to be permanent. • attempted suicide, attempted self-destruction or self-inflicted injury, irrespective of mental condition. • No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same. Wherever the proximate cause is accident which has occurred after the rider inception date, this exclusion shall not apply. • Insured person being under the influence of drugs, alcohol, 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 is declared or not), terrorism, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power or taking part in any riot, strikes, industrial disputes or civil commotion • Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. • Taking part in any naval, military or air force operation during peace time. • Engaging or Taking part in or practicing for any professional sport(s) or any adventurous pursuits or hazardous sports / pastimes including but not limited to taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. • Taking part in any act of a criminal or illegal nature or committing any breach of law with criminal intent • Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature and any kind of biological and chemical contamination. • Disability as a result of any disease or infection

Event	Exclusion
Hospi-Care (HC)	<p>The Life Insured will not be entitled to any benefits if the surgery or hospitalization is directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:</p> <ul style="list-style-type: none"> • Any pre-existing condition (disease, illness or injury) and its complications which manifested itself prior to the effective date of the Benefit Option or its latest revival date, whichever is later. Wherever the proximate cause is accident which has occurred after the rider inception date, this exclusion shall not apply. • Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness. • attempted suicide, attempted self-destruction or self-inflicted injury, irrespective of mental condition. • Complications of Sexually Transmitted Diseases or Venereal Disease • Any covered condition which is diagnosed and/or received medical advice/treatment within the waiting period. • Engaging or Taking part in or practicing for any professional sport(s) or any adventurous pursuits or hazardous sports / pastimes including but not limited to taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. • A Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. • Insured person being under the influence of drugs, alcohol, 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 is declared or not), terrorism, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power or taking part in any riot, strikes, industrial disputes or civil commotion. • Taking part in any act of a criminal or illegal nature or committing any breach of law with criminal intent • Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature and any kind of biological and chemical contamination. • Taking part in any naval, military or air force operation during peace time. • Admission, Diagnosis or Treatment taken outside India • Circumcision, any cosmetic procedures or plastic surgery • Pregnancy, childbirth or their complications, abortion, medical termination of pregnancy, infertility including IVF surrogate or vicarious pregnancy or services including complications arising due to supplying services or Assisted Reproductive Technology or sex change operation • Organ donation (as a donor) • External and known congenital conditions or birth defects • Dental treatment except if arising from an accident • Any form of Non-Allopathic treatment • Purely investigative procedure not resulting in any treatment or elective procedures • All preventive care, vaccinations including inoculation and immunizations • Study and treatment of sleep disorder or sleep apnea • Any hospitalization / surgery performed within 90 days from the start of coverage or the revival date. • Treatment for developmental problems including learning difficulties e.g. Dyslexia, behavioral problems

Event	Exclusion
Hospital Care (HC)	<ul style="list-style-type: none"> Any treatment received in convalescent homes, convalescent hospitals, nature cure clinics, rest care, rehabilitation, or similar establishments Charges incurred in connection with cost of external aids, spectacles and contact lenses, hearing aids, laser surgery for correction of refractive errors other than for focal error of +/-7 or more and medically necessary. Routine eye examinations and ear examinations, cochlear implants, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, hair fall treatment & products, and all other similar external appliances and / or devices whether for diagnosis or treatment. Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices any illness or treatment, which is a result or a consequence of undergoing such experimental or unproven treatment. Any Stem Cell Transplant therapies or hormone replacement therapy Treatment of obesity or morbid obesity including any complication arising from these treatments or any other weight control programme. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health and/ or who has been declared brain dead, as demonstrated by: <ul style="list-style-type: none"> Deep coma and unresponsiveness to all forms of stimulation; or Absent pupillary light reaction; or Absent oculovestibular and corneal reflexes; or Complete apnea. Screening, counseling, treatment or complications related to autoimmune diseases. Hospitalization only for investigation, evaluation and observation not covered. <p>Excluded for first two policy years</p> <p>Specific waiting period of 2 years from policy issue date or revival date for conditions/procedures mentioned below will apply for all benefits.</p> <ul style="list-style-type: none"> Hernia Repair Corrective procedure for gall stones Corrective procedure for kidney or urinary tract stones Discectomy, Laminectomy Hemi / Partial Thyroidectomy Corrective procedure for anal fistula or anal fissure, abscess of anal and pilonidal sinus Removal of uterus, fallopian tubes and/or ovaries, except for malignancy Corrective procedure for female genital Prolapse, Endometriosis/ Adenomyosis, Polycystic Ovarian Disease fibroids, uterine prolapse, or dysfunctional uterine bleeding Corrective procedures for Hemorrhoids Cataract & Joint replacement surgeries (other than caused by accidents) Hyperplasia of Prostate (BPH), Hydrocele, and spermatocele Knee replacement surgery (other than caused by accidents) Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis Varicose veins and varicose ulcers of lower extremities, Disease of middle ear and mastoid including Otitis Media (CSOM), Cholesteatoma, Perforation of Tympanic Membrane, any other benign ear, nose and throat disorder or surgery. All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump,

Event	Exclusion
Hospital Care (HC)	<ul style="list-style-type: none"> Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract, Tonsils and Adenoids, Nasal Septum including deviated nasal sinus and Nasal Sinuses, sinusitis and related disorder.
Cancer Care /Cardiac Care/ Multistage CritiCare	<p>In addition to the disease specific exclusions given along with definitions of the respective diseases covered under the Benefit Option, no benefit will be payable if death or the illness covered under the policy is caused or aggravated directly or indirectly by any of the following:</p> <ul style="list-style-type: none"> Pre-Existing Diseases are not covered. Any pre-existing disease at the time of inception of the policy. Any investigation or treatment for any illness, disorder, complication or ailment arising out of or connected with the pre-existing illness shall be considered part of that pre-existing illness. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same. Any covered condition which is diagnosed and/or received medical advice/treatment within the waiting period. Self-inflicted injuries, suicide, insanity, and deliberate participation of the Life Insured in an illegal or criminal act with criminal intent. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a medical practitioner. Any illness due to an external congenital defect Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on regular routes and on a scheduled timetable unless agreed by special endorsement. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action. Any treatment of a donor for the replacement of an organ Nuclear reaction due to nuclear accident, Biological, Chemical or Radioactive contamination Diagnosis and treatment outside India. Ayurvedic, Homeopathy, Unani, herbalist treatment, any other treatments other than Allopathy / western medicines.

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

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

About Tata AIA Life

Tata AIA Life Insurance Company Limited (Tata AIA Life) is a joint venture company, formed by Tata Sons Ltd. and AIA Group Ltd (AIA). Tata AIA Life combines Tata's pre-eminent leadership

position in India and AIA's presence as the largest, independent listed pan-Asia life insurance group in the world spanning 18 markets in Asia Pacific. Tata Sons holds a majority stake (51 per cent) in the company and AIA holds 49 per cent through AIA International Limited. Tata AIA Life Insurance Company Limited was licensed to operate in India on February 12, 2001 and started operations on April 1, 2001.

Disclaimer

- Vitality is a trademark owned by Vitality Group International, INC and is assigned to Tata AIA Life by Amplify Health Assets PTE. Limited, by virtue of the Joint Venture between Vitality Group International, INC. and AIA Company Limited.
- Riders are not mandatory and are available for a nominal extra cost.
- Participation by customers shall be on voluntary basis.
- This Rider can be opted online with applicable products. Please visit us at www.tataaia.com for the same.
- This rider is underwritten by Tata AIA Life Insurance Company Ltd. This rider is not a guaranteed Issuance rider and it will be subject to Company's underwriting and acceptance. In case of Sub Standard lives, extra premiums will be charged as per our underwriting guidelines.
- The brochure is not a contract of insurance. This brochure should be read along with the base product brochure and sales Illustration before concluding a sale. The precise terms and conditions of this plan are specified in the policy contract available on Tata AIA Life website.

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