

LIFE PROTECTION SHOULD INCLUDE YOUR HEALTH TOO

Aegon Life iTerm Plus Insurance Plan
With cover for 36 critical illnesses





A. Are you concerned about:

- Financial security of your family in your absence
- Requirement to buy new additional insurance coverage with your changing life stage needs
- Financial liabilities becoming a burden to your family
- Financial crisis in case of diagnosis of Critical Illness or Terminal illness
- Risks of Accidental Death and Disability and their resulting financial impact

B. Would you agree that a comprehensive protection solution should:

- Be cost effective
- Provide an immediate lump-sum amount to your family in case something were to happen to you
- Provide flexibility to increase your life cover at key milestones of your life
- Provide a guaranteed amount in case of a Terminal Illness
- Provide additional guaranteed benefits in case of critical illness, accident, and disability

C. Key Benefits of Aegon Life iTerm Plus Insurance Plan



Cost effective comprehensive protection plan



Choice of 4 different plan options basis your protection needs

You can choose your level of protection by selecting any one of the below mentioned plan options. The premium payable under each of these plan options will be the premium for the base death benefit along with the additional premium for the inbuilt benefits, depending upon the amount of the cover chosen for the benefits.

Plan Benefit Option	Benefits Covered
Life	Death Benefit + Accidental Death Benefit
Life Plus	Death Benefit + Terminal Illness benefit + Waiver of Premium on Permanent Disability due to Accident + Accidental Death Benefit
Life & Health	Death Benefit + Terminal Illness Benefit + Critical Illness Benefit - Basic (Covering 10 Critical Illnesses)
Life & Health Plus	Death Benefit + Terminal Illness Benefit + Critical Illness Benefit - Enhanced (Covering 36 Critical Illnesses)

Key Benefits of Aegon Life iTerm Plus Insurance Plan



Option of insurance coverage till the age of 80 years



Option to choose coverage for 10 Critical Illnesses (Basic) or 36 Critical Illnesses (Enhanced)



Lump-sum payment in case of unfortunate demise, death due to accident, terminal illness and critical illness



Waiver of future premiums in case of Permanent Disability and Critical Illness



Option to increase your life coverage as per your increasing life stage requirements



Lower premium rates for Females and Non-smokers



Tax benefits on premium paid and benefits received as per prevailing tax laws

D. Working of the Plan

Let's understand this plan with an example:

Mr. Abhay (Age 30 years, Non-smoker) opts for Aegon Life iTerm Plus Insurance Plan (Plan benefit option: Life) and wants to pay premium every year. His plan details are:

- Death benefit Sum Assured : ₹1 Crore
- Accidental Death Benefit Sum Assured: ₹50 lakhs
- Policy Term: 50 years (coverage till age 80 years)
- Premium Payment Term: 50 years

- Annual Premium for Death benefit: ₹9,592.
- Annual Premium for Accidental Death Benefit: ₹2,361
- Total Annual premium (excluding taxes): ₹11,953.

CASE

In case of Mr. Abhay's death any time before he turns 80 years, the following benefit will be payable to his nominee, subject to all due premiums under the policy being paid.



Death Benefit



₹1 Crore in case of Natural Death

OR

₹1 Crore 50 Lakhs in case of Death due to Accident



E. Let's check how Aegon Life iTerm Plus Insurance Plan fulfills all the criteria for a Comprehensive Protection Solution

Your Need	How does AL iTerm Plus Insurance Plan fulfil your need
Financial security for your family in your absence	<ul style="list-style-type: none"> Life cover till the age of 80 years
Increase your life insurance coverage as per increasing life stage based responsibilities	<ul style="list-style-type: none"> Option to increase your life cover on marriage, and on birth/adoption of child (Available under the plan benefit option: <i>Life</i>)
Your financial liabilities not becoming a burden to your family	<ul style="list-style-type: none"> Lump-sum benefit to take care of immediate liabilities and expenses in case of death
Financial assistance in case of diagnosis of Terminal Illness or Critical Illness	<ul style="list-style-type: none"> Lump-sum payout of 100% Death Benefit Sum Assured in case of Terminal Illness (Available under plan benefit options: <i>Life Plus, Life & Health, Life & Health Plus</i>) Coverage for either 10 or 36 Critical Illnesses as per your need (Available under plan benefit option: <i>Life & Health, Life & Health Plus</i>) Lump-sum payout of 100% of Critical Illness Sum assured as opted by You along with waiver of future premiums (Available under plan benefit options: <i>Life & Health, Life & Health Plus</i>)

Your Need	How does AL iTerm Plus Insurance Plan fulfil your need
Additional financial protection against Accidental death and total permanent disability.	<ul style="list-style-type: none"> Additional Lump-sum payout (equal to the Accidental Death Benefit Sum Assured opted by You) in case of death due to accident (Available with plan benefit options: <i>Life & Life Plus</i>) Waiver of future policy premiums in case of permanent disability due to accident (Available with plan benefit option: <i>Life Plus</i>)
Flexibility in choice of coverage levels	<ul style="list-style-type: none"> Tailor-make your insurance coverage needs by choosing the quantum of cover for each benefit as per your convenience
Flexible premium payment	<ul style="list-style-type: none"> Pay your yearly premiums either Annually, Semi-annually or Monthly
Tax benefits	<ul style="list-style-type: none"> The premiums paid and benefits received are eligible for tax benefits under Section 80(C), Section 80(D) and Section 10(10)D, upon fulfilment of the conditions laid down for availing such benefits

F. Eligibility Conditions:

Entry Age	Minimum - 18 years last birthday Maximum - 65 years last birthday										
Maturity Age	Maximum - 80 years last birthday										
Policy Term	Minimum - 5 years Maximum - 62 years Policyholder can only opt for any of the following four Policy Term options subject to Minimum and Maximum Policy Term specified above: <table border="1"><thead><tr><th>Option</th><th>Policy Term</th></tr></thead><tbody><tr><td>A</td><td>65 years less Entry Age*</td></tr><tr><td>B</td><td>70 years less Entry Age*</td></tr><tr><td>C</td><td>75 years less Entry Age*</td></tr><tr><td>D</td><td>80 years less Entry Age*</td></tr></tbody></table> <p><i>*Age is age as of last birthday at the time of purchasing the policy</i></p>	Option	Policy Term	A	65 years less Entry Age*	B	70 years less Entry Age*	C	75 years less Entry Age*	D	80 years less Entry Age*
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B	70 years less Entry Age*										
C	75 years less Entry Age*										
D	80 years less Entry Age*										
Premium Payment Term	Equal to Policy Term										
Sum Assured	<table border="1"><thead><tr><th>Minimum Sum Assured for</th><th>Amount</th></tr></thead><tbody><tr><td>Death Benefit</td><td>₹25,00,000</td></tr><tr><td>Accidental Death Benefit</td><td>₹50,000</td></tr><tr><td>Critical Illness Benefit</td><td>₹5,00,000</td></tr><tr><td>Maximum - No limit, subject to underwriting</td><td></td></tr></tbody></table>	Minimum Sum Assured for	Amount	Death Benefit	₹25,00,000	Accidental Death Benefit	₹50,000	Critical Illness Benefit	₹5,00,000	Maximum - No limit, subject to underwriting	
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Death Benefit	₹25,00,000										
Accidental Death Benefit	₹50,000										
Critical Illness Benefit	₹5,00,000										
Maximum - No limit, subject to underwriting											
Premium Payment Mode*	Annual, Semi-Annually and Monthly										

* The modal loadings for modes other than annual mode will be:

- Semi-Annual Premium = Annualised Premium * 0.512
- Monthly Premium = Annualised Premium * 0.087

G. Benefits Detailed

G.1 Life Benefit Option:

- **Death Benefit:** In case of death of the Life Assured during the Policy Term, provided all due Premiums have been paid, the nominee will receive 100% of the Death Benefit Sum Assured in a lump-sum.
- **Accidental Death Benefit:** In addition, if death happens due to an accident, the nominee will receive an additional lump-sum payout equal to the Accidental Death benefit Sum Assured opted by You.

The Policy will terminate on payment of the above benefits.

G.2 Life Plus Benefit Option:

- **Death & Terminal Illness Benefit:** 100% of the Death benefit Sum Assured will be paid in a lump-sum on the first occurrence of either of the following:
 - Death of the Life Assured, or
 - Diagnosis of Terminal Illness (as defined under section I.3a of this document) of the Life Assured.
- **Accidental Death Benefit:** In addition, if death happens due to an accident, the nominee will receive an additional lump-sum payout equal to the Accidental Death benefit Sum Assured opted by You.
- **Waiver of Premium on Permanent Disability due to Accident:** All future outstanding premiums under the policy following the date of diagnosis will be waived off in case the Life Assured is diagnosed with Permanent Disability due to an accident.

G.3 Life & Health Benefit Option:

- Death & Terminal Illness Benefit: 100% of the Death Benefit Sum Assured will be paid in a lump-sum on the first occurrence of either of the following:
 - Death of the Life Assured, or
 - Diagnosis of Terminal Illness (as defined under section I.3a of this document) of the Life Assured.
- Critical Illness Benefit - Basic: In case of diagnosis of any of the 10 Critical Illnesses mentioned below, 100% of the Critical Illness Sum Assured opted by You will be paid in a lump-sum. The Policy will continue for the other benefits available under the plan option and all the future policy premiums will be waived off.

The following Critical Illnesses are covered under Life & Health option

S. No.	Critical Illness
1	Cancer of specific severity (malignant tumour)
2	First Heart Attack - of Specific Severity (Myocardial Infarction)
3	Open Chest CABG
4	Open Heart Replacement or Repair of Heart Valves
5	Coma of Specified Severity
6	Kidney Failure Requiring Regular Dialysis
7	Stroke Resulting in Permanent Symptoms
8	Major Organ / Bone Marrow Transplant (as recipient)
9	Permanent Paralysis of Limbs
10	Motor Neurone Disease with Permanent Symptoms

If any critical illness results in terminal illness, then both the benefits would become payable under a valid claim.

G.4 Life & Health Plus Benefit Option:

- Death & Terminal Illness Benefit: 100% of the Death Benefit Sum Assured will be paid in a lump-sum on the first occurrence of either of the following:
 - Death of the Life Assured, or
 - Diagnosis of Terminal Illness (as defined under section I.3a of this document) of the Life Assured.
- Critical Illness Benefit - Enhanced: In case of diagnosis of any of the 36 Critical Illnesses mentioned below, 100% of the Critical Illness Sum Assured opted by You will be paid in a lump-sum. The Policy will continue for the other benefits available under the plan option and all the future policy premiums will be waived off.

The following Critical Illnesses are covered under Life & Health Plus option:

S. No.	Critical Illness (CI)
1	Cancer of specific severity (malignant tumour)
2	First Heart Attack – of Specific Severity (Myocardial Infarction)
3	Open Chest CABG
4	Open Heart Replacement or Repair of Heart Valves
5	Coma of Specified Severity
6	Kidney Failure Requiring Regular Dialysis
7	Stroke Resulting in Permanent Symptoms
8	Major Organ / Bone Marrow Transplant (as recipient)
9	Permanent Paralysis of Limbs
10	Motor Neurone Disease with Permanent Symptoms
11	Multiple Sclerosis with Persisting Symptoms
12	Alzheimer’s Disease

S. No.	Critical Illness (CI)
13	Aorta Graft Surgery
14	Deafness
15	Blindness
16	Loss of Limbs
17	Loss of Speech
18	Coronary Artery Disease
19	Aplastic Anaemia
20	End Stage Lung Failure
21	End Stage Liver Failure
22	Third Degree Burns
23	Fulminant Viral Hepatitis
24	Primary (Idiopathic) Pulmonary Hypertension
25	Bacterial Meningitis
26	Benign Brain Tumor
27	Apallic Syndrome
28	Parkinson's Disease
29	Medullary Cystic Disease
30	Muscular Dystrophy
31	Systemic Lupus Erythematosus
32	Major Head Trauma
33	Poliomyelitis
34	Progressive supranuclear palsy
35	Encephalitis
36	Progressive scleroderma

If any critical illness results in terminal illness, then both the benefits would become payable under a valid claim.

G.5 Life Stage Option:

Under this option, You will have the option to increase the Death Benefit Sum Assured of your Policy on happening of any one or all of the following events, subject to:

Event	Additional Sum Assured as % of Original Death Benefit Sum Assured
Marriage (One Marriage Only)	50%
Birth/Adoption of 1st Child	25%
Birth/Adoption of 2nd Child	25%

On exercise of this option, your Policy Premium shall be increased by the premium corresponding to the Additional Death Benefit Sum Assured opted by you, your attained age and outstanding Policy Term. The increase in Death Benefit Sum Assured under this option will be subject to our prevailing Board approved underwriting policy. This benefit is available only under the plan benefit option: Life.

G.6 Maturity Benefit

There is no maturity benefit payable under this plan.

G.7. Tax Benefits

The premiums paid and benefits received are eligible for tax benefits under Section 80C, Section 80 (D) and Section 10(10D) of the Income tax Act, 1961 respectively upon fulfilment of conditions laid down for availing such benefits. The tax benefits are subject to change as per change in Tax laws from time to time. Please consult your tax advisor for further details.

H. Additional Flexibilities

H1. Can I surrender my Policy?

Under this plan, your policy will not acquire any Surrender Value throughout the Policy Term and therefore there is no amount payable upon surrender.

H2. What if I am not happy with the plan after buying it?

If you are not satisfied with any of the terms and conditions of the policy, you may return the policy document to the Company for cancellation along with a letter stating the reasons for disagreement within:

- 15 days from the date you received it, if the policy is not purchased through Distance Marketing¹
- 30 days from the date you received the policy, in case purchased through Distance Marketing¹,

On cancellation of the Policy during the free look period, we will return the premium paid subject to the deduction of:

- a) Proportionate risk premium for the period of cover
- b) Stamp duty paid and
- c) Medical costs incurred, if any

The Policy will terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

¹Distance marketing: Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

H3. What if I missed my premium due date?

You have a grace period of 15 days for Policies under monthly mode and 30 days as grace period for Policies under all the other modes from the premium due date to pay the premium. In case of death / terminal illness / critical illness during the grace period, the benefit payable will be reduced by an amount equal to the outstanding premium (Outstanding premium means the unpaid premium that was due during the grace period)

H4. What happens if I stop paying the due premiums?

If the due policy premium remains unpaid even after the expiry of Grace Period, the Policy will lapse with effect from the Due Date of the first unpaid Policy Premium (“Lapse Date”) and no benefit is payable in case of any of the covered contingencies.

H5. How do I Revive my lapsed policy?

You can apply for revival of the lapsed Policy within two years from the due date of the first unpaid Policy Premium (“Revival Period”).

The revival shall be subject to the following conditions:

- Satisfactory evidence of insurability and
- Payment in full of an amount equal to all the Policy Premiums due but unpaid till the Effective Date of Revival

The Effective Date of Revival is the date on which the above requirements are fulfilled and acceptance of the same by the Company.

No interest will be charged on revival of the lapsed policy.

I. Terms and Conditions

I1. Goods and Service Tax

Goods and Service Tax or any other tax will be levied as per prevailing tax laws.

I2. Suicide Exclusion

If death occurs due to suicide within 12 months from the date of commencement of the Policy or within 12 months from the date of revival of the Policy, the death benefit is refund of at least 80% of the premium(s) paid provided the Policy is in-force.

If death occurs due to suicide within 12 months from the date of exercising life stage option (resulting in the increase in Death Benefit Sum Assured), the death benefit is the aggregate of the following:

- Original Death Benefit Sum Assured, plus
- any increased Death Benefit Sum Assured purchased by exercising the life stage option prior to 12 months from the date of death (due to suicide); plus
- 80% of the premiums paid on the last increased component of the Death Benefit Sum Assured.

I.3a. Definition of Terminal Illness:

Terminal Illness (TI) is defined as an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two (2) independent Medical Practitioners⁴ specializing in treatment of such illness, has greater than 50% chance of death of the Life Assured within 6 months of the date of diagnosis of TI. The Company reserves the right for independent assessment of the TI.

The Company must be notified of the diagnosis within 30 days of the same being made

I.3b. Exclusions for Terminal Illness Benefit

The benefit under this clause will not be payable if Terminal Illness arises directly or indirectly as a result of any one or more of the following:

- Infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS)
- Attempted suicide in the first year from date of commencement of risk or revival of the policy.

In case a Terminal Illness claim is not payable due to the above exclusions, the policy will continue with the applicable other benefits.

I.4a. Definition of Accidental Death:

"Accident" is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

I.4b. Exclusions for Accidental Death Benefit:

You will not be entitled to any accidental death benefit in case of accident directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Suicide or self-inflicted injury, whether the life assured is medically sane or insane.
- War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
- Taking part in any naval, military or air force operation during peace time.
- Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.

Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotics,

medicine, sedative, poison or psychotropic substances, unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty. The intent under this exclusion is to exclude accidental gas/fumes leak incidents which could lead to exposing the population to such toxic gas/fumes and lead to deaths (like Bhopal Gas Tragedy). However, if the incidence happens as part of the life assured's job then the claim is payable.

- Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.
- Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.

1.5a. Definition of Permanent Total Disability

A life assured shall be regarded as 'Permanently Disabled' due to an Accident¹ only if he/she meets any one of the following two definitions:

Definition 1: Physical Impairments

The life assured suffers an injury⁽²⁾ due to which there is total and irrecoverable/irremediable:

- a. Loss of the use of both limbs; or
- b. Loss of the sight⁽³⁾ in both eyes; or
- c. Loss of the use of one limb and the sight of one eye; or

- d. Loss or severance of two or more limbs at or above wrists or ankles; or
- e. Loss of sight of one eye and loss by severance of one limb at or above wrist or ankle.

Definition 2: Loss of independent living

Inability to do at least 3 of the 6 tasks listed below ever again based on an injury⁽²⁾ caused solely by an accident. The life assured must need the help or supervision of another person and be unable to perform the task on his/her own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The tasks are:

1. **Bathing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Getting in and out of bed** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Maintaining personal hygiene** - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. **Feeding oneself** - the ability to feed oneself once food has been prepared and made available.
6. **Getting between rooms** - the ability to move indoors from room to room on level surface.

General Terms

- The policy must be in force at the time of accident.
- The disabilities as stated above in Definitions (1) (except those mentioned in (d) and (e)) and (2) must have lasted, without interruption, for at least 6 consecutive months. For the disabilities mentioned in (d) and (e) under Definition (1), such requirement of continuous disability for 6 months period would not be applicable.
- The named disability must be clinically confirmed as deemed permanent by an appropriate Medical Practitioner. Proof of the same must be submitted to us that the Life Assured is/was alive and permanently disabled. We will have the right to evaluate the Life Assured to confirm permanent disability as per the definitions applicable here.

¹ “ **Accident**”: An accident is a sudden, unforeseen and involuntary event caused by external and visible means.

² “ **Injury**” means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

³ “ **Loss of Sight**”: Loss of sight means total, permanent and irreversible loss of all vision in the relevant eye(s) as a result of accident. The loss of sight must not be correctable by aides or surgical procedures.

⁴ “ **Medical Practitioner**”: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

This would mean a practitioner treating the life assured must be holding a degree equivalent to MD/MS or higher in the relevant field to certify the medical condition. The Medical practitioner should not be:

- the Policyholder/Life Assured himself/herself; or
- An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the insurance company; or
- Related to the policyholder/life assured by blood or marriage.

I.5b. Exclusions for Permanent Total Disability Benefit

You will not be entitled to any accidental disability benefit in case the accident is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Suicide or self-inflicted injury, whether the life assured is medically sane or insane.
- War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
- Taking part in any naval, military or air force operation during peace time.
- Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotics, medicine, sedative, poison or psychotropic substances, unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty. The intent under this exclusion is to exclude accidental gas/fumes leak incidents

which could lead to exposing the population to such toxic gas/fumes and lead to deaths (like Bhopal Gas Tragedy). However, if the incidence happens as part of the life assured's job then the claim is payable.

- Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.
- Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.

I.6a. Definitions of the covered Critical Illnesses:

1. Cancer of Specified Severity (malignant tumour)

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded:
 - All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
 - Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- All tumors in the presence of HIV infection.

2. First Heart Attack of Specified Severity (Myocardial Infraction)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - New characteristic electrocardiogram changes
 - Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - Other acute Coronary Syndromes
 - Any type of angina pectoris
 - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded
 - Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Coma of specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - No response to external stimuli continuously for at least 96 hours;
 - Life support measures are necessary to sustain life; and
 - Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

6. Kidney Failure requiring regular dialysis

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke resulting in Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - Transient ischemic attacks (TIA)
 - Traumatic injury of the brain
 - Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ or Bone Marrow Transplant (as recipient)

- I. The actual undergoing of a transplant of:
 - One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- Other stem-cell transplants
- Where only Islets of Langerhans are transplanted

9. Permanent Paralysis of Limbs

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neurone Disease with Permanent Symptoms

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

II. Other causes of neurological damage such as SLE and HIV are excluded.

12. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

1. **Washing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. **Feeding** - the ability to feed oneself once food has been prepared and made available.

Psychiatric illnesses and alcohol related brain damage are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity date/expiry date, whichever is earlier.

13. Aorta Graft Surgery

Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

15. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - corrected visual acuity being 3/60 or less in both eyes or ;
 - the field of vision being less than 10 degrees in both eyes
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

16. Loss of Limbs

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical

correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

17. Loss of Speech

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric causes of loss of speech are excluded.

18. Coronary Artery Disease

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures are excluded).

For purpose of this definition, ‘major coronary artery’ refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

19. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

1. Absolute neutrophil count of less than 500/mm³
2. Platelets count less than 20,000/mm³

3. Reticulocyte count of less than 20,000/mm³

The life assured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the life assured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anemia is excluded and not covered in this policy.

20. End Stage Lung Failure

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - Dyspnea at rest.

21. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - permanent jaundice; and
 - ascites; and
 - hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

22. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

23. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure where the following criteria are met.

1. Rapid decrease in liver size associated with necrosis involving entire lobules;
2. Rapid degeneration of liver enzymes;
3. Deepening jaundice; and
4. Hepatic encephalopathy

Hepatitis infection or carrier status alone, does not meet the diagnostic criteria.

24. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Bacterial Meningitis

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

26. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord

27. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.

28. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

1. The disease cannot be controlled with medication; and
2. There are objective signs of progressive deterioration; and
3. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

1. **Washing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. **Feeding** - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

Coverage for this impairment will cease at age sixty-five (65) or on maturity date/expiry date, whichever is earlier.

29. Medullary Cystic Disease

Medullary Cystic Disease is a disease where the following criteria are met:

1. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
2. Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and
3. The diagnosis of medullary cystic disease is confirmed by renal biopsy.
Isolated or benign kidney cysts are specifically excluded from this benefit

30. Muscular Dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the life assured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".

Activities of Daily Living are defined as:

1. **Washing** - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

3. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. **Feeding** - the ability to feed oneself once food has been prepared and made available.

31. Systemic Lupus Erythematosus

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either:

1. Renal involvement with persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria
2. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

Discoid lupus and medication induced lupus are excluded.

32. Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or

other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

- Spinal cord injury;

33. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause; and
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at

least 3 months as confirmed by a consultant neurologist.

Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded.

34. Progressive supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist.

35. Encephalitis

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. Encephalitis caused by HIV infection is excluded.

36. Progressive scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met

1. Pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) total lung capacity (TLC) < 75% of the predicted value
2. Renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and / or
3. Cardiac involvement showing evidence of either congestive heart failure, cardiac

arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:

1. Localised scleroderma (linear scleroderma or morphea);
2. Eosinophilic fasciitis; and
3. CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a registered Medical Practitioner who is a rheumatologist

1.6b. Other exclusions for Critical Illness Benefit:

- There is an initial waiting period of 90 days from the date of commencement of risk.
- Survival Period of 30 days from the date of diagnosis of the covered critical illnesses to claim the benefit is applicable. If the diagnosis of Critical Illness is made within the policy term and the survival period crosses the end point of policy term, a valid claim arising as a result of such diagnosis shall not be denied.

Apart from the exclusions mentioned in the definitions of the critical illnesses, you will not be entitled to any benefits if a Covered Critical Illness results either directly or indirectly from any one of the following causes:

- Pre-Existing Disease: Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- Diseases in the presence of an HIV infection;
- Intentional self-inflicted injury, attempted suicide, while sane or insane.
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- Participation by the life assured in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the life assured in a criminal or unlawful act with a criminal intent.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
- Disability due to psychiatric illnesses, post-traumatic stress disorder, chronic fatigue, chronic pain and fibromyalgia are excluded
- Failure to seek or follow medical advice where a “medical advice” means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body.

Individuals with physical deformity are only considered if they are major lives and are gainfully employed. A proposal on the life of a handicapped person must fulfil the criteria set in the Board Approved Underwriting Policy.

For internal organ malformation, extent of severity of the malformation will be checked in addition to above guidelines.

- Any disease occurring within the waiting period of 90 days.
- Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

I.7. Life Stage Option: Conditions

The increase in the Death Benefit Sum Assured under the Life Stage Option will be subject to our prevailing Board approved underwriting policy, and fulfilment of the below mentioned conditions:

- The Life assured named in the Policy was underwritten as a “standard life” at the issuance stage.
- The Life Assured named in the Policy can still continue to be underwritten as a “standard life” at the time of exercise of option.
- Any increase in the Death Benefit Sum Assured shall be effective from the Policy Anniversary succeeding the option exercise date.
- This option needs to be exercised within 180 days of the happening of the event(s).

I.8. Assignment and Nomination

- Assignment: Allowed as per section 38 of the Insurance Act 1938 as amended from time to time
- Nomination: Allowed as per section 39 of the Insurance Act 1938 as amended from time to time

I.9. Premium Reviewability

Premiums for the Critical Illness benefit are guaranteed for the first 5 years of the policy and for a period of 5 years thereafter under Life & Health and Life & Health Plus options only. Reviews will be carried out to determine whether the Premium will be changed at the end of the guaranteed period. Post us receiving requisite approval from the IRDAI, new Premiums for the Critical Illness benefit will be charged from you from the next renewal date. Aegon Life would inform you about the changes in Premium at least 30 days in advance. For all the other inherent benefits including the base death cover, the premium rates are guaranteed for the entire duration of the policy term.

Disclaimer

- The brochure is not a contract of insurance. The precise Terms and Conditions of this plan are specified in the policy contract.
- This product is underwritten by Aegon Life Insurance Company Ltd.
- Sub-standard lives may be charged extra premiums as per the insurer’s underwriting policy.
- Insurance cover is available under this product.

Prohibition of Rebates

Section 41 of the Insurance Act, 1938 (as amended from time to time) states: 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 prospectuses or tables of the insurer.

2) Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to ₹10 Lacs.

Non-Disclosure

Section 45 of the Insurance Act, 1938 (as amended from time to time) states: 1) No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from the date of date of policy i.e. from the date of issuance of policy or the date of commencement of risk or the date of revival of policy or the date of rider to the policy, whichever is later.

2) On the ground of fraud, a policy of Life Insurance may be called in question at any time within 3 years from the date of issuance of policy or the date of commencement of risk or the date of Revival of policy or the date of rider to the policy, whichever is later. For this, the insurer shall have to 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.

For full texts of Section 38, Section 39 and Section 45, please refer to the Insurance Act, 1938 (as amended from time to time).

About Us

Aegon Life Insurance Company Limited (formerly AEGON Religare Life Insurance Company Limited)

Aegon Life Insurance Company Limited launched its pan-India operations in July, 2008 following a multi-channel distribution strategy with a vision to help people plan their life better. The fulfilment of this vision is based upon having a complete product suite, providing customised advice and enhancing the overall customer experience.

Aegon, an international provider of life insurance, pensions and asset management and Bennett, Coleman & Company, India's leading media conglomerate, have come together to launch Aegon Life Insurance. This joint venture adopts a local approach with the power of global expertise to launch products that are focused on providing customers with the means to meeting their long-terms financial goals. The company is headquartered in Mumbai having 59 branches across 46 cities. The company has around 9600 life insurance agents serving over 4 lakh customers across India.

About Aegon

Aegon's roots go back 170 years - to the first half of the nineteenth century. Since then, Aegon has grown into an international company, with businesses in more than 20 countries in the Americas, Europe and Asia. In the US, Aegon's leading market, it operates under the Transamerica brand. Today, Aegon is one of the world's leading financial services organizations, providing life insurance, pensions and asset management. Aegon never loses sight of its purpose to help its customers secure their long-term financial future. With around 28,000 employees, it has 635 billion Euros of revenue-generating investments



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How to contact us?

If you want to talk to us, just call our customer service team on (Toll Free) **1800 209 9090** or visit our web page **www.aegonlife.com**

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This is a non-linked non-participating Term Insurance plan.



IRDAI Company Registration No. 138.

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