



**WELCOME TO A  
WORLD OF SECURITY**

**AEGON**Life



<Policy Number>  
<Customer Name>  
<Customer Address 1 >  
<Customer Address 2>  
<City Name><Pincode>  
<State>  
India  
<Contact Number>

Aegon Life iTerm Plus Insurance Plan  
A Non-linked Non Participating Term Insurance Plan  
UIN- [138N060V02]

Dear <<Policyholder>>,

We thank you for including our product in your financial planning. We are delighted to present your Policy documents which represent your contract with Aegon Life Insurance Company. These are original and important documents.

We also enclose a copy of your proposal form and other declarations. In case you are not satisfied with the terms and conditions of the policy, you can opt to cancel your policy within 15 days (Fifteen days) /30 days (Thirty days, if purchased through Distance Marketing)) from the date of receipt of this policy along with a letter stating the reasons for disagreement.

(Distance 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.)

Upon such cancellation, We will return the Policy Premium paid subject to the deduction of proportionate risk premium for the period of cover, stamp duty paid and medical costs incurred (if any).

You will be issued a Telephone Personal Identification Number (TPIN) which will be sent to you separately, for security reasons. Using the allotted TPIN you will be able to:

- 1) Access your Policy information through your phone from our user friendly Interactive Voice Response (IVR) system and
- 2) Transact in efficient and secure way through your phone, thereby eliminating the need to send us written instructions in most of the cases.

In case of claims or any service related queries, please feel free to contact us at Aegon Life Insurance Company Limited, Building No. 3, Third Floor, Unit No. 1, Nesco IT Park, Western Express Highway, Goregaon (E), Mumbai – 400063 or call us at 1800 209 9090. You can also email us at [customer.care@aegonlife.com](mailto:customer.care@aegonlife.com)

We welcome you to Aegon Life Insurance and wish you all the very best.

Warm regards,

Vineet Arora  
Managing Director & Chief Executive Officer

## KEY FEATURES DOCUMENT

### Your Policy Simplified

You have bought : Aegon Life iTerm Plus Insurance Plan - UIN I38N060V02  
 Policy Number : <XXXXXXXXXXXXXXXXXXXXXXXXXX>  
 Date of Birth of the Life Assured : <XXXXXXXXXXXXXXXXXXXXXXXXXX>  
 The policy is issued to : <XXXXXXXXXXXXXXXXXXXXXXXXXX>  
 Your contact details are : <XXXXXXXXXXXXXXXXXXXXXXXXXX>  
 : <XXXXXXXXXXXXXXXXXXXXXXXXXX>

Keeping in touch is important. In case any of the details mentioned here are not accurate, please call us on 1800 2099 090 or write to us at customer.care@aegonlife.com to have this rectified.

Your Policy covers	Death Benefit Terminal Illness Benefit Critical Illness Benefit - Enhanced (Covering 36 Critical Illnesses)
Riders attached to your Policy *applicable only if chosen	<XXXXXXXXXXXXXXXXXXXXXXXXXX>
Your Base Sum Assured	₹<XXXXXXXXXXXXXXXXXXXXXXXXXX>
Your First Premium amount (inclusive of GST) is	₹<XXXXXXXXXXXXXXXXXXXXXXXXXX>
Your Policy is issued on	<XXXXXXXXXXXXXXXXXXXXXXXXXX>
You pay every	<XXXXXXXXXXXXXXXXXXXXXXXXXX>
Your next Premium is due on	<XXXXXXXXXXXXXXXXXXXXXXXXXX>
You will pay Premium till	<XXXXXXXXXXXXXXXXXXXXXXXXXX>
Your Coverage is until (Maturity date)	<XXXXXXXXXXXXXXXXXXXXXXXXXX>

Disclaimer - This Key Feature Document is only a brief summary of the features of the product to facilitate easy understanding and is not an alternative to Policy Document. The Proposer/Policy holder is advised to go through the exhaustive terms and conditions of Policy document which would be sent to your registered email id in 2 working days. Please note Your Base Sum Assured refers to Death Benefit Amount and details of other benefits would be part of the Policy Document. Premium Amount mentioned above is inclusive of Goods and Services Tax. In case of any dispute with regard to features/benefits/exclusions of the product, the Terms and Conditions of the Policy document would prevail over the information mentioned above. 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 within 30 days (Free look period) from the date you received the soft copy of Policy.

## Policy Preamble

Policy Number:

Life Assured:

Aegon Life Insurance Company has entered into this contract of insurance on the basis of the Proposal Form together with the Premium deposit, statements, report or other documents and declarations received from the Proposer for effecting a life insurance contract on the life of the person named in the Schedule hereto.

The Company agrees to pay the benefits under this Policy on the happening of the insured event, while this Policy is in force, subject to the Terms and Conditions stated herein.

On examination of this Policy, if You notice any mistake or error, this Policy should be returned to Us for rectifying the same.

## POLICY SCHEDULE

Name of the Plan: Aegon Life iTerm Plus Insurance Plan (UIN I38N060V02)

The Policy is evidence of contract of Insurance between Aegon Life Insurance Company Limited (“The Company”) and the Policyholder (“You”). The Policy is based on the proposal made by You to the Company along with necessary documents, information, statements, medical examination reports, if any, and declarations made by You or obtained by the Company on Your behalf, and are governed by the terms and conditions and the Schedule hereunder written which forms part of the Contract of insurance

Policy No :  
 Date of Commencement of Policy :  
 Date of Commencement of Risk :  
 Name of the Policyholder :  
 Gender of the Policyholder :  
 Address of the Policyholder :  
 Name of the Life Assured :  
 Gender of the Life Assured :  
 Address of the Life Assured :  
 Date of Birth of Life Assured :  
 Whether Age Admitted : Yes

### Policy Particulars:

Benefit Option: Life & Health Plus

Item	Death Benefit	Critical Illness Benefit - Enhanced	
		Lumpsum	Waiver of Premium
Sum Assured (₹)			Outstanding premiums of Death Benefit
Annualized Premium (₹)			
Policy Premium (₹)			
Policy Term (years)			
Premium Payment Term (years)			
Premium Payment Frequency			
Premium Due Date			
Date of last Policy Premium Payment			
Date of Maturity			
Total Policy Premium (₹)			

## NOMINATION DETAILS

	Name of the Nominee (s)	Date of Birth of the Nominee	Percentage
1	<XXXXXXXXXXXX>	<XXXXXXXXXXXX>	<XXXXXXXXXXXX>
2	NA	NA	NA
3	NA	NA	NA
4	NA	NA	NA
5	NA	NA	NA

Name of the appointee (only in case the Nominee is below 18 years of age)	NA
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Special Conditions : NA

Authorised Signatory : 

Name : Saba Adil  
Designation : Chief People & Operating Officer

This document is digitally signed.

Stamp Duty (₹) :

The stamp duty of ₹<xxxxxx> (Rupees <xxxx xxxxx xxxxxx > rupees only) paid by pay order, vide Receipt no. <xxxxxx> dated <xxxxxx>

IRDAI Company Registration Number: I38

Registered Office: Aegon Life Insurance Company Limited. Building No.3, Third Floor, Unit No.1, NESCO IT Park, Western Express Highway Goregaon (E), Mumbai - 400063.

Tel: +91 226118 0100,  
Fax: +91 2261180200/300,  
Corporate Identity No:  
U66010MH2007PLC169110

☎ 1800 209 90 90 (Toll free, 9 am to 7 pm, Mon to Sat)  
☎ MENU to 9221-010101  
✉ customer.care@aegonlife.com  
🌐 www.aegonlife.com

## PART B

### POLICY DEFINITIONS

The words and phrases defined below shall have the meanings assigned to them in this Policy unless the context otherwise requires. Words implying masculine include the feminine, and vice versa. Words in singular include the plural and vice versa.

**Age** means age of the Life Assured as on the last birthday unless specifically otherwise provided.

**Annualized Premium** means the yearly Policy Premium less modal factor, applicable taxes, Rider Premium and extra underwriting premium, if any.

**Base Sum Assured** is the amount payable on Death or diagnosis of Terminal Illness of Life Assured. The benefit amount is mentioned in the Policy Schedule.

**Claimant** means the Nominee / Appointee (if Nominee is a minor)/ Assignee; and where there is no assignment or nomination in existence, the legal heir/s of the Policyholder.

**Company, We, Us, Our** means Aegon Life Insurance Company Limited or its successors

**Critical Illness Sum Assured** is the lump sum amount payable to Policyholder or Claimant as the case may be in case of diagnosis of any of the Critical Illness covered under this Policy. The benefit amount is mentioned in the Policy Schedule.

**Date of Commencement of Policy** is the start date of the Policy and is mentioned in the Policy Schedule.

**Date of Commencement of Risk** is the date from which the insurance cover under the Policy commences and is mentioned in the Policy Schedule.

**Date of Maturity** means the date on which the insurance cover will terminate.

**Due Date** means the date on which the Policy Premium is due and payable as per the premium payment frequency opted by You.

**In force A policy** is said to be in force if all due policy premiums have been paid

**Life Assured** is the person for whom the insurance cover is granted by Us under this Policy

**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.

**Policy Anniversary** is the annual anniversary of the Date of Commencement of Policy.

**Policy** means the contract of insurance entered into between the Policyholder and Us as evidenced by this document.

**Policy Premium** is the amount payable by You to avail the Benefits under this Policy and is mentioned in Policy Schedule. This amount depends on the premium payment frequency selected by You and includes applicable goods & service tax which may change depending upon the prevailing tax rules.

**Policy Term** means the period commencing on the Date of Commencement of Policy and ending on the Date of Maturity as mentioned in the Policy Schedule.

**Premium Payment Term** means the period during which the Policy Premium is payable and is mentioned in the Policy Schedule.

**Proposal Form** is the application form submitted to the Company for purchasing this Policy.

**You,Your** means the Policyholder named in the Policy Schedule.

## PART C

### BENEFITS

All the payments under the Policy will be made in Indian rupees and will be subject to prevailing tax laws.

#### C.1 Death Benefit

If the Policy is In Force, We will pay to the Claimant an amount equal to the Base Sum Assured (as mentioned in the Policy Schedule), on the first occurrence of either:

- Death of the Life Assured before the Date of Maturity, or
- Diagnosis of Terminal Illness of the Life Assured before the Date of Maturity.

The Policy will terminate on payment of this benefit.

##### C.1.1 Definition of Terminal Illness:

Terminal Illness is defined as an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two (2) independent Medical Practitioners 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 Terminal Illness. We reserve the right for independent assessment of the Terminal Illness.

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

#### C.2 Critical Illness Benefit - Enhanced

If the Policy is In Force and the Life Assured is diagnosed with any of the 36 covered Critical Illnesses as mentioned in the Table below before the Date of Maturity, We will pay the Critical Illness Sum Assured. All the future Policy Premiums will be waived thereafter.

The Policy will continue to cover the Life Assured against Death or Terminal Illness, till the end of the Policy Term. You can claim against this benefit only once.

If any Critical Illness results in Terminal Illness, then both the benefits would become payable.

The below mentioned Critical Illnesses are covered under this plan:

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
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

### C.2.1 Definitions of covered Critical Illness

#### I. 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 Infarction)

- 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/mm<sup>3</sup>
2. Platelets count less than 20,000/mm<sup>3</sup>
3. Reticulocyte count of less than 20,000/mm<sup>3</sup>

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 (PaO<sub>2</sub> < 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

### C.3 Maturity Benefit

There is no Maturity Benefit payable if the Life Assured is alive on the Date of Maturity.

### C.4 Payment of Policy Premium

To enjoy uninterrupted benefits under the Policy, You are required to make payment of the Policy Premium on or before the expiry of Grace Period.

Policyholder can pay the Policy Premium in annual mode, half-yearly mode or monthly mode. The modal factor applicable to the premium payment modes other than annual mode will be as under:

- a. Half-yearly Premium = Annualized Premium multiplied by 0.512
- b. Monthly Premium = Annualized Premium multiplied by 0.087

If any amount received towards Policy Premium is less than the installment due, the same will not be accepted. In such cases the Policy Premium due and payable on the due date will be treated as unpaid.

If the amount received towards Policy Premium is more than the installment due, the excess amount will be refunded to the Policyholder. No interest or reward is payable on the excess amount received.

Advance installment premium will be accepted for all premium due dates within the same financial year and for a maximum period of three months in advance in case of due dates falling in the next financial year. Company will always comply with IRDAI regulations with regards to advance premium.

Policy Premiums pertaining to the Critical Illness Benefit are guaranteed for the first 5 years and then every 5 years thereafter. At the end of the each guarantee period, We will carry out a Premium review to determine whether the Policy Premium pertaining to the Critical Illness Benefit needs to be changed. In case we decide to change the premium rates, we will seek explicit approval from IRDAI. Post approval, You will be required to pay Premiums for the Critical Illness Benefit as per the revised premium rates. We will inform you about the changes in premium at least 30 days before the end of the guarantee period.

For all the other inherent benefits including the base death cover, the premium rates are guaranteed for the entire duration of the policy term.

### C.5 Grace Period

Grace Period is 30 Days for annual and half-yearly premium payment frequencies and 15 days for monthly premium payment frequency from the Due Date for payment of Policy Premium.

If the Grace Period falls on a holiday, then the Grace Period will end at the close of the business hours of the next working day.

The Policy will be in force during the Grace Period.

If the Life Assured dies or is diagnosed with Terminal Illness or is diagnosed with Critical Illness during the Grace Period, the outstanding Policy Premium as on the date of occurrence will be deducted from the Benefit payout.

### C.6 Policy Termination

The Policy will terminate on the earliest of the following:

- The Date of Maturity of the Policy.
- Upon payment of Death Benefit as may be applicable.



- On payment of amount as mentioned in Clause F.4
- On payment of amount pursuant to the exercise of Free-Look option as mentioned in D.1
- On discontinuance of Policy Premium as mentioned in Clause D.2.

All the rights, benefits and interests under this Policy will stand extinguished upon the termination of the Policy.

## PART D

### D.1 Free Look Option

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 (Fifteen days)/30 days (Thirty days, if purchased through Distance Marketing)) from the date of receipt of this policy.

(Distance 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.)

On cancellation of the Policy during the free-look period, We will return the Policy premium paid subject to the deduction of proportionate risk premium for the period of cover, stamp duty paid and medical costs incurred (if any).

### D.2 Discontinuance of Policy Premium

If the Policy Premium due remains unpaid even after the expiry of Grace Period from the date of unpaid Policy Premium, 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 death of the Life Assured.

### D.3 Revival of the Policy

The Policyholder 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 of the Life Assured and
- Payment in full of an amount equal to all the Policy Premiums due but unpaid till the Effective Date of Revival

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

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

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

### D.4 Surrender Benefit

The Policy does not acquire any Surrender Value throughout the Policy Term and therefore there is no amount payable to You upon Surrender.

### D.5 Loans

You are not entitled to avail of loan under this Policy.

## PART E

Not Applicable as this product is a Non Linked Insurance Plan.

## PART F

### F.1 Assignment & Nomination

#### (i) Assignment

Assignment of the Policy can be availed as per Section 38 of Insurance Act 1938 as amended from time to time. (A simplified version of the provisions of Section 38 is enclosed in Annexure 1 for reference)

#### (ii) Nomination

Nomination facility can be availed as per Section 39 of Insurance Act 1938 as amended from time to time. (A simplified version of the provisions of Section 39 is enclosed in Annexure 2 for reference)

### F.2 Fraud or misrepresentation

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

(A simplified version of the provisions of Section 45 is enclosed in Annexure 3 for reference)

### F.3 Misstatement of Age or gender

As per the clause F.2, if the Age or gender of the Life Assured has been misstated or incorrectly mentioned, then We may take any of the following action subject to the underwriting norms prevailing at the time of taking such action:

If at the correct Age, the Life Assured was not insurable under this Plan according to our requirements, We reserve the right to refund the Premiums paid and terminate the Policy.

If at the correct age, the Life Assured was insurable, then We may revise the Annualised Premium and/or applicable benefits payable under the Plan from the Date of Commencement of Risk by adjusting or deducting the differential premium that would have been payable.

### F.4 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 80% of the premium(s) paid (excluding taxes) provided the Policy is In Force.

### F.5 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 the Date of Commencement of Risk or revival of policy.

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

#### F.6 Exclusions for Critical Illness (CI) Benefit

There is a waiting period of 90 days from the Date of Commencement of the Policy and the date of reinstatement of the Policy to claim the benefit.

We will refund the Policy Premiums pertaining to the Critical Illness Benefit paid by You, if the Life Assured is diagnosed with the covered Critical Illness on or before the completion of waiting period. The CI cover will be terminated and the Policy will continue to cover You against Death or Terminal Illness, till the end of the Policy Term with Policy Premiums pertaining to this benefits being payable as and when due.

In addition, the Life Assured should have survived for a period of 30 days from the date of diagnosis of the covered Critical Illness to claim the benefit.

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, the Life Assured will not be entitled to any benefits if a Covered Critical Illness results either directly or indirectly from any one of the following causes:

- 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.  
\*First policy issued by the Insurer refers to the Date of Commencement of Risk under this Policy
- 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

#### F.7 Payment of claim

We will require the following primary documents in support of a Death / Terminal Illness / Critical Illness claim to enable processing of the claim intimation under the Policy. All benefits will be paid to the "Claimant" as defined in Section B.

- For Death Benefit:
  - In case of unnatural Death - Certificate of the Doctor / Medical Officer certifying the cause of death; post mortem report, First Information Report, Inquest Report and the Final Investigation Report of the Police;
  - Death Certificate issued by the local authority or the authority authorized to issue the same under the Registration of Births and Deaths Act, 1969; and
  - Claimant's statement in prescribed form
- For Terminal Illness Benefit
  - Certificate from two (2) independent Medical Practitioners specializing in treatment of such illness certifying the Terminal Illness;
- For Critical Illness Benefit
  - Critical Illness Claim Application Form
  - Critical Illness Attending Physician Statement
  - Critical Illness Hospital Treatment Certificate
  - All Medical reports from the first date of diagnosis to the last treatment received date

We are entitled to ask for additional documents (including Policy document) or information for the processing of the claim. We may also seek professional/independent assistance for speedy disposal of the claim. You and/or the Nominee/legal heir/s shall have no objection for Us to obtain any details/information to form an opinion about the claim.

#### F.8 Force Majeure

If due to any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances which are beyond our control, which restricts performance of our obligations of the Company, the performance of this Contract will be wholly or partially suspended during the continuance of such force majeure conditions.

#### F.9 Electronic transactions

You shall adhere to and comply with all such terms and conditions as We may prescribe from time to time. Any transactions carried out by or through any electronic facilities or means established by or on behalf of Us, in respect of the Policy, shall constitute legally binding and valid transactions on You.

#### F.10 Taxation

The tax benefits and Benefits payable under the Policy would be as per the prevailing provisions of the tax laws in India. We reserve the right to recover statutory levies including Goods and Services Tax by way of adjustment to the Policy Premiums payable or make necessary recoveries from the benefits payable under the Policy.

## PART G

### G.1 Notices

Any notice, direction or instruction given to Us under the Policy shall be in writing and delivered by hand, post, facsimile or from registered electronic mail to:

Customer Service Department  
Aegon Life Insurance Company Limited,  
Building No. 3, Third floor, Unit No. 1  
NESCO IT Park, Western Express Highway  
Goregaon (E), Mumbai 400 063  
Toll free number: 1800 209 9090  
E-mail: [customer.care@aegonlife.com](mailto:customer.care@aegonlife.com)  
or such other address as may be informed by Us.

Any notice, direction or instruction to be given by Us under the Policy shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail at the updated address in the records of the Company.

You are requested to communicate any change in address and contact details immediately to enable Us to serve You promptly.

### G.2 Applicable Law

This Policy is subject to the provisions of the laws of India.

### G.3 Currency and Payment

All payments to or by the Company will be in Indian rupees and shall be in accordance with the prevailing regulations and other relevant laws of India.

### G.4 Consumer Grievance Cell:

You may reach Us for any complaints/ grievances in any of the following manner:

- a. By calling the Toll Free Number 1800 209 9090 between 9 a.m. to 7 p.m. Monday to Saturday (excluding National holidays) or
- b. By writing an e-mail to [customer.care@aegonlife.com](mailto:customer.care@aegonlife.com) or
- c. By registering the grievance on our website at [www.aegonlife.com](http://www.aegonlife.com)

In case of disagreement with our response or resolution of the grievance or of no-response within 15 days, the grievance can be escalated to Grievance Redressal Officer by an e-mail to [grievance.manager@aegonlife.com](mailto:grievance.manager@aegonlife.com) or written letter at

Grievance Redressal Officer  
Aegon Life Insurance Company Limited,  
Building No. 3, Third floor, Unit No. 1  
NESCO IT Park, Western Express Highway  
Goregaon (E), Mumbai 400 063

In case You are still not satisfied with our resolution, or have not received any response within 10 days, You may contact the following official of the IRDAI for resolution:

IRDAI Grievance Call Centre (IGCC)  
Toll Free No: 155255 or 1800 4254 732  
Email ID: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)

You can also register Your complaint online at <http://www.igms.irda.gov.in/>

You can also register Your complaint through fax/letter by submitting Your complaint to:

Consumer Affairs Department  
Insurance Regulatory and Development Authority of India  
9th floor, United India Towers, Basheerbagh  
Hyderabad – 500 029, Andhra Pradesh  
Fax No: 91- 40 – 6678 9768

### G.5 Insurance Ombudsman

In case You are not satisfied with the decision/resolution or have not received any reply to Your complaints/ grievances within a period of 15 days, You may approach to the Insurance Ombudsman, if your complaint pertains to:

- (i) Any partial or total repudiation of claim;
- (ii) Premium paid or payable in terms of the Policy;
- (iii) Delay in settlement of claim;
- (iv) Non-issue of Policy document to customers after receipt of Policy Premiums
- (v) Any claim related dispute on the legal construction of the policies in so far as such disputes relate to claims.

The complaint should be made in writing duly signed by You, Nominee or by Your legal heirs with full details of the complaint and the contact information of complainant.

As per Rule 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the insurance ombudsman can be made:

- (a) If the complaint is not resolved to Your satisfaction by the Company.
- (b) Within a period of one year from the date of rejection by the Company; and
- (c) You have not initiated any other complaint/litigation.

The addresses of the Insurance Ombudsman are given on the last page of this document. You are requested to visit the website of the Company for updated information on contact details of the Company and Insurance Ombudsman.

<Customer Name>

<Customer Address>

<xxx xxxxx xxxxxx >

<xxx xxxxx xxxxxx >

<xxx xxxxx xxxxxx >

<Customer Contact No. >

## First Premium Receipt

Product name	Aegon Life iTerm Plus Insurance Plan (UIN: I38N060V02)
Plan option	Life & Health Plus
Policy Number	
Agent	
Name of policyholder	
Premium amount for Death benefit	
Premium amount for CI Benefit -Lumpsum	
Premium amount for CI Benefit - Waiver of Premium	
Total Premium Amount ₹ (In figures)	
Total Premium Amount ₹ (in words)	
Next premium due date	
Frequency	
Date of Commencement	

The revenue stamp of Re. 1 (Re. One Only) is paid via certificate no. Mudrank 2016/333/PK111/MI dated 22/02/2016.



Authorised Signatory

Eligible for benefits as applicable under the prevailing Income Tax Act, 1961

Premium paid under the plan is eligible for Tax Benefits u/s 80 c#

Goods and Services Tax at applicable rates. Goods and Services Tax registration number <GSTIN No> under life Insurance category

#Tax Benefit is subject to provisions of Income Tax Act

IRDAI Company Registration Number: I38

Registered Office: Aegon Life Insurance Company Limited. Building No.3, Third Floor, Unit No.1, NESCO IT Park, Western Express Highway Goregaon (E), Mumbai - 400063.

Tel: +91 226118 0100,  
Fax: +91 2261180200/300,  
Corporate Identity No:  
U66010MH2007PLC169110

☎ 1800 209 90 90 (Toll free, 9 am to 7 pm, Mon to Sat)  
☎ MENU to 9221-010101  
✉ customer.care@aegonlife.com  
🌐 www.aegonlife.com

## Complaints Redressal Procedure

- In case you have any query, complaint or grievance, you can get in touch with us at any of the following point of contact:
  - Call us on 1800 209 9090 anytime from 9 am to 7 pm, Monday to Saturday
  - Email us at [customer.care@aegonlife.com](mailto:customer.care@aegonlife.com)
  - You can also write to us at: Customer Service  
Aegon Life Insurance Company Limited, Building No. 3, Third Floor, Unit No. 1, Nesco IT Park, Western Express Highway, Goregaon (E), Mumbai – 400063
- In case you are not satisfied with the decision or response of the above office, or have not received any response within 10 days, you may escalate the complaint to our Grievance Manager. You can email at [grievance.manager@aegonlife.com](mailto:grievance.manager@aegonlife.com)  
OR  
Write at: Grievance Manager  
Aegon Life Insurance Company Limited Building No. 3, Third Floor, Unit No. 1, Nesco IT Park, Western Express Highway, Goregaon (E), Mumbai – 400063
- In an unlikely event that you are not satisfied with the decision or resolution that we have offered, you may approach the Insurance Ombudsman, if your grievance pertains to:
  - Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
  - Delay in settlement of claim
  - Dispute with regard to Premium
  - Non-Receipt of your Insurance DocumentList and addresses of the Insurance Ombudsman is given at the end of this policy document for your ready reference. The updated list can also be accessed from our website [www.aegonlife.com](http://www.aegonlife.com)
- The complaint should be made in writing duly, signed by the complainant or by his legal heirs, with full details of the complaint and the contact information of complainant.
- As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made in the following situations:
  - Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
  - Within a period of one year from the date of rejection by the insurer
  - If it is not simultaneously under any litigation



## Annexure 1

### Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a life insurance policy is as below in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer; antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
  - a. not bonafide or
  - b. not in the interest of the policyholder, or
  - c. not in public interest or
  - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
  - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
  - b. where the transfer or assignment is made upon condition that
    - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
    - ii. the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
  - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
  - b. may institute any proceedings in relation to the policy
  - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

**[Disclaimer: This is not a comprehensive list as mentioned in Insurance Act, 1938 (as amended from time to time), but only a simplified version prepared for general information. Policy Holders are advised to refer to the Act for complete and accurate details.]**

## Annexure 2

### Section 39 - Nomination

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the Insurer.
3. Nomination can be made at any time before the maturity of the policy.

4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
  - a. parents or
  - b. spouse or
  - c. children or
  - d. spouse and children
  - e. or any of them
 the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the amendment of Insurance Act, 1938 (i.e. 26.12.2014).
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Act 1938 (as amended from time to time), a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWPA, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

**[Disclaimer: This is not a comprehensive list as mentioned in Insurance Act 1938 (as amended from time to time), but only a simplified version prepared for general information. Policy Holders are advised to refer to the Act for complete and accurate details.]**

### Annexure: 3

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

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

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
  - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
  - c. Any other act fitted to deceive; and
  - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
  5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
  6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
  7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
  8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
  9. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

**[Disclaimer: This is not a comprehensive list as mentioned Insurance Act 1938 (as amended from time to time) but, only a simplified version prepared for general information. Policy Holders are advised to refer to the Act for complete and accurate details.]**

For unattended grievances of the Policyholders with respect to their suggestions or complaints, Central Government has established offices of insurance ombudsman who are empowered to receive and consider complaints regarding life insurance from any person who has any grievance against an insurer.

## Ombudsman

### Address & Contact Details of Ombudsman Centres

Office of The Governing Body of Insurance Council  
(Monitoring Body for Offices of Insurance Ombudsman)  
3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 26106671/6889.  
Email id: inscoun@gbic.co.in website: www.gbic.co.in

If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.

Office of the Insurance Ombudsman,  
2nd Floor, Ambica House, Ashram Rd,  
**AHMEDABAD-380 014.**  
Tel.:- 079-27545441/27546840 Fax :  
079-27546142  
Email: bimalokpal.ahmedabad@gbic.co.in

Office of the Insurance Ombudsman,  
2nd Floor, Janak Vihar Complex, 6, Malviya  
Nagar,  
**BHOPAL-462 003.**  
Tel.:- 0755-2769201/9202 Fax : 0755-2769203  
Email: bimalokpal.bhopal@gbic.co.in

Office of the Insurance Ombudsman,  
62, Forest Park,  
**BHUBANESHWAR-751 009.**  
Tel.:- 0674-2596455/2596003 Fax :  
0674-2596429  
Email: bimalokpal.bhubaneswar@gbic.co.in

Office of the Insurance Ombudsman,  
SCO No.101-103, 2nd Floor, Batra Building,  
Sector 17-D,  
**CHANDIGARH-160 017.**  
Tel.:- 0172-2706468/2772101 Fax :  
0172-2708274  
Email: bimalokpal.chandigarh@gbic.co.in

Office of the Insurance Ombudsman,  
Fathima Akhtar Court, 4th Floor; 453 (old 312),  
Anna Salai, Teynampet,  
**CHENNAI-600 018.**  
Tel.:- 044-24333668 /24335284 Fax :  
044-24333664  
Email: bimalokpal.chennai@gbic.co.in

Office of the Insurance Ombudsman,  
2/2 A, Universal Insurance Bldg., Asaf Ali Road,  
**NEW DELHI-110 002.**  
Tel.:- 011-23234057/23232037 Fax :  
011-23230858  
Email: bimalokpal.delhi@gbic.co.in

Office of the Insurance Ombudsman,  
“Jeevan Nivesh”, 5th Floor, S.S. Road,  
**GUWAHATI-781 001.**  
Tel.:- 0361-2132204/5 Fax : 0361-2732937  
Email: bimalokpal.guwahati@gbic.co.in

Office of the Insurance Ombudsman,  
6-2-46, 1st Floor, Moin Court, A.C. Guards,  
Lakdi-Ka-Pool,  
**HYDERABAD-500 004.**  
Tel : 040-65504123/23312122 Fax:  
040-23376599  
Email: bimalokpal.hyderabad@gbic.co.in

Office of the Insurance Ombudsman,  
2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road,  
**ERNAKULAM-682 015.**  
Tel : 0484-2358759/2359338 Fax :  
0484-2359336  
Email: bimalokpal.ernakulam@gbic.co.in

Office of the Insurance Ombudsman,  
Hindustan Building, Annexe, 4th Floor,  
C.R.Avenue,  
**KOLKATA - 700072.**  
Tel No: 033-22124339/22124346 Fax:  
22124341  
Email: bimalokpal.kolkata@gbic.co.in

Office of the Insurance Ombudsman,  
Jeevan Bhawan, Phase-2,  
6th Floor, Nawal Kishore Road, Hazaratganj,  
**LUCKNOW-226 001.**  
Tel : 0522 -2231331/2231330 Fax :  
0522-2231310  
Email: bimalokpal.lucknow@gbic.co.in

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe, S.V. Road,  
Santacruz(W),  
**MUMBAI-400 054.**  
Tel : 022-26106960/26106552 Fax :  
022-26106052  
Email: bimalokpal.mumbai@gbic.co.in

Office of the Insurance Ombudsman,  
Ground Floor, Jeevan Nidhi II, Bhawani Singh  
Road,  
**JAIPUR – 302005.**  
Tel: 0141-2740363  
Email: bimalokpal.jaipur@gbic.co.in

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Darshan, N.C. Kelkar Road,  
Narayanpet  
**PUNE – 411030.**  
Tel: 020-32341320  
Email: Bimalokpal.pune@gbic.co.in

Office of the Insurance Ombudsman,  
24th Main Road, Jeevan Soudha Bldg.,  
JP Nagar, 1st Phase, Ground Floor  
**BENGALURU – 560025.**  
Tel No: 080-26652049/26652048  
Email: bimalokpal.bengaluru@gbic.co.in

Office of the Insurance Ombudsman,  
4th Floor, Bhagwan Sahai Palace,  
Main Road, Naya Bans, Sector-15,  
**NOIDA – 201301.**  
Tel: 0120-2514250/51/53  
Email: bimalokpal.noida@gbic.co.in

Office of the Insurance Ombudsman,  
1st Floor, Kalpana Arcade Building,  
Bazar Samiti Road, Bahadurpur,  
**PATNA – 800006**  
Tel No: 0612-2680952  
Email id : bimalokpal.patna@gbic.co.in

Visit our website [www.aegonlife.com](http://www.aegonlife.com) for the updated ombudsman list.

## Keeping your policy safe

1. Make a set of photocopies of your policy documents.
2. Verify the details featured on your policy certificate and read through the policy document.
3. Share the details of your policy with your nominee as well as your immediate family member.
4. Quote your policy number without fail in all your communication with us.
5. Avoid any kind of damage to your policy certificate.
6. Do not write or make any changes on the front or reverse of the certificate.

## Staying in touch

- Call us on our toll free no. **1800 209 9090** anytime from **9 am to 7 pm, Monday to Saturday**.
- Email us at **customer.care@aegonlife.com**
- Write to us at Aegon Life Insurance Company Limited, Building No. 3, Third Floor, Unit No. 1, Nesco IT Park, Western Express Highway, Goregaon(E), Mumbai - 400063.

## Claims

- Documents required for claims submission are mentioned in the terms and conditions enclosed herewith.
- Claim documents are to be sent to us at the address mentioned on the policy schedule. You can also send the claim documents through your nearest Aegon Life Insurance branch. Please visit our website [www.aegonlife.com](http://www.aegonlife.com) to locate your nearest branch.
- You can intimate your claim by calling us on **1800 209 9090** anytime from **9 am to 7 pm, Monday to Saturday**.

## Make Life Simple

Now, manage your Aegon Life account from anywhere.

Using Internet you can:

- View your policy details
- Check your renewal premium details and securely pay online using your debit / credit card
- View, download and print your renewal receipts and premium notices
- Post your queries and concerns

Getting started is a simple registration process. All you need to do is visit [www.aegonlife.com](http://www.aegonlife.com), login as a 'Customer', enter your basic details (like date of birth and policy no.), create your user id and password.

Call our toll free number and the user-friendly Interactive Voice Response (IVR) System will:

- Enable you to make your renewal premium payment using your debit / credit card
- Allow you to carry out policy transactions (like fund switch, change of address, etc.) by using your TPIN.

So, start accessing your policy at your fingertips.

