

Safeguard your health
**and also your
hard-earned money.**



A new look at life

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GROUP
HEALTH
PLUS



A new look at life



Health Care costs are rising day by day. Who will pay for your treatment if you meet with a serious accident or have a major illness? Life is uncertain and nobody can be sure of what will happen next. However you can safeguard yourself and your family from such unseen events by planning beforehand. This is even more critical when you are the only earning member of your family.

Tata AIG Life Insurance Company Limited (Tata AIG Life) Group Health Plus takes care of your worries by paying out a tax-free lump sum in case you are diagnosed with a critical illness. It is a unique group insurance plan which protects you and your family from the financial burden in such situations and helps you to avail the best medical care.

The purpose is to let you put aside a small amount now to ensure that lack of money won't add to your problems when your need it the most.

A Group Insurance Plan

Group Health Plus is offered to the customers/members of Employers, Banks, Financial Institutions and other business concerns through a group insurance policy issued to the organization, who is called the Group Policyholder. Customers/Members of the organization are enrolled on either voluntary or compulsory participation basis under the group insurance policy as individual insured members.

A minimum of 50 members are required to avail this group insurance policy. Under voluntary, a minimum of 10% participation of customers/members is required at inception, wherein a new customer/member should join the plan within 45 days of joining the group, and will not be allowed to join the plan thereafter. Under compulsory option, membership is compulsory for all new customers/members of the group policyholder.

Unique Features

- Coverage for 12 Critical Illnesses
- Competitive group premium rates
- Flexible Sum Insured from Rs. 25,000 to Rs. 5,00,000
- Flexible short to medium term options i.e. 3 / 4 / 5 years
- Easy Enrollment – Simple Enrolment Form, No Medical Examination
- One time premium payment, no renewal premium

Benefits

- Unique product - Single Premium Group Health Plus Insurance Plan
- Lump sum Payment on diagnosis of any covered Critical Illnesses



- 24/7 Worldwide coverage
- Tax Exemption for premium paid under the Income Tax Act, Section 80 D
- Tax Free insurance proceeds under the Income Tax Act, Section 10(10 D)

12 Critical Illnesses Covered

- | | |
|---------------------------|-----------------------|
| • Cancer | • Aorta Surgery |
| • Stroke | • Benign Brain Tumor |
| • Heart Attack | • Heart Valve Surgery |
| • Coronary Bypass Surgery | • Paralysis |
| • Chronic Renal Failure | • Parkinson's Disease |
| • Major Organ Transplant | • Total Blindness |

Note: Please refer to the Schedule of Critical Illnesses given overleaf for details

Eligibility, Sum Insured & Term

Group Health Plus is offered to the customers/members of the Group Policyholder with age between 18 to 55 years upon completion of the enrolment requirement.

Customer/member can select the sum insured and the term to suit his financial planning needs.

- **Sum Insured:** In units of Rs. 25,000 up to a maximum of 20 units i.e. Rs. 5,00,000
- **Term:** 3 / 4 / 5 years

Waiting period

The insured can avail the insurance benefit for any covered Critical Illnesses occurring after 180 Days of the date of commencement or date of reinstatement, whichever is later subject to the terms and conditions of the policy. The insurance benefit will be paid after the survival period of 30 days.

Cancellation Right and refund of premium (Free Look Privilege)

The insured member has the right to cancel the policy and obtain the refund of the premium paid by giving a written notice to Tata AIG Life. Such notice must be signed by the insured member and received by Tata AIG Life within 15 days from the date of receipt of Certificate of Insurance by the Insured Member.

General Exclusions

No benefit shall be payable under this Policy for any event caused directly or indirectly, wholly or partly, by any one of the following:-

1. Where in our opinion the Insured Member was diagnosed of Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV). For the purpose of this Policy:

a. The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition.

b. Infection shall be deemed to have occurred

where blood or other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immunodeficiency Virus or Anti bodies to such a Virus.

2. Any illness other than the occurrence of Critical Illness as defined herein;
3. Any Critical Illness the signs or symptoms of which first occurred prior to one eighty (180) days following the later of the Effective Date of Coverage or the date of any reinstatement of respective Insured Member;
4. Any congenital defect or abnormalities that has manifested or was diagnosed before the Insured Member attains 17 years of age;
5. Self destruction or attempted self-destruction or self inflicted injuries while sane or insane; and
6. Performance of any covered procedure or surgery which is not Medically Necessary, or which is not performed by a Registered Medical Practitioner.

Frequently Asked Questions

What is Group Health Plus?

Group Health Plus is a Group Critical Illness insurance plan, which provides lump sum insurance benefits in event of the diagnosis/occurrence of any of the 12 covered critical illnesses to participating customers/members of the group policyholder.

Why should I buy Group Health Plus?

Medical science has now made it possible to cure illnesses which had no treatment few years ago. However the cost of such treatment is high and getting higher by everyday. Group Health Plus Insurance Plan takes care of your treatment cost by paying out a tax-free lump sum in case you are diagnosed with a critical illness. It's almost as important to get a critical illness insurance as a life insurance.

I have a mediclaim policy? Why should I buy a separate policy for critical illness?

Group Health Plus Insurance Plan is different from a medical policy.

- In mediclaim you usually first pay and then get it reimbursed whereas this plan pays the lump sum insurance benefit even before your treatment starts i.e. on diagnosis of critical illness subject to survival period of 30 days.
- A mediclaim policy does not pay for expenses like donor expenses in case of transplant surgeries whereas this plan pays the benefit in advance allowing you to plan your treatment as required whether in India or over seas

How do I buy this plan?

You are only required to complete the Group Health Plus enrolment form and pay the one time single premium (based on the no. of units and term) to the group policyholder. The Group Policyholder will then remit the premium to Tata AIG Life and coordinate for your enrolment. You will be issued a Certificate of Insurance upon completion of your enrolment.

Will I get any Tax benefit for the premium paid?

Yes, Premium paid for Group Health Plus is eligible for tax deduction as per section 80D of the Income Tax Act, 1961.

Will this plan cover my hospitalization expenses?

Group Health Plus is a pure lump sum benefit plan. The insurance benefit is paid in lump sum once your diagnosis is established under the terms and conditions of the policy. You can then plan your hospitalization as per your convenience.

Do I have to undergo any medical examination?

No, you only need to complete the enrolment form and handover the same to the Group Policyholder.

Schedule Of Critical Illnesses

1. Cancer: The first occurrence of a histologically confirmed invasive malignant tumour exhibiting invasion of adjacent tissues including leukaemia but excluding a) Tumors treated by endoscopic procedures alone; b) Chronic lymphocytic leukaemia of less than RAI stage 3; c) Tumors classified as carcinoma in situ, prostate tumors classified as T1 (TNM classification system); d) T1N0M0 (TNM Classification System) papillary carcinoma of the thyroid less than 1 cm in diameter; e) Malignant melanomas other than those greater than 1.5 mm in depth; f) Other skin cancers; g) Tumours that are a recurrence or metastasis of a tumour that first occurred prior to one eighty (180) days following the later of the Issue Date or the Commencement Date; h) Kaposi's Sarcoma, other tumors associated with HIV infection; and i) Tumors that pose no threat to life and for which no treatment is required.

2. Stroke: The first occurrence of an acute neurological event caused by a cerebral or intracranial haemorrhage, cerebral embolism or cerebral thrombosis meeting the following conditions: a) There is an acute onset of objective and ongoing neurological signs that results in the permanent inability to perform independently at least two of the "Activities of Daily Living"; and b) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Brain damage due to an Accident, infection, vasculitis or an inflammatory disease is excluded.

3. Heart Attack: The first occurrence of an acute myocardial infarction meeting the following conditions: a) A history of typical chest pain; b) The occurrence of typical new acute infarction changes on the electrocardiograph progressing to the development of new pathological Q waves; and c) Elevation of Cardiac

Troponin (T or I) to at least 3 times the upper limit of the normal reference range or an elevation in CK MB to at least 200% of the upper limit of the normal reference range.

4. Coronary Bypass Surgery: The actual undergoing for the first time of open chest coronary artery bypass grafting surgery to one or more coronary arteries due to disease of those arteries. Angioplasty, stent insertion, laser or other intra-arterial procedures are excluded.

5. Chronic Renal Failure: Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6. Major Organ Transplant: The receipt, of a transplant of a) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or b) One of the following whole human organs: heart, lung, liver, kidney or pancreas, as a result of irreversible end stage failure of the relevant organ.

Other stem cell transplants and transplants of part of an organ are excluded.

7. Aorta Surgery: The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

8. Benign Brain Tumor: A benign intracranial tumour where the following conditions are met: a) The tumour is life threatening; b) It has caused damage to the brain; and c) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit.

Cysts, Granulomas, Vascular Malformations, Haematomas, Tumors of the pituitary gland or spine, Tumors of the acoustic nerve are excluded.

9. Heart Valve Surgery: The undergoing of Medically Necessary open-heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Balloon or catheter techniques are excluded.

10. Paralysis: The total and permanent loss of the use of both arms, or both legs, or one arm and one leg, due to spinal cord injury or disease, except where such injury is self-inflicted.

11. Parkinson's Disease: The occurrence of Parkinson's Disease where there is an associated neurological deficit that results in the permanent inability to perform independently at least two of the "Activities of Daily Living".

12. Total Blindness: The total and permanent loss of sight in both eyes. Blindness that can be corrected by medical or surgical procedure is excluded.

Over time advances in medical science change the manner in which diseases are diagnosed and in some cases the seriousness of some diseases. The insurer therefore reserves the right to change the definitions of Critical Illnesses and to add or delete illnesses in order to maintain their relevance and importance subject to prior approval of IRDA.

For more details on the benefits and exclusions under this product please refer policy contract or visit our web site: www.tata-aig-life.com

Section 41 - Insurance Act, 1938

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

2. If any person fails to comply with sub regulation (1) above, he shall be liable to payment of a fine, which may extend to Rupees Five Hundred.

Section 45 - Insurance Act, 1938

No policy of life insurance effected before the commencement of this act shall after expiry of two years from the date of commencement of this act and no policy of life insurance effected after the coming into force of this act, shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making, that the statement was false or that it suppressed facts, which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling 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 that the age of the life insured was incorrectly stated in the proposal.

Insurance is the subject matter of the solicitation. This brochure is not a contract of insurance, please refer to the policy contract for complete details with regard to the terms and condition of the policy before concluding a sale. This product is underwritten by Tata AIG Life Insurance Company Limited and approved by IRDA as Group Health Plus. Service Tax is payable on life insurance premiums as per Section 65 (105) (zx) of Finance Act, 1994 as amended by Finance Act (No.2), 2004 at the applicable rates as per circular No. F. No. B2/8/2004 – TRU (Tax Research Unit) dated September 17, 2004 issued by Govt of India, Ministry of Finance and subsequent directions issued by authorities from time to time. Tax benefits are as per Income Tax Act, 1961 and amendments made thereto from time to time. This insurance plan shall not participate in any surplus distribution by Tata AIG Life Insurance Company Limited.