

Aviva LifeShield Advantage

Now protect your family and also get your premium back.



AVIVA
Life Insurance



Aviva LifeShield Advantage – Total protection with assured return of premium at maturity.

The prosperity and well being of your family comes first and to ensure it remains like that forever, Aviva brings to you the Aviva LifeShield Advantage Plan. With this plan you can now protect your family in case you are not around, at a very nominal cost. What's more, all the money invested by you towards the policy as premium will be returned to you on your survival at the end of the Policy Term.

Aviva LifeShield Advantage also allows you to choose from options that provide enhanced protection against disability or critical illnesses.

Aviva LifeShield Advantage – Unique Attractions

1. Protection for your family:

Aviva LifeShield Advantage allows you to provide total protection for your family at a nominal cost, so their financial needs are taken care of even if you are not around.

2. Premiums paid come back to you:

You don't need to worry about your premiums paid towards this policy. In this plan, Aviva will return the money paid towards the base premium at the end of the Policy Term, excluding extra premium, taxes and the rider premium (if any), in case of your survival.

3. Additional Protection against Permanent Total Disability (PTD) or Critical Illness:

Aviva LifeShield Advantage empowers you to choose the plan that best suits your need. Choose Aviva Dread Disease (DD) Rider with Option-A (regular premium) and be assured that you can be covered for more than just life, by covering you in case of a Permanent Total Disability or 18 Critical Illnesses covered by this rider.

4. Rebate for high Sum Assured: Enjoy a rebate on your premium for higher levels of Sum Assured.

Aviva LifeShield Advantage – Eligibility

Entry Age (last birthday)	18 – 55 years
Maturity Age	28 – 65 years
Policy Term (PT)	10 – 30 years
Premium Paying Term (PPT)	Option A: Single Premium or Regular Premium (equal to Policy Term) Option B: Regular Premium (equal to Policy Term)
Sum Assured (SA)	Minimum: ₹ 2,00,000 Maximum: Option A - No limit Option B - ₹ 50 lakh

Premium Frequency	1. Single Premium (available only under Option A) 2. Yearly, half-yearly, quarterly and monthly frequencies are available for Regular Premium option (only ECS / Direct Debit allowed for quarterly and monthly modes).
Minimum Premium (Depends on the Premium Payment Frequency)	Single: ₹ 12,000 Yearly: ₹ 2,400 Half-yearly: ₹ 1,250 Quarterly: ₹ 650 Monthly: ₹ 250 Service Tax, as applicable from time-to-time, will be applicable over and above the premium payable.
Maximum Premium	No limit (depends on the Sum Assured)

Aviva LifeShield Advantage – 6 easy steps to your plan

Step 1	Choose the nature of protection required	Option A: Sum Assured paid on death during the Policy Term, provided that all the due premiums are paid till death. Option B: Sum Assured plus return of premiums paid on death or on Permanent Total Disability (PTD) due to an accident, whichever is earlier during the Policy Term, provided that all the due premiums are paid till death. Maturity Benefit for all options is equal to return of premiums paid excluding extra premiums, taxes and rider premium (if any).
Step 2	Choose the level of protection you want	Minimum Sum Assured: ₹ 2 lakh Maximum Sum Assured: Option A - No Limit Option B - ₹ 50 lakh
Step 3	Select rider for comprehensive protection	Aviva Dread Disease (DD) Rider: [UIN 122B014V01] Minimum Rider Sum Assured: ₹ 2 lakh; Maximum Rider Sum Assured: Base Sum Assured maximum of ₹ 50 lakh including all policies with this rider. Rider available with Option A (Regular Premium) only. Rider premium should not exceed 30% of the Base Premium, otherwise Rider Sum Assured will be reduced accordingly. If the Rider Sum Assured works out to be less than ₹ 2 lakh then this rider won't be available.
Step 4	Arrive at the Policy Term by choosing the period for which you want protection	10-30 years subject to: • Entry Age : 18-55 years • Maturity Age : 28-65 years
Step 5	Select the Premium Frequency	• Single Premium (for Option A only) • Regular (equal to Policy Term) via yearly, half-yearly, quarterly and monthly modes (only ECS / Direct Debit allowed for quarterly and monthly modes)
Step 6	Work out the premium payable along with our Financial Planning Advisor	• Enjoy rebate for high Sum Assured

Aviva LifeShield Advantage – Benefits

Maturity Benefit: Maturity Benefit under this plan (both options) is return of premiums paid excluding Rider Premium, taxes and extra premium paid, if any. There is no interest paid on the sum of premiums.

Choose from two categories of protection

• Option A: Life protection

o **Death Benefit:** In the unfortunate event of your death during the Policy Term, provided that all the due premiums are paid till death, the Sum Assured is paid to your nominee and the policy terminates.

• Option B: Life-cum-disability protection along with return of premium:

o **Death/PTD Benefit:** In the unfortunate event of your death or suffering from Permanent Total Disability (PTD) due to an accident, whichever is earlier during the Policy Term, provided that all the due premiums are paid till death, the Sum Assured along with the sum of all premiums paid till date of notification of death, will be paid and the policy will terminate.

A life insured shall be regarded as permanently and totally disabled only if, as a result of accidental bodily injury:

1. life insured has suffered the loss by physical separation (or loss of use) of two limbs or
2. the complete and irremediable loss of sight in both eyes or
3. the loss by physical separation (or loss of use) of one limb, accompanied by the complete and irremediable loss of sight in one eye or
4. life insured has been continuously disabled for a period of 1 year and has been determined by the Company to be incapacitated to such an extent as to render that person unable ever to resume own or similar employment.

Here limb means hand/foot at or above wrist/ankle.

o Aviva Dread Disease (DD) Rider (UIN:122B014V01):

This rider is allowed with option-A only if you choose to pay regular premium (Premium Payment Term = Policy Term)

• **Rider Benefit:** This rider pays a lump-sum amount equal to the Aviva DD Rider Sum Assured on contracting any of the illnesses covered or on Permanent Total Disability (PTD). This payout does not impact the Base Sum Assured. The benefit will be paid only if you survive for 30 days from the affliction of the covered critical illness or PTD. In case this rider is opted for, there is a 180-days waiting period from the date of commencement of risk or subsequent date of reinstatement of the policy, if any. Thus, no claim shall be payable under this Option, if the claim event occurs within 180 days from the date of commencement of risk or subsequent date of reinstatement of the policy, if any. On payment of this benefit, the rider cover will terminate and no rider premium will be payable in future. This rider can only be opted at the inception of the Base plan. Once withdrawn, it cannot be opted again.

• **Death, Surrender or Maturity Benefit:** This is a pure health insurance rider product and hence nothing is payable in case of death, surrender or maturity under this rider.

Sample Aviva DD Rider premium rates:

Tabular premium per 1000 of Rider Sum Assured for a healthy individual (Regular Premium) per year:

Age	Male			Female		
	PT=10	PT=20	PT=30	PT=10	PT=20	PT=30
20	0.95	1.33	2.21	0.94	1.39	2.10
25	1.33	2.15	3.61	1.44	2.18	3.22
35	3.76	6.16	9.45	3.63	5.22	7.18
45	10.98	16.31	NA	8.49	11.43	NA

The Rider Premium rates are guaranteed for first 5 years and can be reviewed thereafter on every policy anniversary.

What is covered as Dread Disease?

The Dread Diseases covered under this rider with disease specific exclusions are as listed below:

1. Heart Attack:

The death of a portion of the heart muscle as a result of inadequate blood supply and being evidenced by all three of the following:

- A history of typical prolonged chest pain; and
- New electrocardiograph (ECG) changes; and
- Significant elevation of cardiac enzymes above accepted laboratory levels of normal.

Confirmation by a specialist approved by us may be required. Diagnosis of heart attack based solely on an ECG or solely on a blood test is excluded. We will not pay for other causes of severe non-cardiac chest pain, heart failure or angina.

2. Stroke:

Stroke is a cerebrovascular accident or incident producing permanent neurological deficits lasting more than 30 days, as verified by a consulting neurologist or specialist approved by us.

This includes infarction of brain tissue as a result of thrombosis or haemorrhage or embolisation from an extra-cranial source.

Specifically excluded are:

- Transient ischaemic attacks;
- Any reversible ischaemic neurological deficit;
- Vertebrobasilar ischaemia;
- Cerebral symptoms due to migraine; or
- Brain damage due to external traumatic causes.

3. Cancer:

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The term cancer includes leukemia, lymphoma and Hodgkin's disease. The cancer must require treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment. Cancers that are completely untreatable where palliative therapy only is initiated are also covered in this definition. The diagnosis must be confirmed with a valid pathology report and a report from a specialist approved by us.

Specifically excluded are:

- All tumours which are histologically described as benign, pre-malignant or non-invasive;

- Any lesion described as carcinoma in-situ;
- Cervical dysplasia or intra-epithelial neoplasia (CIN-1, CIN-2 or CIN-3);
- Prostatic Intra-epithelial neoplasia (PIN);
- Early prostate cancers that are histologically described as TNM Classification T1, or American Urological Association's (AUA) stage A, or of equivalent stage with any other classification system;
- Any forms of cancer in the presence of Human Immunodeficiency Virus infection, including lymphoma or Kaposi's sarcoma;
- Thin melanomas with pathology report showing Clarke's Level less than III or Breslow thickness less than 1.5 mm;
- All non-melanoma skin cancers;
- All cancers that are a recurrence or metastasis of a tumor that first occurred within the qualifying period.

4. End Stage Kidney Failure:

The total and chronic irreversible failure of both kidneys necessitating continuous renal dialysis at least for 180 days in the opinion of a specialist approved by us. Acute reversible kidney failure that only needs temporary renal dialysis and single kidney failure is not covered.

5. Major Organ Transplant:

The actual undergoing, as a recipient of, a transplant of a heart, lung, pancreas (excluding the transplant of Langerhans cells alone), liver or kidney. The transplantation must have been necessary to treat irreversible end-stage failure of the relevant organ and the Life Insured must be accepted in a transplant program satisfactory to us. Bone marrow transplant is also covered if the Life Insured has undergone the transplant and a specialist acceptable to us confirms that the bone marrow transplant was medically necessary.

Other stem cell transplants are excluded.

6. Coronary Artery Bypass Surgery:

The undergoing of open-heart surgery or keyhole surgery on the advice of a consultant cardiologist, to correct narrowing or blockage of one or more coronary arteries with insertion of bypass graft(s). Balloon angioplasty (PTCA), heart catheterization, laser relief, rotablate, stenting and all other cardiac procedures are excluded.

7. Benign Brain Tumour:

A benign brain tumour means a tumour that is in the brain or meninges excluding the skull, spinal cord. Cysts, abscesses, malformations in the arteries or veins of the brain, haematomas are excluded. Pituitary microadenomas less than 10 mm in diameter are also excluded.

The diagnosis must be confirmed neuro-radiologically by a specialist trained in the interpretation of these investigations and acceptable to us.

8. Deafness:

The total and irreversible loss of hearing in both ears as the result of illness or accident. The diagnosis must be supported by audiometric and sound-threshold tests provided by and certified by an Ear, Nose, Throat (ENT) specialist.

Total means the loss of at least 80 decibels in all frequency of hearing in both ears.

9. Blindness:

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The diagnosis must be clinically confirmed by an ophthalmology specialist. The blindness must not be correctable by aides or surgical procedures. Cataract is not covered under this definition of blindness. Also blindness due to cataracts or due to surgery for cataracts is specifically excluded and not covered under this Policy.

10. Aorta Graft Surgery:

Undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft are excluded.

11. Heart Valve Surgery:

The undergoing of open-heart valve surgery, performed to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The surgery must be considered medically necessary by a consulting cardiologist and supported by investigations.

Repair via valvotomy, catheter, keyhole or similar techniques are excluded.

12. Paraplegia:

Total and irreversible loss of use of two or more limbs through paralysis as a result of injury or disease of the spinal cord. These conditions must be permanent, supported by appropriate neurological evidence and have to be medically documented for at least 90 days.

13. Motor Neurone Disease:

Motor Neurone Disease diagnosed by a consultant neurologist acceptable by us, as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be significant, progressive, irreversible, and functional neurological impairment with objective evidence of motor or sensory dysfunction, which must have persisted for a continuous period of at least 90 days.

14. Multiple Sclerosis:

A definite diagnosis by a consultant neurologist holding an appointment as such in a major hospital, which satisfies the following two criteria:

- There must be current significant and permanent functional neurological impairment with objective evidence of motor or sensory dysfunction persisting for a continuous period of at least 180 days; and
- The diagnosis must be based on confirmatory neurological investigations of lumbar puncture, evoked visual responses, evoked auditory responses, CT or MRI evidence of lesions of the central nervous system. Diseases of the central nervous system due to other causes are unequivocally excluded.

15. Coma:

A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously and requiring intubation and mechanical ventilation to sustain life for a period of at least 96 hours. There must be current significant and permanent functional neurological impairment with objective evidence of motor or sensory dysfunction.

Coma resulting directly from alcohol or drug abuse is excluded.

16. End Stage Liver Disease:

End stage liver failure as evidenced by all of the following:

- permanent jaundice
- ascites and
- hepatic encephalopathy

Liver disease secondary to alcohol or drug misuse is excluded.

17. End Stage Lung Disease:

End Stage Lung Disease including interstitial lung disease causing chronic respiratory failure and evidenced by all the following:

- FEV 1 test results consistently less than 1 litre with use of bronchial dilator; and
- Requiring extensive and permanent supplementary oxygen therapy.

The diagnosis must be confirmed by a respiratory physician acceptable by us.

18. Aplastic Anaemia:

Bone Aplastic Anemia is defined as total permanent bone marrow failure which results in granulocytes less than 500 cells per microlitre, anaemia with corrected reticulocyte count less than 1 %, platelet count less than 20000 cells per microlitre and markedly hypoplastic bone marrow with depletion of hematopoietic cells with less than 20% cellularity.

There must also be continuous treatment for a period of at least 180 days with at least one of the following:

- Repeated blood transfusions
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplant

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

19. Permanent Total Disability:

A Life Insured shall be regarded as Totally and Permanently Disabled only if, as a result of accidental bodily injury, sickness or disease:

- that Life Insured has suffered the loss by physical separation (or loss of use) of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation (or loss of use) of one limb, accompanied by the complete and irremediable loss of sight in one eye (where limb means the entire hand or foot), or
- that Life Insured has been continuously disabled for a period of 1 year and has been determined by the Company to be incapacitated to such an extent as to render that person unable ever to resume work or to attend any gainful employment or occupation.

Exclusions: Only Surrender Value (Guaranteed Surrender Value or Special Surrender Value, whichever is higher) , if any, will be payable if the death of the life insured is due to actual or attempted suicide within one year from the date of commencement of the policy or the date of reinstatement of the policy, if any.

Apart from the disease specific exclusions given along with definitions of diseases in Section 7 above, no benefit will be payable if the Dread Disease or Permanent Total Disability is caused or aggravated directly or indirectly by:

- Alcohol or drug abuse including drug taking other than prescribed by a registered and qualified medical practitioner, any actual or alleged crime committed by the Insured, willful self inflicted injury, attempted suicide or unreasonable failure to seek or follow medical advice.
- Failure to seek and follow medical treatment and advice from a registered and qualified medical practitioner immediately following an accident.
- Engaging in racing of any kind other than athletics or swimming.
- Any form of war, invasion, hostilities (whether war be declared or not), civil war, rebellion, riots, social disorder, insurrection, military or usurped power, or wilful participation in acts of violence.
- Radioactive contamination due to a nuclear accident.
- Any mental or functional disorder. Participation in sports or pastimes of a hazardous nature including (but not limited to) parachuting, potholing, mountaineering and hot air ballooning.
- Any condition existing prior to the Commencement Date except as stated in the Schedule.

In addition to the above mentioned exclusions, no benefit will be payable if the Permanent Total Disability is caused or aggravated directly or indirectly by:

- Aviation other than as a passenger in a commercial licensed passenger aircraft.
- Human Immunodeficiency Virus (HIV) or variants (including Acquired Immune Deficiency Syndrome (AIDS))

Please Note

- All the benefit payouts are contingent upon all due premiums having been paid.

Grace Period: There is a grace period of 30 days to pay your premium for yearly, half-yearly and quarterly modes and 15 days for monthly mode.

Lapse: If premium payment is discontinued before payment of premium for at least 3 years, the policy shall lapse without any value after the grace period and all risk covers will cease. A lapsed policy can be reinstated within a reinstatement period of 2 years from the date of first unpaid premium, by paying all due premiums together an interest as prevailing at the time of payment, failing which the policy will be terminated without any benefit payable.

Company reserves the right to reinstate a lapsed / paid-up policy. The revival of a lapsed / paid-up policy is also subject to payment of revival fee, which is ₹ 250/- at present and subject to review in future with IRDA approval. The policyholder may be required to pay interest and provide proof of insurability to reinstate the policy at own cost, as per the prevailing re-instatement rules of Aviva. Currently the interest rate chargeable is 9%

per annum compounded monthly and proof of insurability is waived for first six months for policies without critical illness related benefits.

Paid-up: If premium payment is discontinued after payment of premium for 3 years, the policy shall become paid-up after the expiry of grace period and will acquire paid-up value. A paid-up policy can be reinstated within a reinstatement period of 2 years from the date of first unpaid premium.

Death Benefit for a paid-up policy will be equal to Paid-up Sum Assured calculated as:

$$\text{Paid-up Sum Assured} = \text{Sum Assured} \times \left(\frac{\text{Number of Premiums Paid}}{\text{Number of Premiums payable under the policy}} \right)$$

The sum of all premiums paid to date (excluding Rider Premium. Extra premiums and taxes, if any) shall be payable in case of survival till maturity.

Surrender

- For Regular Premium policies:

Surrender Value will be payable after the completion of three years from the date of commencement of the policy, if at least three years' premiums have been paid. Surrender Value payable is greater than the Guaranteed Surrender Value and Special Surrender Value.

- Guaranteed Surrender Value = 30% of the sum of all premiums paid (excluding the premiums for the first year and also excluding the Rider Premium extra premiums and taxes, if any)

- Special Surrender Value = Paid-up Value X Surrender Value Factor

Surrender Value Factors will be decided by the Company from time-to-time.

- For Single Premium policies (applicable under Option A only):

The policy can be surrendered at any time after completion of first policy year. The Surrender Value from the second policy year will be calculated as:

$$\frac{75\% \times (\text{Outstanding Policy Term in years}) \times \text{Single Premium}}{\text{Original Policy Term in years}}$$

Outstanding Policy Term will be calculated as on the date of surrender. Any fraction of the year will be rounded down to zero, if the fraction is less than half and up to one or if the fraction is greater than or equal to half.

Single Premium here would be excluding extra premium and taxes, if any

- Tax Benefits:** Tax benefits will be as per the prevailing tax laws. Tax laws are subject to change.
- Nomination and Assignment:** Nomination, as defined under Section 39 of Insurance Act 1938, and Assignment, as defined under Section 38 of Insurance Act 1938, are allowed under this policy.
- Freelook Period:** The policyholder has the right to review the policy terms and conditions, within 15 days, from the date of receipt of the policy document. If the policyholder cancels the policy during Freelook Period, the company will refund the premium on the date of cancellation, after deducting proportionate risk premium, Rider Premium, if any, and expenses incurred on medicals and stamp duty.

Aviva LifeShield Advantage – About premium payment

- For Regular Premium modes other than the Annual Premium mode, the premium will be calculated by multiplying the Annual Premium by the corresponding modal factors given below:

Premium Payment Mode	Modal Factor
Yearly	1.0000
Half-yearly	0.5108
Quarterly	0.2591
Monthly	0.0871

Sample Premium Rates:

- Tabular premium per 1000 of Sum Assured for a healthy individual (Regular Premium):

Option A:

Age	Male			Female		
	PT = 10	PT = 20	PT = 30	PT = 10	PT = 20	PT = 30
25	16.82	9.47	7.98	16.82	9.47	7.98
35	18.63	11.06	9.57	18.63	11.06	9.57
45	25.43	16.25	-	25.43	16.25	-

Option B:

Age	Male			Female		
	PT = 10	PT = 20	PT = 30	PT = 10	PT = 20	PT = 30
25	18.44	10.38	8.77	18.44	10.38	8.77
35	20.50	12.21	10.62	20.50	12.21	10.62
45	28.50	18.42	-	28.50	18.42	-

- Tabular premium per 1000 of Sum Assured for a healthy individual (Option A - Single Premium):

Age	Male			Female		
	PT = 10	PT = 20	PT = 30	PT = 10	PT = 20	PT = 30
25	68.24	56.26	60.46	68.24	56.26	60.46
35	79.35	71.86	82.28	79.35	71.86	82.28
45	118.24	117.22	-	118.24	117.22	-

- Rebate for high Sum Assured:** You are eligible for a rebate on premium payable, if you choose a high Sum Assured as detailed below:
Rebate per ₹ 1000 SA for Regular Premium policies (Option A and Option B)

Policy Term (in years)	Range of Sum Assured (SA) (in ₹ lakh)						
	SA < 3	3 <= SA < 4	4 <= SA < 5	5 <= SA < 10	10 <= SA < 20	20 <= SA < 50	50 <= SA
10	Nil	3.75	5.75	7.25	9.75	11.00	12.25
11 to 15	Nil	2.50	3.75	4.50	6.00	7.00	7.50
16 to 20	Nil	2.25	3.25	4.00	5.25	6.00	6.50
21 to 25	Nil	2.00	3.00	3.50	4.50	5.25	5.75
26 to 30	Nil	1.75	2.75	3.25	4.25	5.00	5.25

Rebate per ₹ 1,000 SA for Single Premium policies (Option A only):

Policy Term (in years)	Range of Sum Assured (SA) (in ₹ lakh)					
	SA < 3	3 ≤ SA < 4	4 ≤ SA < 5	5 ≤ SA < 10	10 ≤ SA < 20	20 ≤ SA
10	Nil	12.50	17.50	22.50	30.00	40.00
11 onwards	Nil	10.00	15.00	20.00	25.00	30.00

- Service Tax and Education Cess, as per the prevailing rates, would be applicable on the above premium separately.

Acceptance

Aviva will not be liable to any claim until acceptance of risk and receipt of premium in full.

Why invest with Aviva?

Aviva Life Insurance is a joint venture between Dabur Group and Aviva Group – a UK based insurance group, whose association with India goes back to 1834. By choosing Aviva Life Insurance you benefit from the management experience of one of the world's oldest Insurance Groups, with a history dating back to 1696. Today, Aviva has 53 million customers in over 27 countries.

Founded in 1884, Dabur is one of India's oldest and largest groups of companies. It is the country's leading producer of traditional healthcare products.

Section 41

In accordance with Section 41 of the Insurance Act, 1938, "No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

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

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees".

Section 45

In accordance with Section 45 of the Insurance Act, 1938, "No policy of life insurance effected before the commencement of this Act shall after the 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 statement made in the

proposal 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 policyholder and that the policyholder knew at the time of making it 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."

Annexure

1. Premium can be paid by cash, cheque or demand draft at any Aviva Branch Office. You can also drop your cheque or draft at an Aviva Branch or at the Skypack Drop Box near you. Visit www.avivaindia.com for a list of drop box locations.
2. For Regular Premium policies, premium payment mode can be changed on any policy anniversary by giving a written notice of at least 30 days before the policy anniversary. An alteration fee of ₹ 100/- per alteration is charged at present. This fee can be changed subject to approval of Insurance Regulatory and Development Authority (IRDA).

Queries and Complaints

If you want additional information or if you have any queries or complaints, please contact us at the numbers given below:

1800 180 2244

(Toll-free for BSNL/MTNL users)

or 0124-2709046, SMS "Aviva" to 5676737

You may also contact



Street to School

Education is Insurance

An initiative to provide education to underprivileged children.
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AVIVA

Life Insurance

A Joint Venture between Dabur Group and Aviva Group

Aviva Life Insurance Company India Ltd.

Aviva Tower, Sector Road, Opposite Golf Course, DLF Phase-V,
Sector 43, Gurgaon-122 003

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Advt. No.: 1581

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Insurance is the subject matter of the solicitation.

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