

Kotak

GROUP RIDER B E N E F I T S

Add more to your insurance plan

GROUP RIDER BENEFITS

Every person has a different need and we at Kotak Life Insurance recognize this. To give flexibility, enhanced cover, we offer a set of riders that may be opted for along with the policy to customize the cover as per requirements.

Riders Offered

Accidental Death Benefit Rider (Non-Linked Group Rider)

In the event of death of the member as a result of an accident¹ during the term of the policy, the beneficiary would receive an additional lump sum benefit, which is over and above the basic sum assured. The member can avail Accidental Death² benefit without any additional underwriting requirement.

Please refer to Point 9(I) under Terms & Conditions for detailed exclusions.

Accidental Disability Benefit (Rider)

If the member is totally and permanently disabled as a result of an accident¹, the member would receive a lump sum benefit in addition to the basic sum assured. The member can avail the Accidental Total and Permanent Disability³ benefit without any additional underwriting requirement.

Please refer to Point 9(II) under Terms & Conditions for details exclusions.

Critical Illness Benefit (Non-Linked Group Rider)

This rider pays out an additional benefit if the insured member is diagnosed with a first instance of one of the 17 critical illnesses⁵ covered and this is proved to the satisfaction of Kotak Life Insurance. After payment this benefit will cease but death benefit for the member

shall not be affected. There is a 90 day Waiting Period⁶ for this rider i.e. no claims arising during this period will be paid. Benefits shall be payable only in case the member survives the Survival Period⁹. Please refer to Point 9(IV) under Terms & Conditions for details of exclusions

Critical Illness Plus Benefit (Non-Linked Group Rider)

This rider pays out an additional benefit if the insured member is diagnosed with a first instance of one of the 17 critical illnesses⁵ covered and this is proved to the satisfaction of Kotak Life Insurance. After payment this benefit will cease but death benefit for the member shall not be affected. There is a 90 day Waiting Period⁷ for this rider i.e. no claims arising during this period will be paid. Benefits shall be payable only in case the member survives the Survival Period⁸. Please refer to Point 9(IV) under Terms & Conditions for details of exclusions

The illnesses⁵ covered under Kotak Critical Illness Benefit (Non-Linked Group Rider) and Kotak Critical Illness Plus Benefit (Non-Linked Group Rider) are as follows:

- Myocardial Infarction (First Heart Attack – Of Specified Severity)
- Cancer of specified severity
- Stroke resulting in permanent symptoms
- Open Chest CABG
- Kidney failure requiring regular dialysis
- Major organ / Bone Marrow Transplant
- Permanent Paralysis of limbs
- Motor Neuron Disease with Permanent Symptoms
- Surgery of Aorta
- COMA of specified severity
- Third degree burns
- Blindness
- Loss of limbs
- Loss of Speech
- Benign Brain Tumour
- Parkinson's Disease
- Open Heart Replacement OR Repair Of Heart Valves

Eligibility Criteria for:

Accidental Death Benefit (ADE) (Non-Linked Group Rider), Accidental Disability Benefit (ADB) (Rider), Critical Illness (CI) (Non-Linked Group Rider) and Critical Illness Plus (CIP) (Non-Linked Group Rider).

Particulars	Minimum	Maximum
Entry age (Age as on last birthday)	18 Years	For ADE, ADB: 74 years or maximum entry age of base plan whichever is lower. For CI & CIP : 64 years or maximum entry age of base plan whichever is lower.
Maturity Age (Age as on last birthday)	19 Years	For ADE, ADB: 75 years or maximum maturity age of the base plan whichever is lower. For CI & CIP : 65 years or maximum maturity age of the base plan whichever is lower.
Rider Sum Assured	₹ 10,000/-	Member's Basic Life Cover under the base policy.
Premium	For any group will be based upon the sum assured per life and minimum group size.	
Rider Benefit term	1 year	1 year, renewable indefinitely
Rider Premium Payment Term	Equal to benefit term	
Premium payment mode	Yearly, Half-yearly, Quarterly and Monthly	

Particulars	Minimum	Maximum
Modal factors	Premiums will be calculated annually in advance. This may be converted into monthly, quarterly or semi-annual premiums using the following modal factors:	
	Yearly	: 100% of tabulated rates
	Half-yearly	: 51% of yearly premium
	Quarterly	: 26% of yearly premium
	Monthly	: 8.75% of yearly premium

In case of lapse the rider can be revived according to the terms and conditions of the base plan and as per prevailing underwriting guidelines.

Kotak Group Terminal Illness Benefit (Rider)

If the member is diagnosed with a terminal illness, then the Terminal Illness Benefit would be paid out. The death benefit for the member will reduce to the extent of the payout.

Eligibility Conditions	Minimum	Maximum
Age at Entry	18 years.	74 years
Age at Maturity	19 years	75 years or maximum maturity age of the base plan whichever is lower.
Policy Term	1 year	Yearly Renewable
Rider Sum Assured	₹ 10,000/-	Basic Sum Assured of Member
Minimum Group Size	50 members per group	
Premium Payment Term	Equal to Policy Term	
Modal Premium	Annual - N.A., Half yearly - 51% of annual premium, Quarterly - 26% of annual premium, Monthly - 8.75% of annual premium	

In case of lapse the rider can be revived according to the terms and conditions of the base product and as per prevailing underwriting guidelines. Where the base plan participates in experience sharing, the rider loadings and refund will be as per the base plan. Please refer to Point 9(V) under Terms & Conditions for details exclusions

Eligibility Criteria for:

Eligibility Conditions	Minimum	Maximum
Age at Entry	18 years.	74 years
Age at Maturity	19 years	75 years or maximum maturity age of the base plan whichever is lower.
Policy Term	1 year	Yearly Renewable
Rider Sum Assured	₹ 10,000/-	Basic Sum Assured of Member
Minimum Group Size	50 members per group	
Premium Payment Term	Equal to Policy Term	
Modal Premium	Annual - N.A., Half yearly - 51% of annual premium, Quarterly - 26% of annual premium, Monthly - 8.75% of annual premium	

In case of lapse the rider can be revived according to the terms and conditions of the base product and as per prevailing underwriting guidelines. Where the base plan participates in experience sharing, the rider loadings and refund will be as per the base plan. Please refer to Point 9(VI) under Terms & Conditions for details of exclusions

Terms & Conditions:

1. Definition of Accident:

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

2. Definition of Accidental Death:

- a) The member has sustained any bodily injury directly and solely from the accident, which has been caused by external/outward, violent and visible means and the injury is independent of all other causes.
- b) The death must occur within 120 days of the date of accident due to such injury as stated above, solely, directly and independently of all other causes of death.
- c) The accident which eventually leads to death has occurred during the term of the policy, even if the death occurs after policy term but within 120 days of accident.

3. Definition of Accidental Total and Permanent Disability:

- a) The member has sustained any bodily injury directly and solely from the accident, which has been caused by external/outward, violent and visible means and the injury is independent of all other causes.
- b) The disability is such that the member is totally and permanently:

- i. unable to earn an income from the date of the accident onwards from any work, occupation or profession (commensurate with his educational qualifications, training and experience), or
 - ii. unable to use both hands at or above the wrist, or
 - iii. unable to use both feet at or above the ankle, or
 - iv. unable to use one hand at or above the wrist and one foot at or above the ankle, or
 - v. blind in both eyes.
- c) The member must be alive for 120 days after the accident.

4. Illnesses covered under Critical Illness Benefit Rider (Non-Linked Group Rider) and Critical Illness Plus Benefit Rider (Non Linked Group Rider):

If the insured member is diagnosed with a first instance of the Critical Illness conditions as defined under the definitions below, and the insured/Policyholder proves the same to the satisfaction of the Insurer, the Critical Illness Benefit Sum Assured will be payable and after the payment, this benefit will cease for the Member concerned. This benefit represents an advance of the Basic Life Cover Benefits (under the base Policy) that would normally have been paid on death of the Member. Therefore, on the payment of the Critical Illness Benefit, such Basic Life Cover Benefits will reduce to the extent of Critical Illness Benefit paid. The illnesses covered are as follows:

1. MYOCARDIAL INFARCTION (FIRST HEART ATTACK – OF SPECIFIED SEVERITY)

- I. The first occurrence of heart attack 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:
 - i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 - ii. new characteristic electrocardiogram changes
 - iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease or following an intra-arterial cardiac procedure

2. Cancer of specified severity

- I. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & 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 –

- I. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- iii. Malignant melanoma that has not caused invasion beyond the epidermis
- iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
- vi. Chronic lymphocytic leukaemia less than Rai stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
- viii. 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

3. 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:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. 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:
 - I. Angioplasty and/or any other intra-arterial procedures

5. 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.

6. Major organ / Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. 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:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

7. 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.

8. 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.

9. Surgery of Aorta

- I. The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. Stent-grafting is not covered.

10. Third Degree burns

- I. 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.

11. Open Heart Replacement OR Repair OF Heart Valves

The actual undergoing of open-heart valve surgery 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.

12. 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:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. 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

13. 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:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. 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 directly from alcohol or drug abuse is excluded.

14. 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:

- i. The disease cannot be controlled with medication; and
- ii. There are objective signs of progressive deterioration; and
- iii. 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:

- i. **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;
- ii. **Dressing** - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. **Transferring** - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. **Toileting** - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

- v. **Feeding** - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

15. BENIGN BRAIN TUMOUR

- 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.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. 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.

16. 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.

17. MOTOR NEURON DISEASE

- 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.

5. Terminal Illness

Terminal Illness is a non-correctable/non-curable medical condition or a non-response to specific disease therapy that is likely to culminate in death within a year. Terminal Illness should be established and confirmed in writing and with reasonable certainty; in the opinion of both the member's attending physician (based on consultation with relevant medical specialists) as well as Kotak Life's Chief Medical Officer. The decision of Kotak Life's Chief Medical Officer would be final in this regard.

The member will be entitled to make a Terminal Illness claim where both conditions below are satisfied:

1. The medical illness has been exhaustively investigated, diagnosed and treated by specialists in that faculty, and at the end of the treatment, the attending medical experts have opined

that the disease is incurable, and only supportive / empirical therapy can be offered. A certificate from the treating specialist confirming this condition is required.

2. Where the member is an employee of a company, the employer (company) is required to certify that the member (employee) has not been able to fulfill the daily requirements of his/her job continuously during the last two months in view of his terminal illness (which is likely to culminate in death within a year to be certified by the treating specialist), immediately prior to the date of intimation of Terminal Illness to Kotak Life. Where the life insured is self-employed, he/she should provide suitable supporting evidence of inability to work as defined above to Kotak Life.

6. Waiting Period:

In case of Critical Illness Benefit & Critical Illness Plus Benefit there is a 90 day waiting period (no claims arising in first 90 days of policy commencement or date of joining of member, whichever is later, will be paid). This Waiting Period will not be applicable in case of critical illness is caused due to accident during the policy term.

7. Survival Period:

In case of Critical Illness Plus Benefit (Group Rider) there is a survival period of 30 days i.e. in case of the death of the insured within the stipulated survival period (30 days), measured from the

date of incidence of the covered critical illness condition shall not be admitted as a claim.

8. Exclusions:

(I) Accidental Death Benefit Rider (Non-Linked Group Rider):

This benefit will not be payable if the death due to accident takes place in the following circumstances:

- Self inflicted injuries, suicide, immorality, committing any breach of law or being under influence of drugs, liquor, any narcotic etc.
- When the member is engaged in aviation or aeronautics other than as a passenger on a licensed commercial aircraft operating on a scheduled route.
- Due to injuries from war (whether war is declared or not), invasion, hunting, mountaineering, motor racing of any kind, other dangerous hobbies or activities, or having been on duty in military, paramilitary, security organization.

(1) Where, other Dangerous Hobbies or Activities is defined as follows: Any Activity where the duties of the occupation or the environment in which it is performed increases the risk to life. Examples of such occupations/ activities include but are not limited to occupations/ activities with increased physical activity, working under strenuous conditions and risk elements like working at heights, deep sea, mining, handling explosives,

dangerous chemicals, working in extreme conditions, and frequent flying on unscheduled flights or non-commercial carriers.

- Participation by the insured person in a criminal or unlawful act with any criminal intent

(II) Accidental Disability Benefit (Rider):

This benefit will not be payable if the disability due to accident takes place in the following circumstances:

- Self inflicted injuries, attempted suicide, immorality, committing any breach of law or being under influence of drugs, liquor etc.
- When the member is engaged in aviation or aeronautics other than as a passenger on a licensed commercial aircraft operating on a scheduled route.
- Due to injuries from war (whether war is declared or not), invasion, hunting, mountaineering, Motor racing of any kind, other dangerous hobbies or activities, or having been on duty in military, paramilitary, security or police organization.

(III) Critical Illness Benefit (Non-Linked Group Rider) and Critical Illness Plus Benefit (Non-Linked Group Rider):

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:

- Any disease occurring within the waiting period;
- No benefits will be payable for a period of 36 months for any event which is a direct or indirect result of any pre-existing diseases*

*Pre-Existing condition is any condition, ailment or injury or disease(s):

1. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 2. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to effective date of the policy issued by the insurer or its reinstatement
- Any congenital condition.
 - Intentional self-inflicted injury, attempted suicide.
 - 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.
 - Failure to seek or follow medical advice or treatment under reasonable circumstances from any registered and qualified Medical Practitioner. Medical Practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

- Medical Practitioner shall not include: The Policyholder's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or Life insured / policyholder under this policy
- 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 insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the insured person in a criminal or unlawful act with criminal intent.
- Engaging in or taking part in hazardous activities**, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not.
- ** Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.

- 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.

(IV) Kotak Group Terminal Illness Benefit (Rider)

This benefit will not be payable if the death due to accident takes place in the following circumstances:

- Claims resulting from attempted Suicide within first year from the date of commencement of member cover/ date of revival of member cover will not be paid.
- Self inflicted injuries or attempted suicide within the one year from the commencement of member cover/ date of revival of member cover.

(V) Family Benefit (Rider)

This benefit will not be payable in the following circumstances:

- Claims resulting from suicide within first year from the date of commencement of rider cover/ date of revival of rider cover.

9. Grace Period:

There is a grace period of 30 days from the due date for payment of premium for the yearly, half-yearly and quarterly mode. For the monthly mode there is a grace period of 15 days from the due date for payment of premium. During this period the policy will be considered to be in-force with risk cover as per the terms of the policy

10. Free Look Period:

The Policyholder/Member is offered a 30 days' free look period to review the terms and conditions of the Rider (except for policies having a policy term of less than a year) beginning from the date of receiving the Policy Document/COI in electronic form. In case the Policyholder/Member is not agreeable to any terms and conditions of the rider or otherwise; then subject to no claims having been made hereunder, the Policyholder/Member choose to return the rider to the Insurer for cancellation, stating the reasons thereof within the aforesaid free look period.

Should the Policyholder/Member choose to return the rider, the Policyholder/Member shall be entitled to a refund of the Premium paid after deducting the proportionate risk Premium for the period of cover, stamp duty charges and expenses of medical examination (if any).

A rider once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new rider.

Where Rider(s) are available under the base Policy and so opted by the Policyholder/Member, the same would also stand cancelled when the free look provision of the base Policy is exercised.

11. Goods and Services Tax and Cess:

Goods and Services Tax and Cess, as applicable shall be levied as per the prevailing tax laws. In case of any statutory levies, cess,

duties etc., as may be levied by the Government from time to time, the Company reserves its right to recover such statutory charges from the policyholder(s).

Extract of Section 41 of the Insurance Act, 1938 as amended from time to time states:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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: rupees

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs

Section 45 of the insurance Act, 1938 as amended from time to time states:

Fraud, Misstatement and Forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. Please visit our website for more details:

https://www.kotaklife.com/assets/images/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf

About Us

Kotak Mahindra Life Insurance Company Ltd. is a 100% owned subsidiary of Kotak Mahindra Bank Limited (Kotak) which provides insurance products with high customer empathy. Its product suite leverages the combined prowess of protection and long term savings. Kotak Life Insurance is one of the growing insurance companies in India and has covered over several million lives.

For more information, please visit the company's website at www.kotaklife.com

Kotak Mahindra Group

Kotak Mahindra Group is one of India's leading banking and financial services organizations, offering a wide range of financial services that encompass every sphere of life. From commercial banking, to stock broking, mutual funds, life insurance and investment banking, the Group caters to the diverse financial needs of individuals and the corporate sector.

For more information, please visit the company's website at www.kotak.com

**BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS
/FRAUDULENT OFFERS**

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.



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Kotak Accidental Death Benefit Rider (Non-Linked Group Rider) UIN No.: 107B005V06, Kotak Accidental Disability Benefit (Rider): UIN No.: 107B008V03, Kotak Critical Illness Benefit Rider (Non-Linked Group Rider) UIN No.: 107B009V07, Kotak Critical Illness Plus Benefit (Non-Linked Group Rider): UIN No.: 107B015V06, Kotak Group Terminal Illness (Rider) UIN No.: 107B014V03.

The riders are non-participating, non-linked, group riders in nature. Please refer to the policy documents for the complete Terms and Conditions of the riders.

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