

A Non-Linked, Non-Participating, Individual, Pure Risk, Life Insurance Rider
(Attachable to Unit Linked Products)

Reliance Nippon Life Accidental Total and Permanent Disability Plus Rider provides you an additional cover by offering a lump sum payout in case of Accidental Total and Permanent Disability, providing financial support when an accident leads to life-altering consequences. This rider, when attached to your base policy, ensures that an additional benefit is paid out if the Life Assured suffers a Permanent and Total Disability due to an accident, helping you and your family maintain financial stability during difficult times.

Reliance Nippon Life Accidental Total and Permanent Disability Plus Rider at a glance

Age at Entry	18 to 65 years	
Maturity Age	23 to 75 years	
Rider Sum Assured [#]	Minimum: Rs. 50,000 Maximum: No limit, subject to Company's Board approved Underwriting Policy	
Rider Premium Payment Term	PPT	Rider Term
	Regular Pay	5 years to 40 years
	Limited Pay (5 to 20 years)	6 years to 57 years
Premium Payment Frequencies	Yearly, Half-yearly, Quarterly, Monthly	

Note: All the references to age are based on age last birthday

The rider shall be available for both online and offline sale.

The premium varies by rider sum assured, policy term and premium payment term

[#] The rider sum assured shall not exceed the sum assured on death at inception under the base plan.

Benefits in Detail

This is an optional rider that can be added to individual linked life insurance plans by paying an additional level premium. It provides financial support through a lump sum payout in the unfortunate event of an accident leading to total and permanent disability of the Life Assured within 180 days from the date of the accident, provided the Life Assured survives for at least 180 days.

• **Accidental Total and Permanent Disability Benefit**

In the event of an Accidental Total and Permanent Disability of the Life Assured within the Rider Policy Term, the Rider Sum Assured will be payable to the Claimant in lump sum, provided the Rider is in-force as on the date of Accident and disability occurs within 180 days from the date of Accident.

Accidental Total and Permanent Disability means disability as a result of bodily injury caused by an accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be total and permanent, and must result in at least one of the following:

The Life Assured suffers an injury/Accident due to which there is total and irrecoverable:

- i. Loss of Use of at least two limbs
- ii. Loss of Sight of both eyes

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- iii. Loss of hearing and loss of speech
- iv. Loss of Use of four fingers and Thumb of both hands
- v. Loss of Use of one limb and sight of one eye
- vi. Loss of Use of one limb and hearing
- vii. Loss of Use of one limb and speech
- viii. Loss of sight of one eye and speech
- ix. Loss of sight of one eye and hearing
- x. Loss by severance of two or more limbs at or above wrists or ankles
- xi. Loss by severance of four Fingers and Thumb of both hands
- xii. Loss by severance of one limb and sight of one eye
- xiii. Loss by severance of one limb and hearing
- xiv. Loss by severance of one limb and speech

If the disability is due to severance, the loss of hand will mean amputation/dismemberment above wrist, the loss of arm will mean amputation/ dismemberment above elbow, the loss of feet will mean amputation/dismemberment above ankle and the loss of leg will mean amputation/dismemberment above knee. This will include medically necessary amputation necessitated by accidental injury. The separation has to be permanent without any chance of surgical correction. If the disability is not due to amputation/dismemberment, the loss will mean loss of usage of both limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only. Loss of a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least six months.

The total Loss of Sight in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident, evidenced by:

- i. corrected visual acuity being 3/60 or less in one eye or;
- ii. the field of vision being less than 10 degrees in one eye

The diagnosis of Loss of Sight in one eye must be certified by an Ophthalmologist to be permanent in nature and must not be correctable by aids or surgical procedure.

Loss of Hearing – Total and irreversible loss of hearing in both ears as a result of 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.

Loss of Speech – Total and irrecoverable loss of the ability to speak as a result of injury 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.

The disabilities as stated above must have continuously lasted, without interruption for at least 180 days and must in the opinion of a Medical Practitioner, be deemed permanent. These disabilities as stated above must also be verified by a Medical Practitioner appointed by the Insurer.

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The benefit is also payable if the Accidental Total & Permanent Disability occurs beyond the Rider Coverage Term but within 180 days from the date of Accident, provided the Accident occurs within the Rider Coverage Term and the Rider is either in-force or in the Grace Period at the time of Accident.

An accident for the purpose of this rider is defined as a sudden, unforeseen and involuntary event caused by external, visible and violent means which occurs after the Risk Commencement Date of the Rider and before the termination of the Rider.

The exclusions with respect to the benefit are as mentioned in the Terms & Conditions Section 4.

- **Maturity Benefit**

There is no maturity benefit under this rider.

Other Features

- **Grace Period**

The grace period will be same as applicable under the base plan.

- **Non-forfeiture Conditions**

The plan provides non-forfeiture benefits as described below:

Rider coverage shall lapse if due premiums are not received before expiry of grace period. No rider benefit shall be payable in lapsed status. If a Lapsed Rider is not revived within the Revival Period, the Rider Policy will terminate on expiry of the Revival Period and Exit Value, if applicable, will be paid to the Policyholder as mentioned in the Exit Benefit section below.

Paid-up benefits:

Rider shall not acquire any Paid-up value.

Exit Benefit:

If the Base Policy, to which the Rider is attached, is discontinued (as defined in the base plan), the Rider coverage would cease and Exit Value for Rider benefit, if any, shall be payable along with the benefit payable under the Base Policy on such discontinuation or at the end of the Rider Policy Term or at the end of the Revival Period, whichever is earlier.

If the policyholder voluntarily opts to discontinue the rider coverage and terminate it prior to completion of Rider Policy Term, the Exit Value of the Rider, if any, shall be paid and the rider coverage shall be terminated.

Exit Benefit shall be payable subject to the terms and conditions mentioned in the table below:

Premium Payment	Exit Benefit	Exit Value
Limited pay	Exit Value shall be payable if at least 3 full year's rider premiums have been paid	75% multiplied by Total rider Premiums Paid multiplied by ((Rider Policy Term minus Rider Premium Payment Term) divided by Rider Policy Term multiplied by (Outstanding Rider Policy Term divided by Rider Policy Term)
Regular pay	No benefit payable	No benefit payable

Total rider premiums paid means total of all premiums paid under this Rider Policy, excluding any extra premium and taxes, if collected explicitly.

Revival:

The Rider can be revived within the applicable revival period starting from the due date of first unpaid premium but before the end of Rider policy term provided that the Base Policy is in-force. Revival period would be the same as applicable to the Base Policy. If the Base Policy is revived, Rider benefits can be revived provided Rider is not terminated, by paying all the due Rider premiums under the Riders with interest at prevailing rate of interest.

Prevailing interest shall be equal to 10-year benchmark G-sec effective annual yield as on last working day of previous financial year, rounded up to the nearest multiple of 25 basis points subject to minimum revival interest rate of 6.50% p.a. The revival interest rate will be declared at the start of the financial year and will be applicable for the financial year effective from 1st April. The Company reserves the right to revise the applicable interest rate less frequently than annual and change in basis of determination of revival interest rate. The revival interest rate for FY 25-26 is 6.75% p.a. compounded yearly. Please contact Us to know the prevailing rate of interest for revival of policies.

Revival will be subject to Company's Board approved Underwriting Policy. The revival of the Rider shall take effect only if the Base Policy is In-force or it has been revived.

Terms and Conditions

1. Tax benefit

Premium paid under Reliance Nippon Life Accidental Total and Permanent Disability Benefit Plus Rider may be eligible for income tax deduction, subject to the applicable income tax laws and conditions. Income tax benefits under this rider, if any, shall be applicable as per the prevailing Income Tax Laws are subject to amendments from time to time. Please consult your tax adviser.

2. Taxes

The Goods and Services tax and cess, if any will be charged over and above the Base Premium and rider(s) premium, if any, as per the applicable rates declared by the Government from time to time.

In future, the Company shall pass on any additional taxes levied by the Government or any statutory authority to the policyholder. The method of collection of these taxes shall be informed to the policyholders under such circumstances.

3. Rider Conditions

- Rider can be attached on commencement of the base plan or any subsequent policy anniversary
- Rider premium is payable over and above the premium under the base plan and shall be paid along with the premium under the base plan
- Rider Policy Term can be less than or equal to that of the term of the Base Policy, if chosen at commencement of the Base Policy or equal to the outstanding term of the Base Policy if chosen at subsequent Policy Anniversary, subject to maximum maturity age of 75 years.
- Rider Premium Payment Term can be less than or equal to that of Premium Payment Term of the Base Policy, if chosen at inception. When Rider is attached subsequent to Policy issuance, the Rider Premium Payment Term would be equal to remaining Premium Payment Term of the Base Policy, subject to minimum Rider Premium Payment Term of 5 years and maximum maturity Age of 75 years.
- Premium payment frequency of the Rider shall be same as premium payment frequency of the base plan.
- If the base plan is terminated/lapsed/discontinued due to any reason, the rider coverage will be expire.

4. Exclusions

The accidental total and permanent disability benefit is not payable if total and permanent disability occurs after 180 days of the occurrence of the accident. The accidental total and permanent disability benefit is not payable if total and permanent disability occurs within 180 days of the occurrence of the accident and provided the disability does not persist continuously for 180 days from the date of the accident.

The Company will not pay any accidental total and permanent disability claim which results directly or indirectly from any one or more of the following:

1. Disability occurs as a result of any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. 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
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement.
2. Disablement occurs as a result of Accident where the Accident had happened before or after the coverage period.
3. Disablement occurs as a result of Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
4. Certification of disability is provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Disability occurs as a result of Congenital external diseases, defects or anomalies or in consequence thereof.

7. Disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
8. Disability occurs as a result of Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
9. Disablement occurs as a result of treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
10. Disablement occurs as a result of policyholder being under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.
11. Disablement occurs as a result of participation of 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.
12. Disablement occurs as a result of Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
13. Disablement occurs as a result of working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
14. Disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

5. Free look

You are provided with Free Look Period of 30 days beginning from the date of receipt of this Rider Policy Document, whether received electronically or otherwise, to review the terms and conditions stipulated in this Rider Policy Document. In the event You disagree to any of the Rider Policy terms or conditions, or otherwise and have not made any claim, You shall have the option to return the Rider Policy to the Company for cancellation, stating the reasons for the same. Irrespective of the reasons mentioned, the Company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover, if any and the expenses incurred by the Company on the medical examination, if any, and stamp duty charges. The Rider Policy shall terminate on Free Look cancellation.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free Look Period will be from the date of the email informing Policy credit in IR.

A request received by the Company for cancellation of the Policy during Free Look period shall be processed and the proceeds shall be refunded within 7 days of receipt of such request, subject to the aforesaid deductions.

6. Nomination

Nomination is allowed as per Section 39 of the Insurance Act, 1938, as amended from time to time.

7. Assignment

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

8. Section 41 of the Insurance Act, 1938, as amended from time to time

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.

9. Section 45 of the Insurance Act, 1938, as amended from time to time

1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5) 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

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the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Note

This rider brochure gives only the salient features of the rider and it is only indicative of terms, conditions, warranties and exceptions. This brochure should be read in conjunction with the rider exclusions, terms & conditions. For further details on all the conditions, exclusions related to Reliance Nippon Life Accidental Death Benefit Plus Rider, please contact our insurance advisors.

Tax laws are subject to change, consulting a tax expert is advisable.

Reliance Nippon Life Insurance Company Ltd. IRDAI Registration No: 121

CIN: U66010MH2001PLC167089

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1. Call us between 8am to 8pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or
2. Visit us at www.reliancenipponlife.com or
3. Email us at: rnlife.customerservice@relianceada.com
4. Chat with us on Whatsapp number (+91) 7208852700

Reliance Nippon Life Accidental Death Benefit Plus Rider

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