



IndusInd Nippon Life



 **Sabse Pehle**
Life Insurance

Make sure that
'When I retire' never
changes to
'When will I retire?'

IndusInd Nippon Life Saral Pension

A Single Premium, Non-Linked Non-Participating Individual Immediate Annuity Plan

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Your retirement could be the best days of your life. However, you need financial stability and independence to enjoy your golden years with comfort and ease. You need to purchase an annuity plan which provides lifetime income in your retirement years.

Celebrate your golden years with IndusInd Nippon Life Saral Pension, a retirement plan that is customized to your needs. The plan has been designed to provide you and your spouse with a guaranteed income for life so that you need not worry about outliving your financial resources. Make this policy a part of your retirement plan's building block to generate regular income offering the much-needed peace of mind.

Key Benefits

-  Pay once and enjoy a guaranteed income for your entire life
-  Flexibility to receive annuities monthly, quarterly, half-yearly or yearly
-  **Choice of two Annuity options to cater to your needs:**
 - Life Annuity with Return of 100% of Purchase Price (ROP):
 - » Enjoy life time guaranteed income
 - » Purchase Price (i.e. Single Premium) returned to nominee on your death
 - Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of last survivor:
 - » Enjoy life time guaranteed income, as long as either you or your spouse is alive
 - » Purchase Price (i.e. Single Premium) returned to nominee on death of last survivor
-  Option to surrender¹ your policy if diagnosed with any of the specified critical illnesses
-  Avail a loan any time after 6 months from date of commencement of your plan
-  Tax benefits may be applicable as per prevailing income tax laws.

¹ Subject to Policy Terms and Conditions

IndusInd Nippon Life Saral Pension at a glance

Parameters	Minimum	Maximum
Entry Age ² (in years)	40	80
Policy Term	Whole Life	
Purchase Price (₹)	1,00,000	No Limit
Annuity Installment	Mode	Amount(₹)
	Monthly	1,000
	Quarterly	3,000
	Half-Yearly	6,000
	Annually	12,000
Annuity Payout Frequency ³	Monthly, Quarterly, Half-Yearly, Annually	

²Age as on last birthday

³The Annuity amount is payable in arrears for any Annuity Payout Frequency, as chosen by the Annuitant. Annuity Payout Frequency once chosen cannot be changed.

The Annuity rate varies by purchase price, age & gender of the Annuitant(s) and chosen annuity option.

This product will be sold through offline and online sales channel.

Benefits in Detail

• Annuity options

At policy inception, you may choose any one of the following annuity options. The annuity option once selected cannot be altered subsequently. The annuity amount shall vary depending on the annuity option selected by the policyholder at inception of the policy.

1. Life Annuity with Return of 100% of Purchase Price (ROP):

Under this option, the annuity amount shall be payable in arrears, as per the chosen annuity payment frequency, throughout the life of the annuitant.

On death of the annuitant, the annuity payments shall cease immediately, 100% of the purchase price (i.e. single premium) shall be paid to the claimant as a lump sum benefit and the policy will terminate.

2. Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of last survivor:

This option can be purchased for joint lives, i.e. a primary and a secondary annuitant with spousal relationship. Under this option, the annuity amount shall be payable in arrears, as per the chosen annuity payment frequency, as long as

the primary and/or the secondary annuitant is alive.

On death of either the primary or the secondary annuitant, provided one of them is surviving, no death benefit is payable, the surviving annuitant shall continue to receive the annuity amount throughout his/her life.

On death of the last surviving annuitant, the annuity payments shall cease immediately, 100% of the purchase price (i.e. single premium) shall be paid to the claimant as a lump sum benefit and the policy will terminate.

There is no maturity benefit available under this plan.

Illustrative Annuity Amount

Age of Annuitant ²	Life Annuity with Return of 100% of Purchase Price (ROP)		Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of last survivor	
	Purchase Price (i.e. Single Premium) (in ₹)		Purchase Price (i.e. Single Premium) (in ₹)	
	10 Lakh	25 Lakh	10 Lakh	25 Lakh
40	51,250	1,29,550	51,090	1,29,250
50	51,490	1,30,000	51,280	1,29,600
60	51,750	1,30,525	51,570	1,30,175
65	51,850	1,30,750	51,740	1,30,550
70	51,870	1,30,750	51,910	1,30,900
80	51,450	1,29,650	52,090	1,31,250

²Age as on last birthday

The Purchase Price (i.e. Single Premium) referred above excludes any applicable taxes and other statutory levies, if applicable. The Annuity amount displayed above is for Annual annuity payout frequency and is for sales through non-online channels.

Your Annuity will be payable in arrears as per your chosen Annuity Payment Frequency from the date of purchase of the plan. This implies that

- For yearly frequency the Annuity payout will be after one year from the date of purchase.
- For half-yearly frequency the Annuity payout will be after 6 months from the date of purchase.
- For quarterly frequency the Annuity payout will be after 3 months from the date of purchase.

- For monthly frequency the Annuity payout will be one month from the date of purchase.

The Annuity amount shown above is as per prevailing rates and are subject to change from time to time. Please consult your sales advisor for the latest Annuity rates.

Other Benefits

Policy Loan

Loan can be availed any time after six months from the date of commencement of policy. The maximum loan that can be granted under the policy shall be such that the effective annual interest amount payable on loan does not exceed 50% of the annual annuity amount payable under the policy.

Under "Joint Life Last Survivor Annuity with Return of 100% of Purchase Price (ROP) on death of last survivor" annuity option, the loan can be availed by the primary annuitant. If the primary annuitant is not alive, then the loan can be availed by the secondary annuitant.

The interest on loans will be charged at the interest rate prevailing at the time of issue of the loan and will remain fixed for the tenure of the loan. The prevailing rate of interest will change from time to time. The interest on loan shall be equal to 10-year G-Sec rate per annum as on 1st April, of the relevant financial year, as published by M/s FBIL, plus not more than 200 bps and shall be applicable for all loans granted during the period of twelve months, beginning first May of the relevant financial year. The rate of interest on loans for FY 24-25 is 8.75% p.a. Please contact Us to know the prevailing rate of interest on Policy loan.

The loan interest will accrue as per the annuity payment frequency chosen by annuitant and will be due on date of annuity payment. The Company reserves the right to change the basis of determination of interest rate and to revise the applicable interest less frequent than annual subject to the approval of IRDAI.

Before payment of any annuity for a policy where the loan is availed of, the outstanding loan interest, if any, will be recovered first and the balance annuity amount, if any, will be paid to the annuitant. In case of joint life, if one of the annuitants dies, and there is a loan outstanding in the policy, the interest on the loan will continue to be recovered from the annuity amount and the balance (if any) shall be payable.

Before payment of death/surrender benefit for a policy where the loan is availed of, the outstanding loan amount along with loan interest, if any will be recovered first and the balance, if any, will be paid to the claimant. However, the annuitant has the flexibility to repay the loan principal at any time during the currency of the annuity payments.

Surrender Benefit

The Policy can be surrendered any time after six months from the date of commencement of policy, if the annuitant/primary annuitant/secondary annuitant or their spouse or any of their children is diagnosed as suffering from any of the critical illnesses as defined in Annexure A of this Sales Literature.

The Surrender Value is equal to 95% of the Purchase Price (i.e. Single Premium) less outstanding loan amount including loan interest, if any.

On payment of the surrender benefit under the policy, the annuity payments shall cease immediately, and the policy will terminate.

The policy can be surrendered on diagnosis of any of the critical illness as specified below:

No.	Critical Illness	No.	Critical Illness
1	Cancer of specified variety	11	Multiple sclerosis with persisting symptoms
2	Myocardial infarction (First heart attack of specific severity)	12	Benign brain tumor
3	Open Chest CABG	13	Blindness
4	Open heart replacement or repair of heart valves	14	End stage lung failure
5	Coma of specified severity	15	End stage liver failure
6	Kidney failure requiring regular dialysis	16	Loss of speech
7	Stroke resulting in permanent symptoms	17	Loss of limbs
8	Major organ/bone marrow transplant	18	Major head trauma
9	Permanent paralysis of limbs	19	Primary (idiopathic) pulmonary hypertension
10	Motor neuron disease with permanent symptoms	20	Third degree burns

For more details on the critical illnesses covered, please refer to Annexure A.

Terms and Conditions

1. Alterations

No alterations can be made under this Policy.

2. Tax benefit

Premium paid under IndusInd Nippon Life Saral Pension may be eligible for tax exemption, subject to applicable Income tax laws and conditions. Income tax Benefits under this plan, shall be as per the prevailing Income Tax Laws and are subject to amendments from time to time. The policyholder is recommended to consult a tax advisor.

3. Taxes

Taxes, duties, cess and surcharges as levied by Tax authorities as per extant Tax Laws as amended from time to time will be levied on the base premium and on the rider premiums, if any.

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.

4. Suicide

There is no suicide exclusion under the product. Claims for death due to suicide shall be treated the same as Death Benefit.

5. Free Look Period

You are provided with free look period of 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, to review the terms and conditions stipulated in the Policy Document. In the event You disagree to any of the Policy terms or conditions, or otherwise and have not made any claim, You shall have the option to return the Policy to the Company for cancellation, stating the reasons for the same. You are requested to take appropriate acknowledgement of Your request letter and return of Policy. Irrespective of the reasons mentioned, the Company shall refund the premium paid, subject to a deduction of the Annuity paid by the Company, if any and stamp duty charges, if any. The Policy shall terminate on payment of this amount and all rights, Benefits and interests under this Policy will stand extinguished.

- The treatment for free look cancellation will be as follows:
- Under standalone immediate annuity policies, the proceeds from Free look Cancellation shall be returned to the Policyholder.
- If this policy is purchased out of proceeds of a deferred pension plan of

any other insurance company, the proceeds from Free look Cancellation will be transferred back to that insurance company.

- If this policy is purchased out of proceeds of a deferred pension plan from IndusInd Nippon Life Insurance Co Ltd, the proceeds from Free look Cancellation will be transferred to the insurer from whom the policyholder wants to purchase annuity, if applicable
- The provision of Free look will not be applicable where policy has been purchased from proceeds of a deferred annuity plan from IndusInd Nippon Life Insurance Co Ltd where Open Market Option is not available, and it is mandatory to annuitize the vesting benefit.

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.

Any request received for Free look cancellation of the Policy shall be processed and premium refunded within 7 days of receipt of the request.

6. Grievance Redressal Process:

You can contact the company by sending an email at customerservice@indusindnipponlife.com

or by writing to us at out: Registered & Corporate Office address: IndusInd Nippon Life Insurance Company Limited, Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai 400051 OR

IndusInd Nippon Life Insurance Company Limited. 7th Floor, Silver Metropolis, Off Western Express Highway, Goregaon East, Mumbai – 400 063; OR

Contact Our Customer Service Executive at Your nearest branch of the Company.

For more details please visit Grievance Redressal page on our website:

www.indusindnipponlife.com/querygrievance-redressal

7. Nomination & Assignment

Nomination is allowed as per Section 39 of the Insurance Act, 1938, as amended from time to time. Assignment is allowed under this plan as per 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 the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Annexure A: List of Critical Illness covered for allowing Surrender of Annuity

The definition for Critical Illness Benefits covered are as follows:

1. CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded -
 - i. All tumors 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 and 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 tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - 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;

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- ix. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- x. New characteristic electrocardiogram changes
- xi. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

xii. Other acute Coronary Syndromes

xiii. Any type of angina pectoris

xiv. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

xv. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

xvi. no response to external stimuli continuously for at least 96 hours;

xvii. life support measures are necessary to sustain life; and

xviii. 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.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

 xix. Transient ischemic attacks (TIA)

 xx. Traumatic injury of the brain

 xxi. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

 xxii. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 xxiii. 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:

 xxiv. Other stem-cell transplants

 xxv. Where only islets of langerhans are transplanted

9. PERMANENT PARALYSIS OF LIMBS

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or Primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- xxvi. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- xxvii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

12. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - xxviii. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - xxix. Undergone surgical resection or radiation therapy to treat the brain tumor.
 - xxx. The following conditions are excluded:
 - xxxi. 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.

13. 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:
 - xxxii. corrected visual acuity being 3/60 or less in both eyes or ;
 - xxxiii. 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.

14. END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - xxxiv. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - xxxv. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - xxxvi. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
 - xxxvii. Dyspnea at rest.

15. END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

Permanent jaundice; and

Ascites; and

Hepatic encephalopathy.

II. Liver failure Secondary to drug or alcohol abuse is excluded.

16. LOSS OF SPEECH

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. 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.

18. MAJOR HEAD TRAUMA

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

xxxviii. 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;

xxxix. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other

- surgical appliances;
- xi. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- xli. Mobility: the ability to move indoors from room to room on level surfaces;
- xlii. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- xliii. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

- xliv. Spinal cord injury;

19. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - xlv. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - xvi. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any Secondary cause are specifically excluded.

20. THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.



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