



Sonal Divekar / Entrepreneur

PROTECTING your employees' future earning even in times of their health emergencies

Aditya Birla Sun Life Insurance Group Income Replacement Plan

A Group Insurance Plan

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.
(A subsidiary of Aditya Birla Capital Ltd.)



**ADITYA BIRLA
CAPITAL**

1800-270-7000



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One of the prime concerns of your employee / customer is to ensure the financial security even during the health contingencies or disabilities.

Presenting **ABSLI Group Income Replacement Plan**, an easy to purchase plan, which will help your employee / customer in taking care of their future earnings without worrying about the health emergency. It is a cost-effective and an ideal solution that helps you provide for and the financial security of the families of your employees /customers if diagnosed with any of the covered dreaded diseases or occurrence of total & permanent disability due to accident or sickness.

Key Benefits

ABSLI Group Income Replacement Plan is a comprehensive group insurance solution. It is a non-linked, non-participating, yearly renewable group plan. This plan has the following key benefits:



Steady income for a limited period if diagnosed with any of the covered dread disease or occurrence of total and permanent disability due to accident or sickness.



Total flexibility, where the sum assured could be constant for all eligible employees or could vary according to grade or salary.



Multiple options to receive the Income Benefit.

Plan Eligibility

The eligible groups under this plan are:

- Employer-employee groups.
- Other groups, which have some common group definition and are not formed for the sole purpose of getting insurance.

Minimum Group Size	7 members
Minimum Age at Entry	18 years (Age last birthday)
Maximum Age at Entry	65 years (Age last birthday)
Maximum Age at Renewal	65 years (Age last birthday)
Minimum sum assured	₹ 10,000
Maximum sum assured	No Limit (subject to Board approved underwriting guidelines)
Minimum Policy Term	One year renewable
Employer – Employee Groups	<p>In a fast-paced & ever-changing environment, the employees of any organization form its most important & biggest assets. It is imperative for the organization to ensure that its employees are financially secured to tackle any health related issues.</p> <p>Our Group Income Replacement Plan supports the employer in providing this benefit to its employees.</p>
Other groups, which have some common group definition and are not formed for the sole purpose of getting insurance.	These can include Lender – Borrower groups, Associations, Professional Bodies, Institutions etc.

Choose your own benefit	You have the flexibility of choosing the cover under this policy either from uniform cover, graded cover or in multiples of the salary in case of employees.								
Premium Frequency	The premium under the policy can be paid either on an Annual, Semi- annual, Quarterly or Monthly basis.								
Modal Loading Factor	<p>This is the factor multiplied by the annual premium to arrive at an installment premium. The modal loading as a percentage of annual premium factors are:</p> <table border="1" data-bbox="456 395 1024 536"> <thead> <tr> <th data-bbox="456 395 684 443">Premium paying frequency</th> <th data-bbox="684 395 1024 443">Modal Loading as a % of annual premium</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 443 684 480">Semi-annual</td> <td data-bbox="684 443 1024 480">2%</td> </tr> <tr> <td data-bbox="456 480 684 517">Quarterly</td> <td data-bbox="684 480 1024 517">3%</td> </tr> <tr> <td data-bbox="456 517 684 536">Monthly</td> <td data-bbox="684 517 1024 536">4%</td> </tr> </tbody> </table>	Premium paying frequency	Modal Loading as a % of annual premium	Semi-annual	2%	Quarterly	3%	Monthly	4%
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Free Cover Limit (FCL)	<p>The free cover limit, which is available to you, represents a maximum sum assured, such that all Members of the group whose Sum Assured/Coverage falls under this limit, are granted the Insurance Cover without any medical tests and are not required to submit evidence of insurability to qualify for protection.</p> <p>Members, whose benefits exceed the free cover limit need to provide evidence of insurability in order to qualify for the higher coverage; any loadings or ratings, which may result from such evidence, will be applied only to the benefit in excess over the free cover limit. Evidence of insurability will be determined by underwriting.</p>								
Member Additions	<p>The master policyholder can choose to cover new members during the policy year either by paying pro-rata premium for the cover during the remaining policy year or by paying the full premium for one full year of cover from the member's risk commencement date as per the scheme rules. The master policyholder should inform ABSLI with the list of mid-year joiners and the risk commencement date will be as per the scheme rules.</p> <p>In case of inadequate premium, the cover will begin from the date of receipt of the full premium.</p>								

Member Deletions	For groups where the premium has been paid by the master policyholder, if a Member leaves the scheme during the policy year (due to reasons other than a claim) ABSLI will refund the pro-rata premium to the master policyholder. The master policyholder should inform ABSLI with the list of mid-year deletions for Members leaving the scheme as per the scheme rules. The risk will cease from the date of leaving the scheme. The refund of premium will be calculated as 100% of the unearned gross premium from the date of leaving the scheme to the renewal date or next premium due date, whichever is earlier.
Increase or decrease in Sum Assured	The master policyholder will be allowed to increase or decrease the cover amount of the members during the year according to the definition of the cover for the group. The permissible changes are: where the master policyholder requires a change in the level or structure of the cover (where an additional grade is introduced for a graded coverage policy); where a member receives a salary increase and the benefits are determined in relation to salary; or where a member receives a promotion and the benefits are determined in relation to grade. Any such change in benefit would be as per scheme rules and is subject to the same terms and condition and will have same FCL limits as applicable to the entire group.

Your Plan Benefits

The premium will depend on the characteristics of the loan and the age/gender of the members insured. It will also depend on the optional benefits chosen. Applicable taxes, cesses, underwriting extra premium and levies, if any, as per the prevailing tax laws, shall be added to your premium.



Income Benefit

In the event of the Member being diagnosed with the first occurrence of any of the covered Critical Illnesses or Total Permanent Disability due to accident or sickness, the Sum Assured shall be payable over the Income Benefit Period.

Master Policyholder / Member have an option to take the Income Benefit by choosing one of the following options:

- ▶ 100% of Sum Assured paid as monthly income in 12 / 18 / 24 equal monthly installments as opted.
- ▶ 20% of Sum Assured paid as lump sum and 80% of Sum Assured paid as monthly income in 12 / 18 / 24 equal monthly installments as opted.

The monthly income will be 1/12th of the 100% of the sum assured or 80% of the sum assured as applicable divided by the Income Benefit Period. The monthly income will be due from the first policy monthiversary on or after the date of diagnosis of the covered critical illness or disability, as applicable. The first payout will be made on the acceptance of the income benefit claim and subsequent monthly payouts will be made on each policy monthiversary date throughout the Income Benefit Period.

No benefit is payable on death or maturity or survival.



**Death/Maturity
/Survival benefit**



No benefit is payable on surrender of the policy

**Surrender
of the Policy**



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IMPORTANT DEFINITIONS

Critical Illnesses means any of the following listed illnesses:

1. Cancer of Specified Severity

- I. A malignant tumour 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 leukaemia, lymphoma and sarcoma.
- II. The following are excluded-
 - a. 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.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - c. Malignant melanoma that has not caused invasion beyond the epidermis;
 - d. 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 T2NOMO
 - e. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
 - f. Chronic lymphocytic leukaemia less than RAI stage 3
 - g. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
 - h. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - i. All tumours in the presence of HIV infection.

2. Myocardial Infarction (First Heart Attack of specific severity)

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:

- 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.

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.

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 embolization 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:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic Injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

6. Total and Permanent Disability

On occurrence of Total and Permanent Disability due to sickness or an accident caused solely by external, violent, unforeseeable and visible means, occurring independently of any other causes and within 90 days of such trauma, the Company shall pay Income Benefit to the Life Insured as mentioned above. TPD benefit can be claimed only once in the life time starting from the first year.

'Total and Permanent Disability' means disablement of the Life Insured which meets one or both of the two definitions mentioned below:

Definition 1: Loss of use of limbs or visual loss

The Life Insured has suffered:

- Loss of the use of two limbs; or
- Loss of the use of one limb and the sight of one eye; or
- Loss of the sight in both eyes (Blindness)

1. The loss of a limb means the physical separation of a limb, at or above the wrist or ankle level as a result of injury. 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 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 from the date of accident or diagnosis, as applicable.

In case of physical severance of the hand at or above the wrist or foot at or above the ankle joint, the six months deferment period shall not be applicable.

2. The total loss of vision in one eye means total, permanent and irreversible loss of all vision.
3. Loss of sight in both eyes – (Blindness) evidenced by:
 - a. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident
 - Corrected visual acuity being 3/60 or less in both eyes or;
 - The field of vision being less than 10 degrees in both eyes
 - b. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure.

Definition 2: Loss of independent living

The Life Insured is permanently unable to perform independently three or more of the following six activities of daily living:

1. **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;
2. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. **Mobility:** the ability to move indoors from room to room on level surfaces;
5. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. **Feeding:** the ability to feed oneself once food has been prepared and made available.

For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Life Insured must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. Loss of independent living must be medically documented for an uninterrupted period of at least six months from the date of accident or diagnosis, as applicable.

Proof of the same must be submitted to the Company while the Life Insured is alive and permanently disabled. The relevant specialist Medical Practitioner and the Company's appointed Medical Practitioner, both must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

The benefit can be claimed by the member only once in the life time starting from the first year.

7. Waiting Period

A waiting period of 90 days from the Policy Issue Date is applicable for all benefits payable under this coverage.

On revival or renewal:

- If a lapsed policy is revived within 90 days from the due date of first unpaid premium or a policy is renewed within 90 days from the policy renewal date, then only the remaining days of the waiting period will apply.
- If a lapsed policy is revived after 90 days from the due date of first unpaid premium or a policy is renewed after 90 days from the policy renewal date, then a waiting period of full 90 days will apply afresh.

8. Survival Period

The Member should survive the critical illness condition or disability for a period of at least 30 days from the date of diagnosis or accident / sickness, as applicable, while this coverage is in force.

SUPPORTNG DEFINITIONS

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

"Medical Practitioner" is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. This would mean a practitioner treating the Life Assured must be holding a degree equivalent to MD/MS or higher in the relevant field to certify the condition. The Medical Practitioner should not be:

- The master policyholder or Life Insured himself/herself; or
- An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with us; or
- Related to the policyholder or life insured by blood or marriage

"Injury" means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.



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Terms and Conditions

Free Look Option

Free-Look Period shall be applicable at the inception of the policy and in case you disagree with any of the terms and conditions of the policy document, you will have the right to return the policy within 15 days from the date of receipt of the policy. Once we receive your written notice of cancellation together with the original policy documents, provided you have not made any claims during the free-look period, in accordance to IRDAI (Protection of Policyholders Interest) Regulations, 2017, you shall be entitled to:

- a.) A refund of the premium paid less any expenses incurred by us on medical examination, if any, and the stamp duty charges and;
- b.) Where the risk has already commenced and the option of return of the policy is exercised by the master policyholder, a deduction towards the proportionate risk premium for period on cover.

Grace Period

If you are unable to pay the installment premium by the due date, you will be given a grace period of 30 days to make the payment of due premium. If we do not receive due premium within the grace period, the policy benefit will be deemed lapsed from the due date of first unpaid premium.

Policy Discontinuance

For the continuation of the benefit coverage under this policy, the master policyholder has to pay the installment premium on each premium due date. If we do not receive the due installment premium by the premium due date and further not even by the end of the grace period, then all the benefits under the policy will cease immediately from the due date of first unpaid premium and the policy will be deemed lapsed.

Revival

A lapsed policy with a premium payment mode other than annual mode may be revived before the expiry of the policy term subject to meeting the underwriting condition as required by the ABSLI. On such revival the coverage shall be applicable from the date of receipt of the revival premium. The revival premium will be reduced proportionately to reflect the reduced period of coverage, taking into account the premium payment mode selected.

Fresh waiting period shall not be applicable if the policy is revived within 90 days from the due date of the first unpaid premium.

Renewal

On expiry of each policy term, the policy can be renewed for a further period of one year but within one year of the policy renewal date by paying the appropriate premium for the following year for all members who are eligible on the effective date of renewal.

Fresh waiting period shall not be applicable if the policy is renewed within 90 days from the original policy renewal date.

The effective date of renewal is when the requirements of premium and underwriting, if applicable, are met by the policyholder and approved by the company. Any claims that occur between the original policy renewal date and this effective renewal date shall not be admissible.

Policy loan

Not available under this plan.

Termination of Cover for Member

The insurance coverage for members will terminate immediately upon the occurrence of any of the following events, whichever is earliest:

- On the date of cessation of employment/Membership of the Member; or
- On the date of acceptance of claim; or
- On the expiry of the policy term; or
- On the date on which the policy has lapsed; or
- On termination of the Policy by the Master Policyholder only if the premium has been paid by the Master Policyholder (the cover for members shall not be terminated where the participation is on voluntary basis and the member has paid the premium; or
- On the date of death of the member.

Termination of Policy by Master Policyholder

The Policy will terminate immediately upon the occurrence of any of the following events, whichever is earliest:

- On the date specified in the written policy termination notice; or
- On the expiry of the policy term

ABSLI will refund the pro-rata premium less expenses less stamp duty from the termination date as specified in the written policy termination notice to the next renewal date or premium due date whichever is earlier. All life cover provided to Members ceases from the termination date. However, the individual members shall be given an option to continue the cover till the next renewal date by paying the premium for the remaining period.

Tax Benefits

Tax Benefits under this plan are as per extant tax laws; you are advised to consult your tax advisor for details.

Goods and Services Tax (GST)

ABSLI reserves the right to recover levies such as GST levied by the authorities on insurance transactions.

Exclusions

The Life Insured will not be entitled to

Critical Illness benefits if a covered Critical Illness results either directly or indirectly from any one of the following causes listed under points 1 to 13 below or is diagnosed within 90 days (during the waiting period) from the date of commencement of the coverage or date of reinstatement, whichever is later, or

Any disability benefits, where the disability benefit is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following causes listed under points 1 to 13 below:

1. Diseases or disabilities which have occurred to the life insured in the past and which have caused the covered Critical Illness or Disability; as confirmed by the Medical Practitioner.
2. Diseases in the presence of an HIV infection.
3. Self-inflicted injury, suicide, insanity and deliberate participation of the life insured in an illegal or criminal act with criminal intent.
4. 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.
5. 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.
6. Taking part in any naval, military or air force operation during peace time.
7. Participation by the insured person in any flying activity, except as a bona fide, v fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
8. Participation by the insured person in a criminal or unlawful act with a criminal intent.
9. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
10. Any external congenital anomaly
Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position. External Congenital Anomaly: An anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
11. 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.
12. For any medical condition or any medical procedure arising from the donation of any of the life assured's organs;
13. No other system of treatment other than allopathy.

Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website www.adityabirlasunlifeinsurance.com

Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website www.adityabirlasunlifeinsurance.com

Prohibition of Rebates – 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.

Any person making default in complying with the provisions of this section shall be punishable with a fine which may extend upto 10 Lakh rupees.

Fraud and Misrepresentation

As per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. For more details on Section 45 of the Insurance Act, 1938 please refer to our website www.adityabirlasunlifeinsurance.com



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Aditya Birla Sun Life Insurance – A Coming Together of Values

About Aditya Birla Sun Life Insurance, an Aditya Birla Company

Aditya Birla Sun Life Insurance Company Limited (ABSLI), is a subsidiary of Aditya Birla Capital Ltd (ABCL). ABSLI was incorporated on August 4th, 2000 and commenced operations on January 17th, 2001. ABSLI is a 51:49 joint venture between the Aditya Birla Group and Sun Life Financial Inc., an international financial services organization in Canada.

ABSLI (Formerly known as Birla Sun Life Insurance Company Limited), offers a range of life insurance products across the customer's life cycle, including children future plans, wealth protection plans, retirement and pension solutions, health plans, traditional term plans and Unit Linked Insurance Plans ("ULIPs").

www.adityabirlasunlifeinsurance.com

About Aditya Birla Capital

Aditya Birla Capital Limited (ABCL) is the holding company for the financial services businesses of the Aditya Birla Group. With subsidiaries that have a presence across Protecting, Investing and Financing solutions, ABCL is a financial solutions group that caters to diverse needs of its customers across their life cycle. With more than 18,000 employees, the subsidiaries of ABCL have a nationwide reach with 850+ branches and more than 2,00,000 agents/channel partners and several bank partners.

Aditya Birla Capital is a part of the Aditya Birla Group, a USD 48.3 billion Indian multinational, in the league of Fortune 500. Anchored by over 120,000 employees, belonging to 42 nationalities, the Aditya Birla Group operates in 34 countries across the globe.

www.adityabirlacapital.com

About Sun Life Financial Inc, Canada

Sun Life Financial is an international financial services organization providing insurance, wealth and asset management solutions to individual and corporate Clients. Sun Life Financial has operations in a number of markets worldwide, including Canada, the United States, the United Kingdom, Ireland, Hong Kong, the Philippines, Japan, Indonesia, India, China, Australia, Singapore, Vietnam, Malaysia and Bermuda. Sun Life Financial Inc. trades on the Toronto (TSX), New York (NYSE) and Philippine (PSE) stock exchanges under the ticker symbol SLF.

www.sunlife.com

* (All the above numbers mentioned in the About Us of Aditya Birla Capital Limited is as on June 30th, 2019)

Risk Factors & Disclaimer

This policy is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI). This is a non-linked, non-participating group insurance plan. ABSLI reserves the right to recover levies such as GST levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from you. This brochure contains only the salient features of the plan. For further details please refer to the policy contract. Tax benefits subject to changes in the tax laws. For more details on this plan visit our website.

IRDAI hereby clarifies to the public that

- IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums
- IRDAI does not announce any bonus.

Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.

(A subsidiary of Aditya Birla Capital Ltd.)



**ADITYA BIRLA
CAPITAL**

adityabirlacapital.com

Visit our website www.adityabirlasunlifeinsurance.com to know more about various Group Business solutions. We also provide a wide range of individual life insurance solutions to cater to your specific protection needs such as:

**Protection
Plans**

**Health
Plans**

**Children's
Future**

**Retirement
Plans**

**Wealth Plans
with Protection**

**Savings Plans
with Protection**

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