

**Tata AIA Life Insurance Non-Linked Comprehensive Health Rider (UIN:110B031V01)**  
**Non-linked, Non-participating Individual Health Rider**

**PART B**

Tata AIA Life Insurance Non-Linked Comprehensive Health Rider is a non-linked, non-participating Individual Health Rider.

**DEFINITIONS**

The words and phrases listed below will have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The terms used in this Rider but not defined will derive their meaning from the Policy.

1. **“Annualised Rider Premium”** means the premium payable in a year chosen by the Policyholder, excluding the taxes, underwriting extra premiums and loadings for modal Rider Premiums, if any, as specified in the Schedule.
2. **“Coverage Term”** means the term under the chosen benefit option as specified in the Schedule;
3. **“Date of Commencement of Risk”** means the date as specified in the Schedule, on which the coverage under this Rider/benefit option commences;
4. **“Insured Amount”** under a benefit option shall be the highest of:
  - 11 times the Annualised Premium for Limited Pay/Regular Pay and 1.25 times for Single Premium [excluding the underwriting extra premiums, modal loading and applicable taxes, cess or levies (if any)] for the respective benefit option;
  - 105% of Total Premiums Paid (excluding loading for modal Premiums) as up to the date of occurrence of the underlying insured event; and
  - Sum Assured under the Benefit Option.
5. **“IRDAI”** means the Insurance Regulatory and Development Authority of India;
6. **“Life Insured”** shall mean the person insured under the respective benefit option as specified in the Schedule;
7. **“Maturity/Expiry Date”** means the date specified in the Schedule, on which the Coverage Term expires;
8. **“Policy/Base Plan”** means the base policy to which this Rider is attached;
9. **“Rider”** means this rider contract containing these terms and conditions;
10. **“Rider Premium”** means an amount specified in the Schedule against respective benefit option, payable by You, by the due dates to secure the benefits under the Rider, excluding applicable taxes, cesses or levies, if any;
11. **“Sum Assured under the Benefit Option”** shall be the sum of (a) lump sum and (b) present value all future income streams chosen under the respective benefit option, and shall be as specified in the schedule.
12. **“Schedule”** means the Policy schedule and any endorsements attached to and forming part of the Base Plan and Rider and if any, updated Schedule is issued, then, the Schedule latest in time;
13. **“Survival Period”** in respect of a chosen benefit option shall be:

Benefit option	Survival period
Multistage Cancer Care Benefit	7 days
Multistage Cardiac Care Benefit	14 days
Multistage Critical Illness Benefit	30 days

Survival Period shall not Applicable for Accidental Permanent Total / Partial Disability Benefit.

14. **“Total Rider Premiums Paid”** shall be defined as the sum of all the premiums paid to date in respect of chosen benefit option/s, excluding Extra Premiums, applicable taxes, cesses or levies, if any.
15. **“Underwriting Policy”** means an underwriting policy approved by Our board of directors;
16. **“We”, “Us” or “Our”** means Tata AIA Life Insurance Company Limited; and
17. **“You”, “Your” or “Policyholder”** means the policyholder as named in the Schedule, who is the policyholder under the Base Plan and Rider.

The capitalized words used but not defined herein, shall borrow meaning as per the term and conditions of the Policy.

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**PART C**

**1. BENEFITS**

The benefits shall depend on the plan option chosen by You at the inception of the Rider, which cannot be changed once chosen. However, You may propose to avail additional benefit/s under the Rider in future on one or more lives (may or may not include coverage on self) subject to insurable interest between the Policyholder and the Life Insured, and as per the Board Approved Underwriting Policy.

If there is an overlapping benefit between the Base Plan and the Benefit option, the Benefit option shall not be offered.

At no point both unit-deduction rider and this rider shall be allowed to be attached during the Policy Term of a unit-linked policy.

Provided the Rider/Base Plan is in force, the following benefit(s) shall be payable:

**I. HOSPICARE BENEFIT**

In case of hospitalization, after completion of hospitalization for a minimum period of continuous 24 hours, for a medically necessary treatment of any illness or injury, We shall pay the Insured Amount as below:

**a) Hospital Cash Benefit:**

You can claim daily cash Benefit, i.e. 0.5% of the Insured Amount per day, payable from the first day for the duration of hospitalization. Hospital Cash Benefit is payable for a maximum 30 days per Policy Year, subject to a maximum of 200 days during the entire Rider Term.

**b) ICU Benefit:**

An additional 0.5% of Insured Amount per day shall be payable for each day of stay in the Intensive Care Unit (ICU) subject to the daily cash benefit being payable at the time of hospitalization. This benefit is payable for hospitalization up to 15 days per coverage year. This benefit is a fixed per-day benefit and will be paid irrespective of actual hospitalization expenses.

**c) Recuperating Benefit:**

A lump sum benefit equal to 1.5% of the Insured Amount shall be payable in case of continuous hospitalization in one or more hospitals for 7 or more days (excluding the time taken for transit between hospitals) for the same insured event, subject to the daily cash benefit under Clause 1.1 being payable at the time of hospitalization.

This benefit shall be paid once in a coverage year. This benefit is not payable if the Life Insured dies during the hospitalization period.

The benefit can be claimed up to 100% of the Insured Amount under the benefit option throughout the chosen Coverage Term under the benefit option.

**II. ACCIDENTAL PERMANENT TOTAL / PARTIAL DISABILITY BENEFIT**

In the event of the Total and Permanent Disability (as detailed in Annexure A) of the Life Insured due to an Accident within the Coverage Term, the Insured Amount shall be payable, provided the Total and Permanent Disability occurs within 180 days from the date of that Accident.

In the event of Permanent and Partial Disability (as explained below) of the Life Insured due to an Accident within the Coverage Term, a percentage of Insured Amount shall be payable, provided the event occurs within 180 days from the date of that Accident (even if the event occurs beyond the Coverage Term).

Description of Disability	Amount of Benefit (% of Rider Insured Amount)
<b>Total and Permanent Disability</b>	<b>100%</b>
<b>Partial and Permanent Disability: Permanent loss of -</b>	
- each arm at the shoulder joint	60%
- each arm to a point above elbow joint	55%
- each arm below elbow joint	50%
- each hand at the wrist	50%
- each thumb	20%
- each index finger	10%

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Description of Disability	Amount of Benefit (% of Rider Insured Amount)
- each finger other than the thumb or index finger	5%
- each leg above center of the femur	60%
- each leg up to a point below the femur	55%
- each leg to a point below the knee	50%
- each foot at the ankle	40%
- each big toe	5%
- each toe other than the big toe	2%
Loss of sight in each eye	50%
Loss of Hearing in each ear	30%

Upon payment of a benefit under this benefit option, the Insured Amount shall be reduced to the extent of benefit paid and the cover shall continue for the balance Insured Amount, if any. This benefit option shall terminate on payment of a cumulative 100% of the Insured Amount under this benefit. For calculation of the cumulative value of Insured Amount, only the payout to the extent of percentage of the Insured Amount mentioned above shall be considered.

**DOUBLE BENEFIT**

If you have chosen Accidental Permanent Total/Partial Disability Benefit, We shall pay twice the amount of this benefit if the disability occurs under any of the following circumstances:

1. While the Life Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
2. While the Life Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers;
3. As a direct result of the burning of the following public buildings only: theatre, cinema, public auditorium, hotel, school and hospital; or
4. When the Life Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

The evidence of travel in public land transportation, airline or visit to theatre, cinema, public auditorium, hotel shall be required for this benefit.

**III. MULTISTAGE CRITICAL ILLNESS BENEFIT**

This benefit is payable, if the Life Insured survives during the Survival Period following Diagnosis of any of the covered illness or actual undergoing of the procedure ("Critical Illness") below:

Minor Critical Illnesses/Procedure			
1	Severe Osteoporosis	5	Cirrhosis of the Liver
2	Brain Surgery	6	Nephrectomy/removal of one kidney
3	Pneumonectomy	7	Portal vein Thrombosis
4	Small Bowel Transplant	8	Ulcerative Colitis
Major Critical Illnesses/Procedure			
1	Apallic Syndrome	17	Aplastic Anaemia
2	Benign Brain Tumor	18	Deafness
3	Blindness	19	Loss of Speech
4	Severe Rheumatoid Arthritis	20	Medullary Cystic Kidney Disease
5	End Stage Lung Failure	21	Motor Neuron Disease with Permanent Symptoms
6	Coma of Specified Severity	22	Multiple Sclerosis with Persisting Symptoms
7	End Stage Liver Failure	23	Muscular Dystrophy
8	Kidney Failure requiring Regular Dialysis	24	Parkinson's Disease
9	Encephalitis	25	Progressive Scleroderma
10	Third Degree Burns	26	SLE with Renal Involvement
11	Major Head Trauma	27	Bacterial Meningitis
12	Major Organ (less heart)/ Bone Marrow Transplant	28	Chronic Recurrent Pancreatitis
13	Permanent Paralysis of Limbs	29	Loss of Independent Existence
14	Loss of limbs	30	Poliomyelitis
15	Fulminant Viral Hepatitis	31	Creutzfeldt - Jacob disease

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16	Alzheimer's Disease	--	--
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**a) Minor Critical Illness –**

Upon Diagnosis of illness or actual undergoing of the procedure of the covered Minor Critical Illness (as detailed in Annexure A), 25% of the Insured Amount shall be payable.

Multiple claims for different Minor Critical Illness shall be admissible till the aggregate payout under the benefit does not exceed 100% of the Insured Amount. For multiple claims (except Major Critical Illness), there needs to be a period of at least 180 days between the date of occurrence of insured event and the date of occurrence of a subsequent insured event. A particular Minor Critical Illness can be claimed only once during the Coverage Term.

**b) Major Critical Illness –**

On Diagnosis of illness or actual undergoing of the procedure of the covered Major Critical Illness (as detailed in Annexure A), We shall pay the Insured Amount less any already payments already made for Minor Critical Illness or Women Specific Critical Illness.

Upon payment of a benefit under this Rider, the Insured Amount shall be reduced to the extent of the benefit paid and the benefit will continue for the balance Insured Amount, if any. This benefit shall terminate upon payment of a cumulative 100% of the Insured Amount under this benefit.

The benefit will be payable only if the Diagnosis/procedure of the covered Critical illness is the first Diagnosis/procedure of that condition in the lifetime of the Life Insured.

**IV. MULTISTAGE CANCER CARE BENEFIT**

This benefit shall cover below cancer conditions:

Minor Stage Cancer	Major Stage Cancer
- Early stage Cancers	- Cancer of Specified Severity
-Carcinoma-in-Situ	

**a) Minor Stage Cancer –**

Upon Diagnosis of a Minor Stage Cancer (as detailed in Annexure A), 25% of the Insured Amount will be paid.

Multiple claims for different Minor Stage Cancer shall be admissible till the aggregate payout under the benefit does not exceed 100% of the Insured Amount. For multiple claims, there needs to be a period of at least 180 days between the date of Diagnosis of a Minor Stage Cancer and date of Diagnosis of the subsequent Minor Stage Cancer. A particular Minor Stage Cancer can be claimed only once during the Coverage Term. However, more than one unrelated Minor Stage Cancer condition may be claimed. Unrelated Minor Stage Cancer condition means a cancer which does not belong to the same organ and same histological type or has not metastasized and occurred because of a prior cancer. Where the organs are in a pair such as breasts, lungs, kidneys, testes, ovaries etc., the entire pair is considered as one organ.

**b) Major Stage Cancer –**

Upon Diagnosis of Major Stage Cancer (as detailed in Annexure A), We shall pay an amount equal to the Insured Amount less any payout made previously under Multistage Cancer Care Benefit, if any.

**c) Reconstructive Breast Surgery (Only for Female Life Insured) –**

If the Life Insured is diagnosed as suffering from Breast Cancer as defined under “Major stage cancer of specified severity” (as detailed in Annexure A), an additional benefit amount of 30% of the Insured Amount shall be payable for reconstructive breast surgery. This benefit shall be paid on the actual undergoing of Reconstructive Breast Surgery on the Diagnosis of the Breast Cancer confirmed by an Oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the Company.

Upon payment of a benefit under this benefit option, the Insured Amount shall be reduced to the extent of the benefit paid and the benefit shall continue for the balance Insured Amount, if any. This cover shall terminate on payment of a cumulative 100% of the Insured Amount.

The benefit will be payable only if the Diagnosis of any of the covered condition is the first Diagnosis of that condition in the lifetime of the Life Insured.

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**V. MULTISTAGE CARDIAC CARE BENEFIT**

If the Life Insured survives during the Survival Period following the Diagnosis of illness or actual undergoing of the procedure of covered Cardiac Condition and subject to conditions specified below, We shall pay the Insured Amount.

Minor Stage Cardiac Conditions		Major Stage Cardiac Conditions	
1	Angioplasty	1	Myocardial Infarction (First Heart Attack of specified severity)
2	Balloon Valvotomy or Valvuloplasty	2	Open Chest CABG (Coronary Artery Bypass Graft)
3	Carotid Artery Surgery	3	Open Heart Replacement or Repair of Heart Valves
4	Implantable Cardioverter Defibrillator	4	Major surgery of Aorta
5	Implantation of Pacemaker of Heart	5	Heart transplant
6	Infective Endocarditis	6	Cardiomyopathy (of specified severity)
7	Minimally Invasive Surgery of Aorta	7	Stroke resulting into permanent symptoms
8	Pericardiectomy	8	Primary (Idiopathic) Pulmonary Hypertension
9	Pulmonary Thromboembolism	-	--
10	Surgery for Cardiac Arrhythmia	-	--
11	Surgery to Place Ventricular Assist Devices or Total Artificial Hearts	-	--
12	Renal Angioplasty	-	--
13	Pulmonary Artery Graft	-	--
14	Percutaneous Procedures for Heart Valve Surgery	-	--

**a) Minor Stage Cardiac Condition –**

Upon Diagnosis of illness or actual undergoing of procedure of Minor Stage Cardiac Condition (as detailed in Annexure A), We shall pay 25% of the Insured Amount. In case the Life Insured undergoes angioplasty (as detailed in Annexure A), the amount of benefit shall be subject to a maximum of Rs.5 Lacs.

A claim can be preferred for a particular condition under the Minor Stage Cardiac Condition only once during the Coverage Term. Multiple claims for different Minor Stage Cardiac Condition shall be admissible till the aggregate payout under the benefit does not exceed 100% of the Insured Amount. For multiple claims, there needs to be a period of at least 180 days between the date of occurrence of insured event and the date of occurrence of a subsequent insured event.

**b) Major Stage Cardiac Condition –**

Upon Diagnosis of illness or actual undergoing of procedure of Major Stage Cardiac Condition (as detailed in Annexure A), We shall pay an amount equal to Insured Amount less any payout made previously under Minor Stage Cardiac Condition, if any.

Upon payment of a benefit under this benefit option, the Insured Amount shall be reduced to the extent of the benefit paid and the cover will continue for the balance Insured Amount, if any. This cover shall terminate on payment of a cumulative 100% of the Insured Amount under this benefit.

The benefit shall be payable only if the Diagnosis/procedure of any of the condition is the first Diagnosis/procedure of that condition in the lifetime of the Life Insured.

**2. MATURITY BENEFIT**

If You have chosen Return of Balance Premium option, on survival till end of the Coverage Term, the Total Rider Premiums Paid towards the respective benefit option shall be returned, after deduction of any claim payout made under the under the respective benefit option, provided the Rider is in force and all due Rider Premiums have been paid.

**3. SERVICE FEATURE**

**3.1 MEDICAL SECOND OPINION**

The Life Insured may avail second opinion / personal medical case management services from the service provider/s affiliated to/registered with Us. The services are expected to assist the Life Insured to ascertain correct diagnosis of a medical condition and obtain due care to the Life Insured in case of illness. These services are subject to:

- the availability of a suitable service provider;
- primary diagnosis has been done by a registered medical practitioner as may be authorized by a competent statutory authority; and
- the eligibility of the Life Insured as may be determined by the Company from time to time.

Note:

- Medical Second Opinion/Personal Medical Case Management is an optional service offered to You at no additional cost. You may exercise Your own discretion to avail the services and to follow the treatment path suggested by the service provider.

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- These services shall be directly provided by the service provider.
- The services can be availed only where the policy / rider is in-force.
- All the supporting medical records should be available to avail the service.
- We reserve the right to discontinue the service or change the service provider at any time.
- The services are being provided by third party service provider and We will not be liable for any liability.

**4. PAYMENT OF PREMIUM**

- a) You may pay the Rider Premiums in annual, semi-annual, quarterly or monthly payment modes, as specified below, provided that the Rider Premium payment mode under this Rider shall always be same as the premium payment mode of the Base Plan and can only be changed with the change of premium payment mode of the Base Plan. The Rider Premium will change, if the premium payment mode under Base Plan is changed by You.

MODE	MODAL LOADING
Annual	Multiply Annual Premium Rate by 1
Half-Yearly	Multiply Annual Premium Rate by 0.51
Quarterly	Multiply Annual Premium Rate by 0.26
Monthly	Multiply Annual Premium Rate by 0.0883

- b) The Rider can be added or removed from the Base Plan upon Your request during the Coverage Term, provided that all the due Premiums under the benefit option are paid. However, any such addition or removal of the Rider shall take effect from the next policy anniversary of the Base Plan.
- c) The addition of the Rider shall take effect only after We have approved the same in accordance with Our Underwriting Policy and communicated Our decision to You in writing.

**5. MODE OF PAYMENT**

You may choose one of the following options to receive benefit, depending on the benefit option selected:

- a) **Lump Sum:** 100% of the Insured Amount chosen is paid as a lump sum.
- b) **Income for Specified Period:** Income chosen will be paid for the chosen income period (A period up to 10 years as chosen).
- c) **Combination of Lump sum and Income for the Income Period Chosen:** 100% of the Insured Amount chosen to be received in lump sum is paid as a lump sum. Along with the lump sum amount, the Claimant shall also receive regular income in arrears as per the chosen frequency chosen for income period (A period up to 10 years as chosen), starting from the date of occurrence of insured event.

The income frequency can be Annual / Half Yearly / Quarterly / Monthly. The regular income shall be paid in arrears as per the chosen payment frequency for the income period (up to 10 years) selected, from the date of occurrence of insured event. The payment frequency can't be changed once the regular income commences. Any accrued income, due before intimation of the insured event, shall be paid along with the first payout under this option. The income option is not applicable for the HospiCare Benefit. The payment frequency cannot be changed once the regular income commences.

The regular income instalments for frequencies other than annual shall be as specified below, where the Yearly Income below refers to the regular income payable in respect of annual frequency:

Frequency	Income Instalment (per frequency)
Half-yearly	98% of Yearly Income x 1/2
Quarterly	97% of Yearly Income x 1/4
Monthly	96% of Yearly Income x 1/12

In case of a Reduced Paid-up policy, the regular income payable shall be based on the adjusted Yearly Income defined as:  
*(Number of premiums paid under Benefit Option / Number of premiums payable under Benefit Option) \* Yearly Income applicable at the time of Reduced Paid-Up*

Where the Insured Amount is higher than the Sum Assured under Benefit Option, the amount in excess of Sum Assured under Benefit Option shall be paid in lump sum.

Under sub-clause (b) & (c) of this clause, the Claimant shall have an option to receive the commuted value of the future income benefits as a lump sum, discounted at the higher of:

- 4.00%,
- SBI domestic term deposit rate for '5 years and up to 10 years' + 2.00%.

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**6. PREMIUM GUARANTEE**

The Sum Assured under Benefit Option shall remain unchanged for a period as specified under ‘Guaranteed Period’ from the Date of Commencement of the Benefit Option. Upon the completion of ‘Guaranteed Period’, the Sum Assured under Benefit Option may be revised subject to IRDAI's approval. Any revision in the Sum Assured under Benefit Option shall be notified to You at least three months prior to the policy anniversary (i.e. the effective date of change) and You will be given a period of 30 days from effective date of change to confirm with the revised terms under the Benefit Option. If You are not willing to continue the Benefit Option with the revised terms, all coverage under the respective Benefit Option benefit will get surrendered. The Sum Assured under Benefit Option, if and when revised, shall be guaranteed to You for a subsequent block as specified under ‘Guaranteed Period’.

Health Benefit Option	Guaranteed Period
Multistage Cancer Care Benefit Multistage Cardiac Care Benefit Multistage Critical Illness Benefit Hospicare Benefit	3 years
Accidental Permanent Total / Partial Disability Benefit	5 years

**7. WAITING PERIOD**

‘Waiting Period’ means a period during which specified diseases/treatments which have been diagnosed and/or have received medical advice/treatment are not covered. In the event of occurrence of any of such scenarios during the applicable Waiting Period,

- No benefit shall be payable;
- the Premiums paid towards the benefit option during the Waiting Period will be refunded without any interest; and
- the benefit option shall terminate and no future Premiums and benefits shall be payable.

Waiting Period as per the chosen benefit option shall be as under:

Benefit Option	Waiting Period applicable <sup>^</sup>
Hospicare Benefit	A waiting period of 90 days is applicable for all benefits payable under Hospicare Benefit (except for hospitalization due to an accident).  A specific waiting period of 2 years for the specific conditions as mentioned in the Annexure A – Definitions and Exclusions will be applicable for all benefits covered under the benefit.
Multistage Critical Illness Benefit Multistage Cancer Care Benefit Multistage Cardiac Care Benefit	A waiting period of 90 days is applicable on the first diagnosis of any of the major illness covered under the respective benefit option. A waiting period of 180 days is applicable on the first diagnosis of any of the minor illness covered under the respective benefit option.

<sup>^</sup> The Waiting Period for all benefits shall be applicable from later of:

- Date of commencement of risk, if benefit option is opted at inception;
- Policy Anniversary at which benefit option is opted (if benefit option is opted for on the Policy Anniversary); or
- Date of revival (in case of revival of the benefit option).

**8. GRACE PERIOD**

A Grace Period of fifteen (15) days for monthly mode and thirty (30) days for all other modes, from the due date of Rider Premium will be

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allowed for payment of each subsequent Rider Premium. The coverage under the chosen benefit option will remain in force during this period. If the full Rider Premium for the first 2 years from the Date of Commencement of Risk under Rider remains unpaid at the end of Grace Period and the Rider has not acquired surrender value, the coverage under the chosen benefit option shall lapse from the due date of the first unpaid Rider Premium. If any claim occurs during the Grace Period, any due Rider Premium (without interest) for the full coverage year, in which the insured event has occurred will be deducted from the claim pay-out.

SAMPLE



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**PART D**

**POLICY SERVICING**

**1. FREE LOOK PERIOD**

You have a free look period of 15 days from the date of receipt of the Rider document and period of 30 days in case of Rider obtained through distribution channels like Web Aggregators, online mode and direct sales (other than in person), to review the terms and conditions of the Rider. If You disagree to any of those terms or conditions, You have the option to return the Rider for cancellation, stating the reasons for objection and be entitled to a refund of the premiums paid without interest after deduction of proportionate risk premium, stamp duty and medical examination cost along with applicable taxes and cesses or levies, if any.

**2. LOANS**

You are not entitled to any loans under this Rider.

**3. NON-FORFEITURE PROVISIONS**

At any time during the Rider Term, if the Premiums are not paid within the Grace Period and the Rider has not acquired surrender value, the Rider will lapse. No benefits are payable under a lapsed benefit option.

**4. SURRENDER BENEFIT**

Surrender Benefit shall be payable, as higher of the Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV) under the following scenarios:

Premium Paying options		Conditions for acquiring Surrender Value	GSV	SSV
Single Pay	Without Return of Balance Premium	Immediately on receiving the premium	Not available	75% * (sum of premiums paid) * (1-premium paying term / benefit option term) * (Balance benefit option term / benefit option term) less any claims paid/payable
	With Return of Balance Premium	Immediately on receiving the premium	GSV Factor x Return of Balance Premiums as on date of surrender	SSV Factor x Return of Balance Premiums as on date of surrender
Regular Pay	Without Return of Balance Premium	Not available	Not available	Not available
	With Return of Balance Premium	If at least 2 full years' premiums have been paid	GSV Factor x Return of Balance Premiums as on date of surrender	SSV Factor x Return of Balance Premiums as on date of surrender
Limited pay	Without Return of Balance Premium	If at least 2 full years' premiums have been paid	Not available	75% * (sum of premiums paid excluding the first years' premium) * (1-premium paying term / benefit option term) * (Balance benefit option term / benefit option term) less any claims paid/payable
	With Return of Balance Premium	If at least 2 full years' premiums have been paid	GSV Factor x Return of Balance Premiums as on date of surrender	SSV Factor x Return of Balance Premiums as on date of surrender

'Return of Balance Premiums' shall be the total Premiums paid towards the respective Benefit Option, less any claim amount already paid.

As the pricing interest rate reflects the prevailing market conditions, the Company may revise the SSV factors from time to time. However, any change in the methodology/formula for calculating SSV factors shall be subject to IRDAI approval. Any change in SSV factors shall be filed with the Authority and any changes therein shall be communicated to the Policyholder. Please refer Company's website or visit nearest branch for more details on the applicable GSV or SSV factor.

The SSV factors are applicable at the end of the year and shall be interpolated, on a daily basis, to arrive at the factors applicable at the time of surrender.

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Any individual benefit option under the Rider may be surrendered / discontinued separately or it gets surrendered / discontinued if the Base Plan is surrendered / discontinued or made paid-up.

No surrender benefit is payable if the total claim/s value paid exceeds the Total Rider Premiums Paid. The surrender benefit payable will be the surrender value calculated less any claims paid under this Rider.

**5. REDUCED PAID-UP**

If You have opted for a Return of Balance Premium option, the Reduced Paid-up Benefit shall apply to all regular/limited-premium paying benefit options (if chosen), as specified below-

Premium Paying options		Cover Continuance	
		Before 2 years' premium paid	After 2 years' premium paid
Regular Pay	Without Return of Balance Premium	Cover cease to exist	Cover cease to exist
	With Return of Balance Premium	Cover cease to exist	Cover continues with Reduced Paid-Up Insured Amount if the Base Plan is converted to Reduced Paid-up Policy/Cover cease to exist if Base Plan is lapsed.
Limited pay	Without Return of Balance Premium	Cover cease to exist	Cover cease to exist
	With Return of Balance Premium	Cover cease to exist	Cover continues with Reduced Paid-Up Insured Amount if the Base Plan is converted to Reduced Paid-up Policy/Cover cease to exist if Base Plan is lapsed.

In case a Policy is converted to Reduced Paid-up on Premium discontinuance, the coverage will continue to be in reduced paid-up status with the Insured Amount re-set to the Reduced Paid Up Sum Assured under the Benefit Option less any claims paid/payable.

Under Reduced Paid-up ("RPU") Rider, the RPU Sum Assured shall be as below:

$$RPU \text{ Sum Assured} = \left( \frac{\text{Number of Premiums Paid under benefit option}}{\text{Number of Premiums payable under benefit option}} \right) \times \text{Sum Assured under the Benefit Option}$$

**6. REVIVAL OF THE RIDER**

6.1 The lapsed benefit option may be revived (along with the Base Plan) on the payment of all due Premiums within Revival Period as applicable under the Base Plan, by paying interest or late payment fee, if any.

If there is default in Premium beyond the Grace Period (as applicable under the Base Plan) and subject to the Rider not having been surrendered, it may be revived, in accordance with Underwriting Policy within Revival Period (as applicable under the Base Plan) but before the Maturity/Expiry Date of benefit option, subject to:

- Your written application for revival;
- Production of Insured's current health certificate and other evidence of insurability satisfactory to Us; and
- Payment of all overdue premiums with interest.

The applicable interest rate for revival shall be the same as Base Plan. Any alteration in the formula basis of determination of interest rate will be subject to prior approval of IRDAI.

Upon revival, the benefits option shall be restored with effect from the date of revival, subject to the Waiting Period as may be applicable for the respective Benefit Option.

6.2 The benefit option cannot be revived independently.

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**7. PAYMENT OF RIDER BENEFITS**

As per base Policy.

**8. TERMINATION OF THE RIDER/BENEFIT OPTION**

- 8.1 The benefit option shall terminate upon the happening of the first of the following events:
- 8.1.1 on the expiry of Coverage Term;
  - 8.1.2 on payment of surrender value of the benefit option;
  - 8.1.3 on the date on which We receive free look cancellation request for the benefit option within requisite period;
  - 8.1.4 on the payment of the benefit as per the terms of the benefit option or commencement of income benefit payment or the date of intimation of repudiation of the claim by Us;
  - 8.1.5 on the expiry of the Revival Period, if the lapsed benefit option has not been revived;
  - 8.1.6 on termination of Base Plan;
  - 8.1.7 on the Maturity/Expiry Date or the date on which the Base Plan is surrendered, converted into reduced paid-up (when the benefit option has not acquired surrender value), terminated or cancelled for any reason;
  - 8.1.8 on receipt of Your written request for cancellation of the benefit option effective from the next Premium Due Date, after the completion of the free look period;
  - 8.1.9 on cancellation/ termination of this Rider/benefit option by Us on grounds of misrepresentation, fraud or non-disclosure established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time.

**PART E**

**1. FEES/CHARGES**

This Rider is a Non-Linked Rider; therefore, Part E is not applicable to this Rider.

**PART F**

**GENERAL PROVISIONS**

**1. TAXES**

- 1.1 All Premiums, Charges and interest payable under the benefit option are exclusive of applicable taxes, cesses or levies, if any, which will be entirely borne/paid by You, in addition to the payment of such Premium, charges or interest. We shall have the right to claim, deduct, adjust, recover the amount of any applicable tax or imposition, levied by any statutory or administrative body from the benefits payable under the benefit option.
- 1.2 Tax benefits and liabilities under the benefit option are subject to prevailing tax laws. Tax laws and the benefits arising thereunder are subject to change. You are advised to seek an opinion of Your tax advisor in relation to the tax benefits and liabilities applicable to You.

**2. CLAIM PROCEDURE**

For processing the claim request under this policy, we will require the following documents:

Type of Claim	Requirement
Critical Illness Claim/ Cardiac Care Claim/ Hospitalization Claim/ Cancer Care Claim (If opted)	a) Claim Forms - Part I: Application Form for Disability/Dismemberment Claim (Claimant's Statement) along with NEFT form - Part II: Confidential Medical Report - to be filled by attending physician
	b) Hospital Bills for the confinement.
	c) Attested True Copy of Indoor Case Papers of the Hospital. The evidence of "full histopathological diagnosis" of the cancer, including stage and grading.
	d) Discharge Summary of Present and Past Hospitalizations
	e) Photo Identity of insured with age and address proof
	f) Bank Details of the claimant – Cancelled cheque (with printed name and account number)/bank passbook
	g) Certificate of Diagnosis
	h) Medical Examination Certificate (First Consultation Notes).

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	i) All related clinical Reports pertaining to the claim event - Laboratory test reports - X-Ray / CT Scan / MRI Reports & - Plates Ultrasonography Report - Histopathology Report - Clinical / Hospital Reports - Angiography Reports & Plates. - Others (please specify). h) All follow-up Consultation Notes in relation to the hospitalized condition
If claim arise due to Accident (to be submitted in addition to the above)	All police reports- First Information Report Final Police Investigation Report

Type of Claim	Requirement
Disability and Dismemberment Claim (If opted)	a) Claim Forms - Part I: Application Form for Disability/Dismemberment Claim (Claimant's Statement) along with NEFT form - Part II: Confidential Medical Report - to be filled by attending physician
	b) Attested True Copy of Indoor Case Papers of the Hospital
	c) Discharge Summary of Present and Past Hospitalizations
	d) Insured's PAN Card OR Form 60, Insured's Address proof
	e) Bank Details of the Insured – Cancelled cheque (with printed name and account number)/bank passbook
	f) Disability Certificate by attending Physician / Institute for disabled
	g) Rehabilitation Certificate - if applicable
	h) Employer's written confirmation / statement - for Disability claim
	i) All related Medical Examination Reports, e.g. Laboratory test reports X-Ray / CT Scan / MRI Reports & Plates, Ultrasonography Report Clinical / Hospital Reports
	j) Clinical Photographs showing the injured areas - if available
If claim arise due to Accident (to be submitted in addition to the above)	All police reports- First Information Report Final Police Investigation Report

Please submit copies of the following documents certified / attested by the issuing authority. (Original Seen Verified (OSV) by Branch Personnel will also be accepted) –

- All Police papers – Panchnama, Inquest, First Information Report and Final Investigation Report.
- Medical Records (Admission Notes, Discharge/Death Summary, Indoor Case Papers, Test Reports etc).
- Postmortem report (Autopsy report) & Chemical Viscera report (certified by Police / Magistrate / Court will also be accepted)

Copies of the other documents to be submitted by self-attestation of the claimant

**Note-**

In case the claim warrants any additional requirement, We reserve the right to call for the same.

Notification of claim & submission of the claim requirements does not mean admission of the claim liability by the Company.

No agent is authorized to admit any liabilities on behalf of the Company, nor to alter this list of documents or any claims requirements called for by the Company.

**3. MISTATEMENT OF AGE**

As per base Policy.

**4. FRAUD AND NON-DISCLOSURE**

As per base Policy.

**5. CURRENCY AND PLACE OF PAYMENT**

As per base Policy.

**6. FREEDOM FROM RESTRICTIONS**

There are no restrictions on travel or occupation under this Rider.

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7. **NOMINEE**  
As per Base Plan.
8. **ASSIGNMENT**  
As per Base Plan.
9. **CHANGE IN ADDRESS**  
In order to provide better service, We request you to intimate us in the event of any change in the address of the Policyholder or the nominee.
10. **AMENDMENT**  
As per base Policy.
11. **REGULATORY AND JUDICIAL INTERVENTION**  
As per base Policy.
12. **COMMUNICATION AND NOTICES**  
As per base Policy.
13. **GOVERNING LAW AND JURISDICTION**  
As per base Policy.

**PART G**

1. **CONSUMER INFORMATION**  
As per base Policy.

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**ANNEXURE A – DEFINITIONS AND EXCLUSIONS**

**Definitions of Conditions covered** (as applicable under the respective benefit option)

**A. Accidental Permanent Total / Partial Disability Benefit**

**1. Accidental Permanent Partial Disability:**

Accidental Permanent Partial Disability is defined as a disability of the Life Assured as a result of bodily injury caused by an accident solely, directly and independently of any other cause within 180 days of the accident and must result in one of the following:

Description of Disability	Amount of Benefit (% of Insured Amount under the Benefit Option)
Permanent loss of	
- each arm at the shoulder joint	60%
- each arm to a point above elbow joint	55%
- each arm below elbow joint	50%
- each hand at the wrist	50%
- each thumb	20%
- each index finger	10%
- each finger other than the thumb or index finger	5%
- each leg above center of the femur	60%
- each leg up to a point below the femur	55%
- each leg to a point below the knee	50%
- each foot at the ankle	40%
- each big toe	5%
- each toe other than the big toe	2%
Loss of Sight in each eye*	50%
Loss of Hearing in each ear*	30%

The disability has to be certified by a Registered Medical Practitioner to be permanent in nature.

If the disability is due to amputation/dismemberment, 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 injury or disease. 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.

*\*Loss of hearing* - Total and irreversible loss of hearing as a result of illness or 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 90 decibels across all frequencies of hearing” in ears.

*\*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.

**2. Accidental Total and Permanent Disability:**

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 Member's disability which must be total and permanent, and must result in at least one of the following:

- i. Loss of sight in both eyes
- ii. Loss of both arms or both hands;
- iii. Loss of one arm and one leg;
- iv. Loss of one arm and one foot;
- v. Loss of one hand and one foot;
- vi. Loss of one hand and one leg;

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- vii. Loss of both legs;
- viii. Loss of both feet;
- ix. Removal of the entire lower jaw
- x. Loss of one hand and loss of sight in one eye
- xi. Loss of one foot and loss of sight in one eye

If the disability is due to amputation/dismemberment, 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 injury or disease. 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 Sight in both eyes* - Total, permanent and irreversible loss of all vision in both eyes as a result of accident, 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

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

**3. Double Benefit:**

If you have chosen Accidental Permanent Total/Partial Disability Benefit, twice the amount of the respective benefit will be paid if the disability (as applicable) occurs under any of the following circumstances:

1. While the Insured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
2. While the Insured is in an elevator car (elevators in mines, rigs and on construction sites excluded) duly certified to carry passengers; or
3. As a direct result of the burning of the following public buildings ONLY: theatre, cinema, public auditorium, hotel, school and hospital.
4. When the Insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

**The evidence of travel in public land transportation, airline or visit to theatre, cinema, public auditorium, hotel will be required for this benefit to be considered.**

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**B. Multistage Cancer Care Benefit**

**1. Cancer of specified severity:**

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.

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 leukemia 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;

Reconstructive Breast Surgery (Only For Female Life)

If the life assured is diagnosed as suffering from breast cancer as defined above under “Major stage cancer of specified severity”, and the same is intimated to the company within 30 days of diagnosis, an additional benefit amount of 30% (thirty percentage) of the Insured Amount under the Benefit Option will be payable to her for Reconstructive breast surgery. This payment will be made on the actual undergoing of Reconstructive Breast Surgery on the diagnosis of the breast cancer and it being confirmed by an oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the Company.

**2. Carcinoma in-situ**

Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis of which must be positively established by microscopic examination of fixed tissues supported by biopsy result. The diagnosis must be established by histological evidence and be confirmed by an independent Medical Practitioner who is an Oncologist. Clinical diagnosis does not meet this standard

The following are specifically excluded from all minor cancer benefits:

- All tumors which are histologically described as benign, borderline malignant, or low malignant potential
- Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
- Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, and CIN II. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.
- Carcinoma in-situ of skin and Melanoma in-situ
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- Malignant melanoma that has not caused invasion beyond the epidermis

**3. Early Stage Cancer**

It shall mean the presence of one of the following malignant conditions. The Diagnosis must be based on histopathological features and confirmed by an independent Medical Practitioner who is an Oncologist. Pre-malignant lesions and conditions, unless listed below, are excluded.

- Prostate Cancer – Minor Stage: Minor Prostate Cancer that is histologically described using the TNM classification as T1a, T1b & T1c with a Gleason Score 2 (two) to 6(six).
- Thyroid Cancer – Minor Stage: All thyroid cancers that are less than 2.0 cm and histologically classified as T1N0M0 according to TNM classification.
- Bladder Cancer – Minor Stage: All tumors of the urinary bladder histologically classified as T1N0M0 according to TNM classification.
- Chronic Lymphocytic Leukaemia – Minor Stage: Chronic Lymphocytic Leukaemia categorized as stage 1(one) to 2 (two) as per the Rai classification.

The following are specifically excluded from all minor cancer benefits:

- All tumors which are histologically described as benign, borderline malignant, or low malignant potential
- Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
- Carcinoma in-situ of skin and Melanoma in-situ



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**C. Multistage Cardiac Care Benefit**

**1. Angioplasty**

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

Note: A lower of INR 5 lakhs or 25% of Cardiac Insured Amount shall be made in case the Life Assured undergoes Angioplasty; Cardiac Care Benefit shall continue with the balance Insured Amount, if any; for the remaining insured cardiac ailments.

**2. Balloon Valvotomy or Valvuloplasty:**

The actual undergoing of percutaneous intravascular Valvotomy or percutaneous intravascular Valvuloplasty not involving the deployment of any device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available.

The following are excluded:

- All other surgical corrective methods will be excluded from this benefit.
- Procedures done for treatment of Congenital Heart Disease.

**3. Cardiomyopathy (of specified severity):**

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class III or Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure
- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less.

The following are excluded:

Cardiomyopathy directly related to alcohol or drug abuse.

**4. Pulmonary Artery Graft :**

The undergoing of surgery requiring median sternotomy for disease to the pulmonary artery with excision and surgical replacement of a portion of the diseased pulmonary artery with a graft.

For the above definition, the following are not covered:

- Any other surgical procedure for example the insertion of stents or endovascular repairs

**5. Carotid Artery Surgery**

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:

(a) Either:

- Actual undergoing of endarterectomy to alleviate the symptoms; or
- Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

(b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

**6. Heart Transplant:**

The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

Stem Cell transplants are excluded.

**7. Implantable Cardioverter Defibrillator**

Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.

- Cardiac arrest secondary to alcohol or drug misuse will be excluded.

**8. Implantation of Pacemaker of Heart:**

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Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a Cardiologist. Cardiac arrhythmias to be evidenced by 24 Holter monitoring report or any such other established diagnostic reports. The insertion of any other type of temporary cardiac pacemaker is specifically excluded. Cardiac arrest secondary to alcohol or drug misuse will be excluded.

**9. Infective Endocarditis:**

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s)
- Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
- The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist.

**10. Major Surgery of Aorta:**

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches (including aortofemoral or aortoiliac bypass grafts). The surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and supported by imaging findings.

The following are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Procedures done for treatment of Congenital Heart Disease.

**11. Minimally Invasive Surgery of Aorta**

The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:

Procedures done for treatment of Congenital Heart Disease..

**12. Myocardial Infarction (First Heart Attack of specified 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.

**13. Open Chest CABG (Coronary Artery Bypass Graft):**

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.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

**14. Open Heart Replacement or Repair of Heart Valves:**

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.

**15. Percutaneous Procedures for Heart Valve Surgery:**

The actual undergoing of surgery to replace existing heart valve by the deployment of a new replacement valve by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous or transcatheter based repair procedures not involving replacement with a new valve are excluded.

The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

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**16. Pericardectomy:**

The undergoing of a pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist.

The following are excluded:

- Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.

**17. Primary (Idiopathic) Pulmonary Hypertension:**

- A. 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 Catherization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification (NYHA) of cardiac impairment.
- B. The NYHA Classification of Cardiac Impairment are as follows:
  - a) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  - b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- C. 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

**18. Pulmonary Thromboembolism:**

Acute Pulmonary Thromboembolism: means the blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis.

**19. Renal Angioplasty:**

Means the actual undergoing for the first time of Renal Artery Angioplasty or the insertion of a stent to correct the stenosis, of one or more renal arteries as shown by Angiographic or appropriate imaging evidence. The revascularization must be considered medically necessary by an appropriate specialist.

Intra Arterial investigative procedures and Diagnostic Angiography are excluded.

**20. Stroke resulting into permanent symptoms:**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial 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.

The following are excluded:

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

**21. Surgery for Cardiac Arrhythmia:**

Procedures like Maze surgery, RF Ablation therapy necessitated by a cardiologist to treat life threatening arrhythmias. Diagnosis must be evidenced by Electrophysiological Study, monitoring through a Holter monitor, event monitor or loop recorder and should be confirmed by a consultant cardiologist. Ablation procedures should ideally immediately follow the diagnostic electrophysiology study.

The following are excluded:

- Cardio version and any other form of non-surgical treatments
- Procedures done for treatment of Congenital Heart Disease

**22. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts:**

The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.

The following are excluded:

Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

**D. Multistage Critical Illness Benefit**

**1. Apallic Syndrome:**

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) acceptable to the Company and condition must be documented for at least 30 days

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**2. Aplastic Anaemia:**

Chronic Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- (a) Regular Blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The Diagnosis and suggested line of treatment of aplastic anaemia must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations including bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

Temporary or reversible aplastic anaemia is excluded

**3. Alzheimer's Disease**

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" (defined in 'Generic Definitions' section below) for a continuous period of at least 3 months.

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

**4. Bacterial Meningitis:**

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

- Aseptic, viral, parasitic or non-infectious meningitis

**5. Benign Brain Tumor**

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.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor

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.

**6. Blindness:**

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or;
- the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

**7. Brain Surgery:**

The actual undergoing of surgery to the brain, under general anaesthesia during which a Craniotomy is performed. Burr hole and brain surgery as a result of an Accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

This requirement of surgery must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques and certified by a neurosurgeon or qualified medical doctor of relevant specialty

**8. Coma of Specified Severity:**

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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:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting from alcohol or drug abuse is excluded.

**9. Chronic Recurrent Pancreatitis:**

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

**10. Cirrhosis of the Liver:**

Chronic hepatitis due to hepatitis virus infection having progressed to liver cirrhosis. At time of claim all of below must be fulfilled:

1. clinical evidence of chronic viral hepatitis in the form of serology and other laboratory tests.
2. unequivocal diagnosis of liver cirrhosis caused by viral hepatitis must be made based on liver tissue histopathology, clinical findings and medical history by gastroenterologist in a hospital recognized by the insurer.
3. histopathological report shows stage F4 by Metavir grading<sup>8</sup> or a Knodell fibrosis score<sup>9</sup> of 4.

Liver disease caused by alcohol or drug abuse is excluded.

**11. Creutzfeldt-Jacob disease:**

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective permanent neurological abnormalities persisting for more than 180 days along with severe progressive dementia.

**12. Deafness:**

Total and irreversible loss of hearing in both ears as a result of illness or 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.

**13. Encephalitis:**

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit for a min period of 60 days. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must result in an inability to perform at least three of the Activities of Daily Living (defined in 'Generic Definitions' section below) either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

**14. End Stage Liver Failure:**

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

- permanent jaundice; and
- ascites; and
- hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

**15. End Stage Lung Failure:**

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> < 55 mmHg); and
- Dyspnea at rest.

**16. Fulminant Viral Hepatitis:**

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis
- Development of hepatic encephalopathy
- Decrease in liver size
- Increase in bilirubin levels
- Coagulopathy with an international normalized ratio (INR) greater than 1.5

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- Development of liver failure within 7 days of onset of symptoms
- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including but not limited to paracetamol or aflatoxin intoxication)
- Fulminant viral hepatitis associated with intravenous drug use

**17. Kidney Failure Requiring Dialysis:**

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.

**18. Loss of Independent Existence:**

Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the 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 hope of recovery with current medical knowledge and technology. The “Activities of Daily Living” have been defined in ‘Generic Definitions’ section below.

The following is excluded:

Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

**19. Loss of Limbs:**

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.

**20. 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, and Throat (ENT) specialist. All psychiatric related causes are excluded.

**21. Major Head Trauma:**

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.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living (defined in ‘Generic Definitions’ section below) 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.

The following are excluded:

- Spinal cord injury

**22. Major Organ (less heart)/ Bone Marrow Transplant:**

The actual undergoing of a transplant of:

- One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only Islets of Langerhans are transplanted

**23. Medullary Cystic Kidney Disease:**

Medullary Cystic Disease is a disease where the following criteria are met:

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- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and
- The diagnosis of medullary cystic disease is confirmed by renal biopsy.
- Isolated or benign kidney cysts are specifically excluded from this benefit.

**24. Motor Neuron Disease with Permanent Symptoms:**

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.

**25. Multiple Sclerosis with Persisting Symptoms:**

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

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

Other causes of neurological damage such as SLE are excluded.

**26. Muscular Dystrophy:**

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" (defined in 'Generic Definitions' section below).

**27. Nephrectomy/Removal of One Kidney:**

The actual undergoing of a complete nephrectomy due to illness, disease or Accident. Nephrectomy for the purpose of organ donation is specifically excluded. The requirement of surgery has to be confirmed by a specialist medical practitioner

**28. Parkinson's Disease:**

Unequivocal Diagnosis of progressive degenerative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication; and
  - shows objective signs of progressive impairment; and
  - Activities of Daily Living assessment confirms the inability of the Member to perform at least 3 of the Activities of Daily Living as defined in "Generic Definitions" section below, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months:
- Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are excluded.

**29. Permanent Paralysis of Limbs:**

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.

**30. Portal Vein Thrombosis**

Portal vein thrombosis is blockage or narrowing of the portal vein (the blood vessel that brings blood to the liver from the intestines) by a blood clot. It should be characterized by the following:

- i. Bleeding from varicose veins in the esophagus or stomach and/or
- ii. An enlarged spleen

Doppler ultrasonography /magnetic resonance imaging (MRI) or computed tomography (CT) and a Gastroenterologists report is necessary.

**31. Progressive Scleroderma:**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The systemic involvement should be evidenced by any two of the following findings -

- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterization
- Chronic kidney disease with a GFR of less than 60 ml/min (MDRD-formula)
- Echocardiographic findings suggestive of Grade III and above left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

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The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome

**32. Pneumonectomy:**

The actual undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.

**33. Poliomyelitis:**

The first occurrence of poliomyelitis where the following conditions are met:

- i. Poliovirus is identified as the cause and is provided by stool analysis
- ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months

**34. Severe Osteoporosis:**

A certified medical consultant must make the definite diagnosis of osteoporosis that follows the WHO definition where there is testing evidence of bone density reading with a T-score of less than  $-2.5$  (2.5 standard deviation below the peak bone density of a normal 25-30 year old adult). The osteoporosis must have caused multiple fractures resulting in the Insured's permanent inability to perform at least 3 of 5 Activities of Daily Living (ADLs).

Activities of Daily Living are defined as:

- (a) *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;
- (b) *Dressing*: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (c) *Transferring*: The ability to move from a bed to an upright chair or wheelchair and vice versa;
- (d) *Toileting*: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (e) *Feeding*: The ability to feed oneself once food has been prepared and made available.

WHO Definition of Osteoporosis: Bone density reading with a T-score of less than  $-2.5$  (i.e. 2.5 standard deviation below the peak bone density of a normal 25- 30 year old adult).

**35. Severe Rheumatoid Arthritis:**

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- (a) Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis and has been diagnosed by a Rheumatologist;
- (b) Permanent inability to perform at least three (3) of the six (6) Activities of Daily Living (defined in 'Generic Definitions' section below);
- (c) Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet confirmed by clinical and radiological evidence; and
- (d) The foregoing conditions have been present for at least six (6) months.

For the above definition, the following are not covered:

- Reactive arthritis, psoriatic arthritis and activated osteoarthritis

**36. Small Bowel Transplant:**

Certified by a gastroenterologist that the surgery is necessary in case of person has a small intestinal failure (serious malfunctioning bowel), and has developed complications from total parenteral nutrition or are unable to tolerate this form of feeding. Payout will be based on the actual undergoing of surgery.

Drug or alcohol abuse leading to intestinal failure is excluded.

**37. Systemic Lupus Erythematosus (SLE) with Renal Involvement:**

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

- Class I - Minimal mesangial lupus nephritis
- Class II - Mesangial proliferative lupus nephritis
- Class III - Focal lupus nephritis
- Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
- Class V - Membranous lupus nephritis
- Class VI - Advanced sclerosing lupus nephritis

The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.



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**38. 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.

**39. Ulcerative Colitis:**

Ulcerative Colitis is a chronic inflammation of the large intestine, not caused by bacteria, which results in ulceration and bleeding. The diagnosis must be confirmed by a Gastro-Enterologist and the disease must be treated with either steroids or immunomodulatory medication for a period of at least six months. It should be supported with Endoscopy and histopathological report.

**Generic Definitions**

**Accident:** An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Activities of Daily Living:** The Activities of Daily Living are:

- 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. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

**Adventurous Pursuits or Hobbies:** Adventurous Pursuits or Hobbies include but are not limited to any kind martial arts, racing (other than on foot or swimming); potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.

**Biological attack:** 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.

**Chemical 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.

**Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a) *Internal Congenital Anomaly:* Congenital anomaly which is not in the visible and accessible parts of the body.
- b) *External Congenital Anomaly:* Congenital anomaly which is in the visible and accessible parts of the body

**Cooling Off Period:** In case of multiple minor stage claims under the same category (Critical illness, Cancer or Cardiac as applicable), the acceptance of the claims shall be subject to a Cooling Off Period. Cooling off Period shall apply after each occurrence of the condition/procedure, provided such occurrence resulted into a valid minor stage claim.

- For multiple minor stage claims, there needs to be a period of at least 180 days between the date of occurrence of a minor stage condition and date of occurrence of a subsequent minor stage condition. No minor claims shall be payable in this period for the aforementioned scenario.
- Date of occurrence is the date of diagnosis of a covered illness or the date of undergoing of any procedure covered under minor conditions
- However, this requirement of 180 days is not applicable in case of diagnosis of a major stage condition following a minor stage claim.
- A particular minor condition can be claimed only once during the Benefit Option Term.

**Hospital:** A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act or, complies with all minimum criteria as under:

- Has at least 10 inpatient beds in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- Has qualified nursing staff under its employment round the clock;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out; and
- Maintains daily records of patients and makes these accessible to the Tata AIA's authorized personnel.

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**Hospitalization:** Hospitalization means admission in hospital for minimum period of 24 consecutive 'In patient care' hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

**Illness:** An Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

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

**Intensive Care Unit:** Intensive Care Unit (ICU) means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

**Medical Practitioner:** A Medical Practitioner means person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The person must be qualified in allopathic system of medicine and shall not be

- The Policyholder/ Insured person himself/herself; or
- An authorized Insurance Intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the Insurance Company;
- Related to the Policyholder/ Insured person by blood or marriage.

**Medically Necessary Treatment:** Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**Pre-Existing disease:** Pre-Existing condition means any condition, ailment, injury or disease:

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Company or its revival
- For which medical advice or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of the policy issued by the Company or its revival

**Surgery / Surgical Procedure:** Surgery / Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**Symptom** is a physical or mental feature which is regarded as indicating presence of a disease, particularly such a feature is apparent to an individual and will result in a medical consultation and/or further investigations to confirm the cause.

**Exclusions:**

Details of the Exclusions applicable under the various 'Health Benefit options' are given below

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Event	Exclusion
Accidental Total / Partial and Permanent Disability Benefit	<p>Accidental Disability Benefit shall be not payable for any losses caused directly or indirectly, wholly or partly, by any one of the following occurrences:</p> <ul style="list-style-type: none"> <li>• Injury occurred before the risk commencement date</li> <li>• If the Disability occurs after 180 days from the date of the accident</li> <li>• If the Disability has not persisted for at least 180 days and is not in the opinion of a medical practitioner, deemed to be permanent.</li> <li>• Attempted suicide, attempted self-destruction or self-inflicted injury, irrespective of mental condition.</li> <li>• No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same. Wherever the proximate cause is accident which has occurred after the rider inception date, this exclusion shall not apply.</li> <li>• Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.</li> <li>• War, invasion, act of foreign enemy, hostilities (whether war is declared or not), terrorism, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power or taking part in any riot, strikes, industrial disputes or civil commotion</li> <li>• 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.</li> <li>• Taking part in any naval, military or air force operation during peace time.</li> <li>• Engaging or Taking part in or practicing for any professional sport(s) or any adventurous pursuits or hazardous sports / pastimes including but not limited to taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc.</li> <li>• Taking part in any act of a criminal or illegal nature or committing any breach of law with criminal intent</li> <li>• Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature and any kind of biological and chemical contamination.</li> <li>• Disability as a result of any disease or infection</li> </ul>
Hospicare Benefit (HCB)	<p>The Life Insured will not be entitled to any benefits if the surgery or hospitalization is directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:</p> <ul style="list-style-type: none"> <li>• Any pre-existing condition (disease, illness or injury) and its complications which manifested itself prior to the effective date of the Benefit Option or its latest revival date, whichever is later. Wherever the proximate cause is accident which has occurred after the rider inception date, this exclusion shall not apply.</li> <li>• Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.</li> <li>• Attempted suicide, attempted self-destruction or self-inflicted injury, irrespective of mental condition.</li> <li>• Complications of Sexually Transmitted Diseases or Venereal Disease</li> <li>• Any covered condition which is diagnosed and/or received medical advice/treatment within the waiting period.</li> <li>• Engaging or Taking part in or practicing for any professional sport(s) or any adventurous pursuits or hazardous sports / pastimes including but not limited to taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc.</li> <li>• A 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.</li> <li>• Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.</li> <li>• War, invasion, act of foreign enemy, hostilities (whether war is declared or not), terrorism, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power or taking part in any riot, strikes, industrial disputes or civil commotion.</li> <li>• Taking part in any act of a criminal or illegal nature or committing any breach of law with criminal intent</li> <li>• Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature and any kind of biological and chemical contamination.</li> <li>• Taking part in any naval, military or air force operation during peace time.</li> <li>• Admission, Diagnosis or Treatment taken outside India</li> </ul>

**Tata AIA Life Insurance Non-Linked Comprehensive Health Rider (UIN:110B031V01)**  
**Non-linked, Non-participating Individual Health Rider**

	<ul style="list-style-type: none"> <li>• Circumcision, any cosmetic procedures or plastic surgery</li> <li>• Pregnancy, childbirth or their complications, abortion, medical termination of pregnancy, infertility including IVF surrogate or vicarious pregnancy or services including complications arising due to supplying services or Assisted Reproductive Technology or sex change operation</li> <li>• Organ donation (as a donor)</li> <li>• External and known congenital conditions or birth defects</li> <li>• Dental treatment except if arising from an accident</li> <li>• Any form of Non-Allopathic treatment</li> <li>• Purely investigative procedure not resulting in any treatment or elective procedures</li> <li>• All preventive care, vaccinations including inoculation and immunizations</li> <li>• Study and treatment of sleep disorder or sleep apnea</li> <li>• Any hospitalization/surgery performed within 90 days from the start of coverage or the revival date.</li> <li>• Treatment for developmental problems including learning difficulties e.g. Dyslexia, behavioral problems</li> <li>• Any treatment received in convalescent homes, convalescent hospitals, nature cure clinics, rest care, rehabilitation, or similar establishments</li> <li>• Charges incurred in connection with cost of external aids, spectacles and contact lenses, hearing aids, laser surgery for correction of refractive errors other than for focal error of +/-7 or more and medically necessary.</li> <li>• Routine eye examinations and ear examinations, cochlear implants, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, hair fall treatment &amp; products, and all other similar external appliances and / or devices whether for diagnosis or treatment.</li> <li>• Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices any illness or treatment, which is a result or a consequence of undergoing such experimental or unproven treatment.</li> <li>• Any Stem Cell Transplant therapies or hormone replacement therapy</li> <li>• Treatment of obesity or morbid obesity including any complication arising from these treatments or any other weight control programme.</li> <li>• Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health and/ or who has been declared brain dead, as demonstrated by:             <ul style="list-style-type: none"> <li>○ Deep coma and unresponsiveness to all forms of stimulation; or</li> <li>○ Absent pupillary light reaction; or</li> <li>○ Absent oculovestibular and corneal reflexes; or</li> <li>○ Complete apnea.</li> </ul> </li> <li>• Screening, counseling, treatment or complications related to autoimmune diseases.</li> <li>• Hospitalization only for investigation, evaluation and observation not covered.</li> </ul> <p><b><i>Excluded for first two policy years</i></b>            Specific waiting period of 2 years from policy issue date or revival date for conditions/procedures mentioned below will apply for all benefits.</p> <ul style="list-style-type: none"> <li>○ Hernia Repair</li> <li>○ Corrective procedure for gall stones</li> <li>○ Corrective procedure for kidney or urinary tract stones</li> <li>○ Discectomy, Laminectomy</li> <li>○ Hemi / Partial Thyroidectomy</li> <li>○ Corrective procedure for anal fistula or anal fissure, abscess of anal and pilonidal sinus</li> <li>○ Removal of uterus, fallopian tubes and/or ovaries, except for malignancy</li> <li>○ Corrective procedure for female genital Prolapse, Endometriosis/ Adenomyosis, Polycystic Ovarian Disease, fibroids, uterine prolapse, or dysfunctional uterine bleeding</li> <li>○ Corrective procedures for Hemorrhoids</li> <li>○ Cataract &amp; Joint replacement surgeries (other than caused by accidents)</li> <li>○ Hyperplasia of Prostate (BPH), Hydrocele, and spermatocele</li> <li>○ Knee replacement surgery (other than caused by accidents)</li> <li>○ Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis</li> <li>○ Varicose veins and varicose ulcers of lower extremities,</li> <li>○ Disease of middle ear and mastoid including Otitis Media (CSOM), Cholesteatoma, Perforation of Tympanic Membrane, any other benign ear, nose and throat disorder or surgery.</li> <li>○ All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump,</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract,</li> <li>○ Tonsils and Adenoids, Nasal Septum including deviated nasal sinus and Nasal Sinuses, sinusitis and related disorder,</li> <li>○ Internal Congenital Anomaly</li> </ul>
<p>Multistage Cancer Care Benefit /  Multistage Cardiac Care Benefit /  Multistage Critical Illness Benefit</p>	<p>In addition to the disease specific exclusions given along with definitions of the respective diseases covered under the Benefit Option, no benefit will be payable if death or the illness covered under the policy is caused or aggravated directly or indirectly by any of the following:</p> <ul style="list-style-type: none"> <li>● Pre-Existing Diseases are not covered. Any pre-existing disease at the time of inception of the policy.</li> <li>● Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.</li> <li>● No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.</li> <li>● Any covered condition which is diagnosed and/or received medical advice/treatment within the waiting period.</li> <li>● Self-inflicted injuries, attempted suicide, insanity, and deliberate participation of the Life Assured in an illegal or criminal act with criminal intent.</li> <li>● Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a medical practitioner.</li> <li>● Any illness due to an external congenital defect</li> <li>● Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc.</li> <li>● Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on regular routes and on a scheduled timetable unless agreed by special endorsement.</li> <li>● War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.</li> <li>● Any treatment of a donor for the replacement of an organ</li> <li>● Nuclear reaction due to nuclear accident, Biological, Chemical or Radioactive contamination</li> <li>● Diagnosis and treatment outside India.</li> <li>● Ayurvedic, Homeopathy, Unani, herbalist treatment, any other treatments other than Allopathy / western medicines.</li> </ul>