



A comprehensive rider for your peace of mind.

Presenting, Bharti AXA Life Non-Linked Complete Shield Rider



BHARTI AXA LIFE NON LINKED COMPLETE SHIELD RIDER

A Non-Linked, Non- Participating Individual Health Insurance Rider

Unfortunate events like Accident and Illnesses always come suddenly and adversely affect our life and financial situation. Protection for such events is useful many ways. The insurance benefits we offer under Bharti AXA Life Linked Complete Shield Rider can protect you in the event of Accidental death, Accidental Total and Permanent Disability, Accidental Permanent and Partial Disability, Critical Illness and Cancer. You can choose what you need and pay for only those benefits. With these benefits, you can ensure that:

- Your family is not affected financially and your financial goals are still met in the event of Accidental death or Permanent/ Partial disability due to accident
- You are protected against high medical expenses and loss of earning capacity in the event you suffer a Critical illness

HIGHLIGHTS OF BHARTI AXA LIFE LINKED COMPLETE SHIELD RIDER



Customization of Insurance Protection: Choice of one or more Rider Benefit Options (risk covers) from a list of 6 available which includes Accidental death, Total/ Partial disability, Critical illness and Cancer



105% Return of Premium: Option to choose Return of Premium option in Accidental Death Benefit (ADB), Accidental Total and Permanent Disability (ATPD) and Accidental Permanent and Partial Disability (APPD).



Flexibility to choose the premium payment term and rider term



Women's Specific Benefits: Cover for 15 critical illnesses for women lives under standard critical illness option



Income tax benefits may be applicable as per the prevailing tax laws

WHAT BENEFITS CAN BE AVAILED UNDER THIS RIDER?

The Bharti AXA Life Non Linked Complete Shield Rider offers coverage against a range of risks. You may opt for coverage against one or more risks as per your needs by choosing from the following Rider Benefit Options.

Rider	Without Return of Premium (Pure Risk)	With Return of Premium (ROP)
Accidental Death Benefit (ADB)	✓	✓
Accidental Total and Permanent Disability (ATPD)	✓	✓
Accidental Permanent and Partial Disability (APPD)	✓	✓
Standard Critical Illness (SCI)	✓	✗
Comprehensive Critical Illness (CCI)	✓	✗
Cancer Care	✓	✗

The Waiver of Premium benefit is also available for event arising due ATPD, SCI and CCI-major conditions option. You can choose to opt for any one of the rider options from without return of premium or with return of premium option wherever available.

A detail of benefits under each rider event is as provided below.

Accidental Death Benefit (ADB)

In case of death of the life insured by an accident during the rider term, provided that the death occurs within 180 days from that accident, an additional amount equal to the ADB rider sum assured is payable.

Accidental Total & Permanent Disability (ATPD)

In case of Accidental Total Permanent Disability (any of the conditions as described in the table below) of the life insured caused by an accident during the rider term, provided that the disability occurs within 180 days from that accident, an additional amount as per the table below is payable.

Accidental Total & Permanent Disability	Percentage of Rider Sum Assured*
The use of two limbs;	100%
The sight of both eyes;	100%
The use of one limb and the sight of one eye;	100%
Loss by severance of two or more limbs at or above wrists or ankles; or	100%
Sight of one eye and loss by severance of one limb at or above wrist or ankle	100%

*The benefit shall be payable only once during the Rider term and the cover shall terminate upon payout of the benefit.

Accidental Permanent & Partial Disability (APPD)

In case of Accidental Permanent & Partial Disability (any of the conditions as described in the table below) caused of the life insured by an accident during the rider term, provided that the disability occurs within 180 days from that accident, an amount as per the table below is payable.

Accidental Permanent Partial Disablement	Percentage of Rider Sum Assured *
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%

*The rider Sum Assured for multiple claims shall be net off from any benefit already being paid out subject to maximum of 100% of Rider Sum Assured.

Standard Critical Illness (SCI)

In the event of the Life Insured being diagnosed with any one of the pre-defined conditions as defined below, 100% of the rider sum assured shall be payable. 3 additional conditions as compared to Male cover are provided under this benefit option specifically for women.

Sr. No	Name of CI/ Surgery	Male	Female
1	Cancer of Specified Severity	✓	✓
2	Myocardial Infraction (First Heart Attack of Specific Severity)	✓	✓
3	Open Chest CABG	✓	✓
4	Open Heart Replacement or Repair of Heart Valves	✓	✓
5	Coma of Specified Severity	✓	✓
6	Kidney Failure Requiring Regular Dialysis	✓	✓
7	Stroke Resulting in Permanent Symptoms	✓	✓
8	Major Organ /Bone Marrow Transplant	✓	✓
9	Permanent Paralysis of Limbs	✓	✓
10	Motor Neuron Disease with Permanent Symptoms	✓	✓
11	Multiple Sclerosis with Persisting Symptoms	✓	✓
12	Benign Brain Tumor	✓	✓
13	Third Degree Burns	✗	✓
14	Systemic Lupus Erythematosus with Lupus Nephritis	✗	✓
15	Severe Rheumatoid Arthritis	✗	✓

*The policyholder is entitled to opt for either SCI or CCI.

Comprehensive Critical Illness (CCI)

In the event of the Life insured being diagnosed with any one of the pre-defined conditions as defined below, 25% of the respective Rider Sum Assured subject to maximum of INR 5,00,000 on pre-defined Minor conditions and 100% of the respective Rider Sum Assured on pre-defined Major conditions* as defined below shall be payable.

Sr. No.	Name of CI/ Surgery	Sr. No.	Name of CI/ Surgery
1	Cancer of Specified Severity	30	Chronic Adrenal Insufficiency (Addison's Disease)
2	Myocardial Infraction (First Heart Attack of Specific Severity)	31	Cardiomyopathy
3	Open Chest CABG	32	Infective Endocarditis
4	Open Heart Replacement or Repair of Heart Valves	33	Medullary Cystic Disease
5	Coma of Specified Severity	34	Apallic Syndrome
6	Kidney Failure Requiring Regular Dialysis	35	Creutzfeldt-Jacob Disease (CJD)
7	Stroke Resulting in Permanent Symptoms	36	Brain Surgery
8	Major Organ /Bone Marrow Transplant	37	Severe Ulcerative Colitis
9	Permanent Paralysis of Limbs	38	Progressive Supranuclear Palsy
10	Motor Neuron Disease with Permanent Symptoms	39	Bacterial Meningitis
11	Multiple Sclerosis with Persisting Symptoms	40	Loss of One Limb and One Eye
12	Benign Brain Tumour	41	Chronic Relapsing Pancreatitis

13	Blindness	42	Necrotising Fasciitis
14	Deafness	43	Muscular Dystrophy
15	End Stage Lung Failure	44	Hemiplegia
16	End Stage Liver Failure	45	Tuberculosis Meningitis
17	Loss of Speech	46	Encephalitis
18	Loss of Limbs	47	Myelofibrosis
19	Major Head Trauma	48	Pheochromocytoma
20	Primary (Idiopathic) Pulmonary Hypertension	49	Systemic Lupus Erythematosus with Lupus Nephritis
21	Third Degree Burns	50	Eisenmenger's Syndrome
22	Alzheimer's Disease	51	Amputation of Feet Due to Complications from Diabetes
23	Parkinson's Disease	52	Other Serious Coronary Artery Disease
24	Aorta Graft Surgery	53	Severe Rheumatoid Arthritis
25	Dissecting Aortic Aneurysm	54	Crohn's Disease
26	Myasthenia Gravis	55	Fulminant Hepatitis
27	Elephantiasis	56	Pneumonectomy
28	Aplastic Anaemia	57	Poliomyelitis
29	Progressive Scleroderma	58	Loss of Independent Existence (Cover up to Age 74)
List of Minor Critical Illnesses/Surgery			
59	Carcinoma in situ	64	Carotid Artery Surgery
60	Early-Stage Cancer	65	Keyhole Coronary Surgery (Age 18 - 80 only)
61	Angioplasty	66	Pericardiectomy (irrespective of technique)
62	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy	67	Brain Aneurysm Surgery or Cerebral Shunt Insertion (Age 18 - 70 only)
63	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion	68	Small Bowel Transplant

*The benefit shall be payable only once during the Rider term for major conditions and the cover shall terminate upon payout of the benefit. The benefit further shall be payable only if the diagnosis/procedure of any of the covered condition is the first diagnosis/procedure of that condition in the lifetime of the Life Insured.

** In case of claim under minor conditions, The Rider Sum Assured shall be reduced to the extent of the benefit paid and the benefit will continue for balance rider sum assured, if any and subject to the cooling off period. The benefit shall terminate upon payment of a cumulative 100% of the Rider Sum Assured under this benefit.

Cancer care:

If the life insured is diagnosed with minor conditions an amount equal to 25% of the rider sum assured or INR 500,000 whichever is lower, is payable. An amount equal to sum assured less any minor claim already paid is payable on diagnosis of major cancer.

A maximum of 2 claims are payable under the minor conditions subject to the cooling off period. However, no claim will be paid for the same CIS or the specified Early-Stage Cancer. The rider terminates on claim pay-out due to a major condition.

List of conditions covered under Cancer Care

Sr. No.	Name of Cancer condition/ Procedure	Major/Minor	% of Rider Sum Assured*
1	Cancer of Specified Severity	Major	100%
2	Bone Marrow Transplant	Major	100%
3	Aplastic Anemia	Major	100%
4	Specified Early-Stage Cancer	Minor	25%
5	Carcinoma in situ	Minor	25%

*The respective benefit applicable on diagnosis of Minor Conditions shall be 25% of Rider Sum Assured subject to maximum of INR 500,000. In addition, a maximum of 2 claims could be availed under Minor Condition subject to applicable condition of Cooling Off Period.

Waiver of Premium (WoP):

The Life insured shall further have the option to opt for Waiver of Premium benefit; wherein, upon occurrence/diagnosis of pre-defined Insured Event(s), all future premiums for the base cover along with the other Insured Event(s), shall be waived off and the policy will continue to operate as an inforce policy with premium being payable by the company for base cover along with the other active Insured Event(s) till the end of the premium payment term. The Waiver of Premium option is available only for the following benefits/Insured Event(s).

The pre-defined Insured Event(s) are as follows –

- Accidental Total and Permanent Disability (ATPD)
- Standard Critical Illness (SCI)
- Comprehensive Critical Illness (CCI) - Only for major illnesses/conditions

This option can be opted by either:

- Policyholder – only if life insured and policyholder are different or
- Life insured –only if life insured and policyholder are same.

Maturity Benefit – With Return of Premium Option

Upon survival and non-occurrence of the respective rider event(s) during the rider term, 105% of total premium paid (Sum Assured on Maturity) for the respective rider shall be payable for With Return of Premium Option only. With Return of Premium Option is available under following Insured events

- Accidental Death Benefit (ADB - ROP)
- Accidental Total and Permanent Disability (ATPD - ROP)
- Accidental Permanent and Partial Disability (APPD - ROP)

Rider Benefit Payout Option

You can choose to receive the rider benefits as either:

- Lump sum benefits: Under this mode, 100% of the Benefit will be paid immediately on happening of the Insured Event as lumpsum.
- Income for the income period chosen (up to 10 years): Under this mode, the Benefit amount will be paid as 1.85% of the Rider Sum Assured every month in the form of Monthly Income, payable for 5 years (60 installments) with the first installment being payable immediately on happening of the Insured event.

The Policyholder (nominee in case of Accidental death benefit option) shall have an option to take the Monthly Income as a lump sum. This option is only available before the payment of the first installment. The lump sum shall be calculated as a Present Value of Monthly Incomes discounted at 4.5% pa. This rate may be revised subject to prior approval from IRDAI. The payout option cannot be changed once the monthly income commences. The income option is not applicable for the Accidental Partial & Permanent Disability option & Minor Illnesses/Surgeries applicable for Cancer Care and Comprehensive Critical Illness benefit option.

Premium payment mode

You may choose monthly*, quarterly*, semi-annual or annual premium payment mode. The factors applicable for each mode will be same as the Base Product.

Advance Premium

For monthly premium payment mode policies the Company may accept 3 months premium in advance only on the date of commencement of the policy.

In case of advance premium:

- Collection of advance premium shall be allowed within the same financial year for the premium due in that financial year
- The premium so collected in advance shall only be adjusted on the due date of the premium.

WHO CAN AVAIL COVERAGE UNDER THIS RIDER?

Parameter	Eligibility Criteria	
Minimum age at entry	18 years	
Maximum age at entry	65 years	
Maximum age at maturity	85 years	
Rider Term	Fixed Rider term: 5, 10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 Variable Rider term: To Age 60, 65, 70, 75, 80, 85 (Rider Term cannot exceed the Rider term of the Base Policy)	
Premium Payment Term		
Rider Premium Payment Term (In Years)	Without Return of Premium Rider term (In Years)	Return of Premium Rider Term (In Years)
5 years	10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
6 years	10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
7 years	12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
8 years	14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
10 years	15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
11 years	16, 20, 25, 30, 35, 40, 45, 50, To Age 60, 65, 70, 75, 80, 85	16, 20, 25, 30, 35, 40, 45, 50, To Age 60, 65, 70, 75, 80, 85
12 years	20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
15 years	20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
Pay till 60	10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
Pay till 70	10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85	10, 12, 14, 15, 16, 20, 25, 30, 35, 40, 45, 50 , To Age 60, 65, 70, 75, 80, 85
Regular Pay	Same as Rider Term (5, 10, 12, 14, 15, 16, 20, 25, 30, 35, 40 ,45, 50 , To Age 60, 65, 70, 75, 80, 85)	Same as Rider Term (5, 10, 12, 14, 15, 16, 20, 25, 30, 35, 40 ,45, 50 , To Age 60, 65, 70, 75, 80, 85)
Single Pay (1 year PPT)	(5, 10, 12, 14, 15, 16, 20, 25, 30, 35, 40 ,45, 50 , To Age 60, 65, 70, 75, 80, 85)	(5, 10, 12, 14, 15, 16, 20, 25, 30, 35, 40 ,45, 50 , To Age 60, 65, 70, 75, 80, 85)
Minimum Sum Assured (Rs.)	Rs 1,00,000/-	
Maximum Sum Assured (Rs.)	No Limit. The maximum premium shall be subject to the Company's Board Approved Underwriting Policy.	
Premium Payment Modes	Single, Annual, semi-annual, quarterly* & monthly*	
Minimum Premium	Based on the minimum Rider Sum Assured. Premium will vary depending upon the Option chosen.	

*Through auto pay only

What happens if I am unable to pay premiums?

We recommend that you pay all your premiums on the respective due dates to enjoy the rider benefits. However, we also understand that sudden changes in lifestyle like an increase in responsibility or an unexpected increase in household expenses may affect your ability to pay future premiums.

You have following flexibilities in order to ensure that your benefits under the rider continue in full or part.

Grace Period: Grace period is the period after the premium due date, during which you may pay your premiums without any impact on the rider benefits. During the grace period, the Policy is in-force including risk cover under the Rider. The grace period is 15 days for monthly mode and 30 days for annual/ semi-annual/ quarterly premium payment modes.

In case of a rider event during the Grace Period, the rider sum assured after deducting the unpaid due premium shall be payable.

Lapsation: In case you do not pay the due premiums within your Grace Period, your policy may lapse as per the premium payment option chosen -

- Without Return of Premium option: your benefit shall lapse at the end of grace period.
- With Return of Premium option: your benefit shall lapse at the end of grace period if all premiums have not been paid in full for first two consecutive years.

Paid Up: No Paid-up value is applicable for Without return of premium policies.

Under With return of premium options, If at least two Rider Year's Annualized Rider Premiums have been paid in full and the further Rider Regular Premiums or Rider Limited Premiums (as applicable) have not been paid or received by Us due to any reason, the Rider will automatically be converted into Paid Up status. Once the Rider becomes Paid-Up, all the benefits under the Rider would be reduced and calculated as given below.

Paid Up Benefits	Paid Up Benefits Payable
Death	No benefit shall be payable.
Insured Event(s) <small>(ADB-ROP, ATPD-ROP, APPD-ROP)</small>	(No of Rider Regular Premiums or Rider Limited Premiums paid and received/ No of Rider Regular Premiums or Rider Limited Premiums payable) X Rider Sum Assured"
Maturity	Total Rider Premiums Paid till date of Paid-Up, excluding any underwriting extra and any applicable taxes
Surrender	Surrender Value Factor* Total Rider Premiums Paid till the date of Paid-Up, excluding any underwriting extra and any applicable taxes

Surrender Benefit:

Premium Payment Term	Pure Risk Rider	Return of Premium Rider
Single Pay Option	<p>The policy shall acquire Unexpired Risk Premium immediately on payment of the Single Rider Premium</p> <p>Unexpired Risk Premium = (URPF) X P X (U/T)</p> <p>URPF = The Unexpired Risk Premium Factor (URPF) of 70%</p> <p>P = Premiums paid till date of surrender excluding applicable tax, and underwriting extra, if any</p> <p>U = Outstanding Rider Term (in months)</p> <p>T = Rider Term (in months)</p>	<p>The Policy shall acquire Surrender Value immediately on payment of the Single Rider Premium.</p> <p>On Surrender of the Rider, the Surrender Value (SV) shall be payable and the rider shall terminate thereafter. The Surrender Value shall be higher of GSV and SSV wherein -</p> <p>Guaranteed Surrender Value (GSV) = Guaranteed Surrender Value Factor • Single Rider Premium (excluding any underwriting extra and any applicable taxes).</p> <p>The Special Surrender Value (SSV) shall be same as GSV. Any change in SSV shall be only after prior approval from the Authority.</p> <p>The GSV is determined based on a defined % of Total Premiums Paid (excluding any underwriting extra premium, if any). For the details on GSV factors (percentages) applicable, please refer to the sample policy contract of this rider available on the Company's website.</p>

Premium Payment Term	Pure Risk Rider	Return of Premium Rider
Limited Pay option	<p>The policy acquires Unexpired Risk Premium after payment of two full years' Annualized Rider Premium. On early exit of the policy, the Unexpired Risk Premium shall be as per the following formula</p> $\text{Unexpired Risk Premium} = (\text{URPF}) \times P \times (\text{U/T}) \times (\text{P/PP})$ <p>where: URPF = The Unexpired Risk Premium Factor (URPF) of 70% P = Premiums paid till date of surrender excluding applicable tax, and underwriting extra, if any U = Outstanding Rider Term (in months) T = Rider Term (in months) PP = Total Premiums payable excluding applicable tax, underwriting extra, if any.</p>	<p>The Policy shall acquire Surrender Value immediately on payment of 2 full years' Annualized Rider Premium. On Surrender of the Policy, the Surrender Value (SV) shall be payable and the policy shall terminate thereafter. The Surrender Value shall be higher of GSV and SSV wherein -</p> <p>Guaranteed Surrender Value (GSV) = Guaranteed Surrender Value Factor • Annualized Rider Premium (excluding any underwriting extra and any applicable taxes).</p> <p>The Special Surrender Value(SSV) shall be same as GSV. Any change in SSV shall be only after prior approval from the Authority.</p> <p>The GSV is determined based on a defined % of Total Premiums Paid (excluding any underwriting extra premium, if any). For the details on GSV factors (percentages) applicable, please refer to the sample policy contract of this rider available on the Company's website.</p>
Regular Pay Option	<p>No Unexpired Risk Premium shall be payable for Regular Pay policy.</p>	<p>The Policy shall acquire Surrender Value immediately on payment of 2 full years' Annualized Rider Premium. On Surrender of the Policy, the Surrender Value (SV) shall be payable and the policy shall terminate thereafter. The Surrender Value shall be higher of GSV and SSV wherein -</p> <p>Guaranteed Surrender Value (GSV) = Guaranteed Surrender Value Factor • Annualized Rider Premium (excluding any underwriting extra and any applicable taxes).</p> <p>The Special Surrender Value(SSV) shall be same as GSV. Any change in SSV shall be only after prior approval from the Authority.</p> <p>The GSV is determined based on a defined % of Total Premiums Paid (excluding any underwriting extra premium, if any). For the details on GSV factors (percentages) applicable, please refer to the sample policy contract of this rider available on the Company's website.</p>

Revival: You have the flexibility to revive your lapsed/paid-up policy within the revival period of five years after the due date of the first unpaid premium, subject to the terms and conditions the Company may specify from time to time. The Revival Period and revival rate applicable to the rider will be same as that of the base product.

The Rider cannot be revived if the Policyholder has requested the Company to discontinue the Rider or if the Policyholder has not revived the Base Policy.

Important terms & conditions/definitions :

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 premium paid towards the Insured Event(s) during the Waiting Period will be refunded without any interest; and
- the Insured Event(s) shall terminate and no future premiums and benefits shall be payable.

Waiting Period as per the chosen Insured Event(s) shall be as under:

Insured Event	Waiting Period applicable*^
SCI, WoP on SCI	180 days
CCI, WoP on CCI and Cancer Care	90 days for Major Illness 180 days for Minor Illness
All other Insured Event ^(s) (ADB, ATPD and APPD)	Not Applicable

*The waiting period shall be applicable from date of first Diagnosis of any of the illness covered under the respective Insured Event(s). Further, no Waiting Period shall be applicable for claims arising solely due to accident.

^ The Waiting Period for all benefits shall be applicable from later of:

- Date of Commencement of Risk, if Insured Event(s) is opted at inception;
- Policy Anniversary at which Insured Event(s) is opted (If Insured Event(s) is opted for on the Policy Anniversary); or
- Date of revival (in case of revival of the Insured Event(s)).

No waiting period applies for Critical Illness claims arising solely due to an accident.

Survival Period means a period from the diagnosis and fulfillment of the illnesses covered which the Life insured must survive before the benefit will be paid. The Survival Period applicable under the product shall be 15 days. The Survival Period is only applicable under Critical Illness based Benefit Option.

Cooling off Period means a period of 6 months between two Minor claims/two early stage/CIS claims (different organs) specified under this Rider during which no benefit amount shall be payable related to Minor conditions.

Termination

The Rider will terminate on the earliest of the following:

- a) On the Life Insured attaining Age 85;
- b) When the Base Policy ceases to exist or is Lapsed;
- c) When You discontinue to pay the Rider Regular Premium/Rider Limited Premiums, but continue to pay the Base Policy premiums;
- d) On the date of Surrender of this Rider;
- e) On the Expiry Date or payment of the Maturity Benefit (as applicable);
- f) Acceptance of Free Look request by Us; or
- g) Rider Benefits in as mentioned above are paid which result in the termination of cover for the Life Insured under this Rider.

Premium Guarantee shall be a period 'N' years, wherein, the rider Sum Assured shall remain unchanged for pre-defined rider option and thereafter the rider sum assured may be revised subject to IRDAI approval. The applicable 'N' years is as follows:

Rider	N (In Years)
SCI, CCI, Cancer Care, WoP on SCI, WoP on CCI	10
ADB, ATPD, APPD, ADB – ROP, ATPD – ROP and APPD - ROP and WoP on ATPD	Policy Term

Insured Event(s) are the pre-defined event(s) at which pre-defined proportion of the respective Rider Sum Assured shall be payable, which are as follows:

- 1. Accidental Death Benefit:** On occurrence of death of Life insured within the Rider term, caused by an accident, provided that the death occurs within 180 days from that accident.
- 2. Accidental Total and Permanent Disability:** On occurrence of Accidental Total and Permanent Disability to the Life insured within the Rider term, caused by an accident, provided that the disability occurs within 180 days from that accident.
- 3. Accidental Permanent and Partial Disability:** On occurrence of Accidental Permanent & Partial Disability to the Life insured within the Rider term, caused by an accident, provided that the disability occurs within 180 days from that accident.
- 4. Standard Critical Illness:** On first Diagnosis of or actual undergoing of any of the pre-defined Critical Illness or procedure within the Rider term, provided the Life insured survives during the Survival Period.
- 5. Comprehensive Critical Illness:** On first Diagnosis of or actual undergoing of any of the pre-defined Critical Illness or procedure within the Rider term, provided the Life insured survives during the Survival Period.
- 6. Cancer Care:** On Diagnosis of or actual undergoing of any of the pre-defined Cancer Conditions or procedure within the Rider term, provided the Life insured survives during the Survival Period.

The definitions of Insured Event(s) are covered in detailed below:

Definitions and Exclusions – Critical Illness Benefits

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, premalignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

3. Open Chest CABG

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:

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

4. Open Heart Replacement or Repair of Heart Valves

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

5. Coma of specified Severity

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

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

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

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out.

Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke resulting in permanent symptoms

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

The following are excluded:

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

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

9. 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.

10. 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.

11. Multiple Sclerosis with Persisting Symptoms

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

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

12. 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:

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

The following conditions are excluded:

- a. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Blindness

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

The Blindness is evidenced by:

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

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

14. 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 90 decibels across all frequencies of hearing" in both ears.

15. End Stage Lung Failure

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 < 55 \text{ mmHg}$); and
- iv. Dyspnea at rest.

16. End Stage Liver Failure

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

- i. permanent jaundice; and
- ii. ascites; and
- iii. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

18. 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.

19. 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 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.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

The following is excluded:

- i. Spinal cord injury.

20. Primary (Idiopathic) Pulmonary Hypertension

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 Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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.

21. 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.

22. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with "Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

The following conditions are however not covered:

- a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease;
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

23. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- a. the disease cannot be controlled with medication;
- b. signs of progressive impairment; and
- c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

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

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

24. Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The insured person understand and agrees that we will not cover:

- a. Surgery performed using only minimally invasive or intra arterial techniques.
 - b. Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures.
- Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

25. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

26. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

27. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Doctor who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

28. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a. Absolute neutrophil count of less than 500/mm³ or less
- b. Platelets count less than 20,000/mm³ or less
- c. Reticulocyte count of less than 20,000/mm³ or less

Temporary or reversible Aplastic Anaemia is excluded.

29. 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 following are excluded:

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

30. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

31. Cardiomyopathy

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

NYHA 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.

The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. 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 regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 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 Registered Doctor who is a cardiologist.

33. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- 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.

34. Apallic Syndrome

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.

35. Creutzfeldt-Jacob Disease (CJD)

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

36. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.

37. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

- the entire colon is affected, with severe bloody diarrhoea; and
- the necessary treatment is total colectomy and ileostomy; and
- the diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.

38. Progressive Supranuclear Palsy

Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

39. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living.

This diagnosis must be confirmed by:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

40. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee. The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by aides or surgical procedures.

41. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is 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.

42. Necrotising Fasciitis

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

43. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant

neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

44. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury, except when such injury is self-inflicted.

45. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of life assured.

46. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below).

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

47. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Life Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Doctor who is a specialist.

48. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catechol amines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

49. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:
Class I Minimal Change Lupus Glomerulonephritis
Class II Mesangial Lupus Glomerulonephritis
Class III Focal Segmental Proliferative Lupus Glomerulonephritis
Class IV Diffuse Proliferative Lupus Glomerulonephritis
Class V Membranous Lupus Glomerulonephritis

50. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- Mean pulmonary artery pressure > 40 mm Hg;
- Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- Normal pulmonary wedge pressure < 15 mm Hg.

51. Amputation of Feet due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

52. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

53. Severe Rheumatoid Arthritis

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

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- 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; and
- The foregoing conditions have been present for at least six (6) months.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

54. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

55. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;

- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

56. Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- a. Removal of a lobe of lungs (lobectomy)
- b. Lung resection or incision

57. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause,
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

58. Loss of Independent Existence (cover up to Insurance Age 74)

The insured personal is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined 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 at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist. Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

Definitions for Minor Critical Illnesses/procedures

59. Specified Early-Stage Cancers

Specified Early Cancers shall mean first ever presence of one of the following malignant conditions:

- i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
- ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
- iii. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
- iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
- v. Malignant melanoma that has not caused invasion beyond the epidermis.
- vi. Hodgkin's Lymphoma Stage I by the Cotswold's classification staging system.
- vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

Pre - malignant lesions and conditions, unless listed above, are excluded.

60. Carcinoma In-Situ (CiS)

i. Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated:

- i. Breast, where the tumor is classified as Tis according to the TNM Staging method
- ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0
- iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0

- iv. Ovary –include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B
- v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus
- vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.

The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

61. Angioplasty

I. 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).

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

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

62. Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy

The actual undergoing of Valvotomy or Valvuloplasty where the treatment is performed totally via intravascular procedure 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. For purpose of this Benefit, procedures done for treatment of Congenital Heart Disease are excluded.

63. Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion

Insertion of a Permanent Cardiac Pacemaker, Implantable Cardioverter-defibrillatory (ICD) or Cardiac resynchronisation therapy with defibrillator (CRT-D) that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of such device must be certified as absolutely necessary by a consultant cardiologist and evidence of surgery to be provided.

Cardiac arrest secondary to illegal drug abuse is excluded.

64. Carotid artery surgery

The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified Specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks (TIA).

Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

65. Keyhole Coronary Surgery

The undergoing for the first time for the correction of the narrowing or blockage of one or more major coronary arteries with bypass grafts via "Keyhole" surgery. All intra- arterial catheter based techniques are excluded from this benefit. The surgery must be considered medically necessary by a consultant cardiologist. Major coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

66. Pericardiectomy (irrespective of technique)

The actual undergoing of surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium, which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist and supported by 2D echo findings.

67. Brain Aneurysm Surgery or Cerebral Shunt Insertion

The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered, or The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.

68. Small Bowel Transplant

The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

DEFINITION OF MAJOR/MINOR CONDITIONS COVERED UNDER CANCER CARE

Sr. No.	Name of Cancer condition/ Procedure	Major/Minor
1	Cancer of Specified Severity	Major
2	Bone Marrow Transplant	Major
3	Aplastic Anemia	Major
4	Specified Early-Stage Cancer	Minor
5	Carcinoma in situ	Minor

DEFINITIONS OF MAJOR CONDITIONS/PROCEDURE COVERED UNDER CANCER CARE

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, premalignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic Lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible endstage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

3. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a. Absolute neutrophil count of less than 500/mm³ or less
- b. Platelets count less than 20,000/mm³ or less
- c. Reticulocyte count of less than 20,000/mm³ or less

DEFINITIONS OF MINOR CONDITIONS/PROCEDURE COVERED UNDER CANCER CARE

1. Specified Early Stage Cancers

Specified Early Cancers shall mean first ever presence of one of the following malignant conditions:

- i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
- ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
- iii. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
- iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
- v. Malignant melanoma that has not caused invasion beyond the epidermis.
- vi. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

Premalignant lesions and conditions, unless listed above, are excluded.

2. Carcinoma In-Situ (CIS)

Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated:

- i. Breast, where the tumor is classified as Tis according to the TNM Staging method
- ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0
- iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0
- iv. Ovary –include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B
- v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus
- vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.

The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

Premalignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

Permanent Exclusions for Critical Illness Benefit (Standard Critical Illness, Comprehensive Critical Illness, Cancer Care and WoP due to CI benefits)

We shall not be liable to make any payment under this Policy towards a covered Critical Illness, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any Pre-existing Disease or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or

b. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner

5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide

6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;

7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;

9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving

10. 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.

11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.

14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.

15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor

b. The Surgery / Procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI):

▪ greater than or equal to 40 or

▪ greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:

i. Obesity related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type 2 Diabetes

17. Any Critical Illness caused due to treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.

18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

19. In the event of the death of the Insured Person within the stipulated survival period as set out above.

20. Any Critical Illness caused by sterility and infertility. This includes:
- i. Any type of contraception, sterilization
 - ii. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization

DEFINITIONS AND EXCLUSIONS – ACCIDENTAL BENEFITS

The definitions and exclusions given in this section are applicable to ADB/ATPD/APPD and WoP due to ATPD benefits.

An **accident** for the purpose of this rider is defined as a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Total and Permanent Disability means when the Life Assured is totally, continuously and permanently disabled as a result of accident i.e. Accidental Total Permanent Disability and meets any of the conditions mentioned below: The Life Assured suffers an injury/Accident due to which there is total and irrecoverable loss of:

- a. The use of two limbs; or
- b. The sight of both eyes; or
- c. The use of one limb and the sight of one eye; or
- d. Loss by severance of two or more limbs at or above wrists or ankles; or
- e. Sight of one eye and loss by severance of one limb at or above wrist or ankle.

The disabilities as stated above must have lasted, without interruption for at least 180 days and must in the opinion of a Medical practitioner, be deemed permanent. However, for the disabilities mentioned in (d) and (e) under point 2 (i.e. physical severance), such 180 days period would not be applicable and the benefit shall commence immediately.

Partial and Permanent Disability means when the Life Assured is partially, continuously and permanently disabled as a result of accident i.e. Accidental Partial Permanent Disability and meets any of the conditions mentioned below:

- a. The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.
- b. Use of a hand or a foot without physical separation
- c. Loss of toes – all
- d. Loss of toes great - both phalanges
- e. Loss of toes great - one phalanx
- f. Loss of toes other than great, if more than one toe lost: each
- g. Loss of hearing - one ear
- h. Loss of four fingers and thumb of one hand
- i. Loss of four fingers of one hand
- j. Loss of thumb - both phalanges
- k. Loss of thumb – one phalanx
- l. Loss of index finger – three phalanges
- m. Loss of index finger – two phalanges
- n. Loss of index finger - one phalanx
- o. Loss of middle finger or ring finger or little finger – three phalanges
- p. Loss of middle finger or ring finger or little finger – two phalanges
- q. Loss of middle finger or ring finger or little finger - one phalanx

Permanent Exclusions for Personal Accident Cover (ADB/ATPD/APPD/WoP due to ATPD)

We shall not be liable to make any payment for any claim in respect of any Insured Person, for accidental death or disability caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease / critical illness /disability:

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or

- b. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement
In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which our maximum liability in that period would exceed the Sum Insured.
 3. Death or disablement caused due to Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
 4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
 5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
 6. Congenital external diseases, defects or anomalies or in consequence thereof.
 7. Death or disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
 8. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
 9. Death or disablement caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
 10. Death or disablement caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
 11. Death or disablement resulting caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any death or disablement resulting due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
 12. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
 13. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
 14. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
 15. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

16. Any physical, medical condition or treatment or service that is specifically excluded in the Policy.

GENERAL TERMS & CONDITIONS

Free-look option: - If Policyholder disagrees with any of the terms and conditions of the Policy, there is an option to return the original Policy along with a letter stating reason/s within 15 days of receipt of the Policy Document in case of offline policy and within 30 days of receipt of the Policy in case of electronic Policy & a policy sourced through distance marketing (i.e. online sales). The Policy will accordingly be cancelled and the Company will refund an amount equal to the Premium paid and may deduct a proportionate risk premium for the period on cover, the medical expenses incurred by the Company (if any) and the stamp duty charges. All rights under this Policy shall stand extinguished immediately on cancellation of the Policy under the free look option.

If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-

For existing e-Insurance Account: For the purpose of computation of the said Free Look Period, the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the free look period.

Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

Availability of Rider via online mode

Rider will be available for sale through online mode.

Loan

Not available under the Rider.

ASSIGNMENT AND NOMINATION

Assignment: Assignment shall be in accordance with the provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

Nomination: Nomination shall be in accordance with the provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

SECTION 41 OF INSURANCE ACT 1938 AS AMENDED FROM TIME TO TIME

(1) "No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer:

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees."

SECTION 45 OF INSURANCE ACT 1938 AS AMENDED FROM TIME TO TIME

Fraud/ Misstatement would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

About Us

Bharti AXA Life Insurance is a joint venture between Bharti Enterprises, a business group in India with interests in telecom, agri business and retail, and AXA, a global company in financial protection and wealth management. The joint venture company has a 51% stake from Bharti and 49% stake of AXA.

As we further expand our presence across the country with 254 branches as on 31st January, 2022 and partnerships with multiple distributors, we continue to provide a varied range of products and service offerings to cater to specific insurance and wealth management needs of customers. Whatever your plans in life, you can be confident that Bharti AXA Life will offer the right financial solutions to help you achieve them.

Disclaimers

- Riders are not mandatory and are available for a nominal extra cost
- Bharti AXA Life Insurance is the name of the Company and Bharti AXA Life Non Linked Complete Shield Rider is only the name of the Non-Linked, Non-Participating Individual Health Insurance Rider and does not in any way represent or indicate the quality of the policy or its future prospects.
- This rider brochure is indicative of the terms, conditions, warranties and exceptions contained in the insurance policy bond.
- Policyholder and Life Insured may be different in this product
- Tax benefits are as per the Income Tax Act, 1961, and are subject to any amendments made thereto from time to time



Bharti AXA Life Insurance Company Limited, **IRDAI Registration No.: 130** dated 14/07/2006 [Life Insurance Business] Registered Office: Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra. UIN: 130B011V01. CIN - U66010MH2005PLC157108. ADVT: II-June-2023-4896

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS!

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

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