

**Rider Policy Document – Bharti AXA Life Non Linked Group Complete Shield Rider
A Non-Linked Non-Participating Group Health Insurance Rider**

Part B

1. **Definitions:** (meaning of technical words used in the Rider Policy Document)
[The terms defined below shall have the meaning attributed to them wherever they appear in this Rider Policy Document. All terms defined in the Base Policy and used in this Rider Policy Document in defined form will have the same meaning as defined in the Base Policy document.]
- a) **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means which causes bodily injury but excludes illness and disease.
- b) **Age** means the Age of the Member as at the last birthday in completed years.
- c) **Annexure** means any annexure; endorsement attached to this Rider as changed/ modified and issued by Us from time to time.
- d) **Annual Renewal Date** means the date corresponding to the Date of Inception of the Rider cover in each period of 12 (Twelve) consecutive calendar months.
- e) **Annualized Rider Premium** means the Rider Premium payable in a year excluding the taxes, underwriting extra premiums and loading for modal premiums, if any.
- f) **Base Policy** means the group insurance product issued by Us to which this Rider is attached.
- g) **Base Policy Sum Assured** means the sum assured on death applicable to the concerned Member under the Base Policy.
- h) **BAUP** means Board Approved Underwriting Policy of Bharti Axa Life Insurance Company Limited.
- i) **Certificate of Insurance (COI)** means a document stating the benefits payable to the Member and other details pertaining to the coverage of the Member under this Rider Policy Document.
- j) **Customer Information Sheet (CIS)** means a document provided by the Company along with the COI, which ensures that the Master Policyholder/Members are well informed about their coverage, rights and responsibilities.
- k) **Date of Commencement / Inception of Rider** means the date specified in the Rider Schedule/COI from which the insurance coverage under this Rider commences for the Member.
- l) **Diagnosis** means the conclusion drawn by a registered Medical Practitioner for the first time about a medical condition of the Member, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence, as applicable.
- m) **Entry Date** means the date on which an eligible individual is admitted as an insured Member under this Rider Policy. Under Non-Employer-Employee cases, this date is mentioned on the Certificate of Insurance (COI). Under Employer- Employee cases, this date is determined as per Scheme Rules i.e., the relevant rules framed by the Employer and accepted by the Company.
- n) **Expiry/Maturity Date** means the date specified in the Rider Schedule/COI on which the Rider Coverage Term shall expire for Master Policyholder/ particular Member.
- o) **Free Look Period** means the period of 30 (Thirty) days specified under **Part D** from the date of receipt of this Rider/COI, whether received electronically or otherwise.
- p) **Grace Period** means the specified period of time, immediately following the Rider Premium due date during which Rider Premium payment can be made to renew or continue the Rider in force without loss of continuity benefits pertaining to Waiting Periods and coverage of Pre-existing Diseases. The grace period for payment of the Rider Premium shall be: 15 (Fifteen) days where Rider Premium Payment Mode is monthly and 30 (Thirty) days in all other cases.
- q) **Injury** means accidental physical bodily harm excluding illness or disease solely

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- and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- r) **Insured Event(s)** means Accidental Death, Accidental Total & Permanent Disability (ATPD), Accidental Permanent & Partial Disability (APPD), Terminal Illness (TI), and Critical Illness.
- s) **Lapse** means the status of the Rider where the Rider Premium due is not received on the Rider Premium due date or before the expiry of the Grace Period.
- t) **Medical Practitioner/ Specialist Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The Medical Practitioner/ Specialist Medical Practitioner shall not include:
- (i) *The Member himself /herself; or*
 - (ii) *An authorized Insurance Intermediary (or related persons) involved with selling or servicing the insurance contract in question; or*
 - (iii) *Employed by or under contractual engagement with the Insurance Company;*
 - (iv) *Related to the Member by blood or marriage. "*
- u) **Member** means a person who meets the eligibility criteria specified in the Scheme Rules and whose name has been recorded under the Scheme and this Rider Policy as a Member effective from the Entry Date after due approval from the Company and with respect to whom the health insurance cover under this Rider Policy has been effected.
- v) **Minor** is a person below the legal age of majority or adulthood.
- w) **Revival of the Rider** means restoration of the Rider, which was discontinued due to the non-payment of Rider Premium, by the Company with all the benefits mentioned in the Rider, upon the receipt of all the Rider Premiums due and other charges or late fee if any, during the Revival Period, as per the terms and conditions of the Rider, upon being satisfied as to the continued insurability of the Member on the basis of the information, documents and reports furnished by the Master Policyholder/ Member , in accordance with BAUP.
- x) **Revival Period** means the period provided in the Base Policy for revival of the Base Policy.
- y) **Pre-existing Disease** means any condition, ailment, Injury or disease :
 - i. That is/are diagnosed by a Medical Practitioner within 36 months prior to the Date of Commencement of Rider issued by the Company or its reinstatement; or
 - ii. For which medical advice or treatment was recommended by, or received from, a Medical Practitioner within 36 months prior to the Date of Commencement of Rider issued by the Company or its reinstatement.

Coverage for any Pre-existing Disease under the Rider after the expiry of 36 months is subject to the same being declared at the time of application and accepted by the Company.

z) **Rider** means this Bharti AXA Life Group Rider which is purchased to be added to the Base Policy. It is not a standalone document and should be read along with Base Policy.

aa) **Rider Benefit(s)** means an amount of benefit payable on occurrence of a specified event covered under this Rider, and is an additional benefit to the benefit under the Base Policy.

bb) **Rider Cover** means the coverage of risk of the Member on happening of any of the Insured Event(s) covered under the Rider Benefit(s) chosen by the Master Policyholder/Member, as applicable, under the Rider.

cc) **Rider Coverage Term** means the period between the Date of Commencement of Rider and the Annual Renewal Date as mentioned in the Rider Schedule/COI.

dd) **Rider Policy Document / Rider Policy** means and includes the proposal form for insurance submitted by You, the Rider Schedule, any attached endorsements or supplements together with all the

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addendums provided by Us from time to time, the medical examiner's report and any other document/s called for by Us and submitted by You to enable Us to process request for Rider, along with the unique policy number issued to You as mentioned in the Rider Schedule.

- ee) **Rider Premium** means the payments to be made by the Master Policyholder/ Member, to keep the Rider in force, in accordance with the frequency and manner of payment chosen and is the amount as specified in the Rider Schedule/COI.
- ff) **Rider Premium Payment Term** means the period for which You/Member are required to pay the Rider Premium due under the Rider. It should not exceed the outstanding premium payment term of the Base Policy.
- gg) **Rider Schedule** means the schedule attached to the Rider Policy which contains, amongst others, Your details, and other details pertaining to this Rider and which forms an integral part of the Rider.
- hh) **Rider Sum Assured** means the amount specified in the Rider Schedule/COI which is applicable under this Rider which represents Our maximum, total and complete liability for any and all claims arising in respect of the Member under this Rider.
- ii) **Surrender** means complete withdrawal of the Rider resulting in the termination of the Rider.
- jj) **Survival Period** means a period of 30 (Thirty) days from the date of occurrence of a covered Critical Illness during which the Member must survive before any Rider Benefit under the Additional Critical Illness becomes payable. Survival Period applicable under this Rider may vary based on the Rider Benefit chosen. The Company may waive off the Survival Period basis the risk assessment of the specified scheme. The Survival Period is only applicable under Critical Illness based Insured Event(s).
- kk) **Total Rider Premiums Paid** means total of all the Rider Premiums paid under this Rider for the chosen Insured Event, excluding any extra premium and taxes, if

collected explicitly.

ll) **Us/We/Our/Company** means Bharti AXA Life Insurance Company Limited.

mm) **Waiting Period** means a period during which specified diseases/treatments are not covered. In the event of occurrence of any of such scenarios during the applicable Waiting Period:

- i. No Rider Benefit shall be payable;
- ii. the Rider Premium(s) paid towards the Insured Event(s) during the Waiting Period will be refunded without any interest; and
- iii. the Rider Benefit shall terminate and no future Rider Premiums and benefits shall be payable.

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

Insured Event	Waiting Period applicable*^
Critical Illness	90 days
All other Insured Event(s) i.e., ADB, ATPD, APPD and TI.	Not Applicable

*The Waiting Period shall be applicable from date of occurrence of any of the Critical Illness covered under this Rider. Further, no Waiting Period shall be applicable for Critical Illness claims arising solely due to Accident.

^ The Waiting Period for all benefits shall be applicable from Date of Commencement of Rider.

^ Waiting Period will not be applicable on consecutive renewal of the Rider Cover for the Member with the Company.

^ Waiting Period can be waived off to the extent of Waiting Period already served, in case wherein the Master Policyholder is transferring the covered Members from another policy with CI cover to this Master Rider Policy.

nn) **You/Your/Yours** means the Master Policyholder.

The terms defined above shall also act as a reference guide to the Policy Document in terms of IRDAI Master Circular on Life Insurance Products (Ref: IRDAI/ACTL/MSTCIR/MISC/89/6/2024 dated 12th June 2024)



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PART C

1. Rider Options

The Master Policyholder can select one or more Rider Benefits under this Rider. The Rider Schedule will specify which of the following Rider Benefits have been chosen by the Master Policyholder under this Rider. Terminal Illness and Critical Illness Rider Options cannot be opted together. Once opted, the Rider Benefit(s) cannot be changed.

The Rider Benefit(s) in force under this Rider will be payable in accordance with the Terms & Conditions of this Rider and the Base Policy and subject always to the availability of the Rider Sum Assured for the Rider Benefit(s) under which the claim arises.

On occurrence of Insured Event(s), respective Rider Sum Assured(s) shall be payable subject to maximum 100% of the Rider Sum Assured and the respective Insured Event(s) shall terminate thereafter. Further, the Rider shall continue to remain in force only for other active Insured Event(s), if any.

a. Accidental Death Benefit (ADB):

Upon death of the Member solely and directly due to an Accident which occurs during the Rider Coverage Term provided the Rider being in force on the date of Accident and which solely and directly results in the Member's death within 180 days of the Accident, We will pay the Rider Sum Assured specified against this Rider Benefit in the Rider Schedule to the Beneficiary/Claimant.

If Accidental Death occurs after the Rider Coverage Term but within 180 days from the date of Accident the claim will be honored by Us by paying the Rider Sum Assured for ADB. This is applicable subject to the Accident occurring within the Rider Coverage Term and the Rider Benefit being in-force on the date of Accident.

In the event of an Accident occurring on the date of termination/Expiry Date of this Rider resulting in the death of the Member, Rider Sum Assured for ADB shall not be payable by Us.

Once a claim has been accepted and paid under this Rider Benefit to the Beneficiary/Claimant, then cover under this Rider shall immediately and automatically cease and the Rider shall stand terminated.

Upon death of the Member for any reason other than an Accident, no benefit shall be payable, and the Rider shall stand terminated. Upon Surrender and on Maturity, no benefit is payable under this Rider Benefit.

b. Accidental Disability Benefit:

The Master Policyholder shall, at the inception of this Rider, have the option to choose from any of the 2 (Two) options as mentioned below under this Rider Benefit:

i. Accidental Total and Permanent Disability (ATPD):

Upon the Member whose life is covered by this Rider Benefit suffers from total, continuous and permanent disability solely and directly due to an Accident which occurs within the Rider Coverage Term when this Rider is in force, and such disability occurs within 180 days from the date of Accident, the Rider Sum Assured specified for ATPD will be paid out as a lump sum to the Beneficiary/Claimant.

In case ATPD occurs beyond the Rider Coverage Term, the Rider Sum Assured specified against this Rider Option shall be payable provided that such disability occurs within 180 days from the date of Accident. This is applicable subject to Accident



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occurring within the Rider Coverage Term and the Rider Benefit being in-force on the date of Accident.

In the event of an Accident on the date of termination/Expiry Date of Rider Cover resulting in a total and permanent disability of the Member, the Rider Sum Assured for ATPD shall not be payable.

This Rider Benefit is payable to the Beneficiary/Claimant if the Member suffers any of the following disabilities due to an Injury or Accident due to which there is total and irrecoverable disability:

- a) Loss of Use of at least two limbs
- b) Loss of Sight of both eye
- c) Loss of hearing and loss of speech
- d) Loss of Use of four fingers and Thumb of both hands
- e) Loss of Use of one limb and sight of one eye
- f) Loss of Use of one limb and hearing
- g) Loss of Use of one limb and speech
- h) Loss of sight of one eye and speech
- i) Loss of sight of one eye and hearing
- j) Loss by severance of two or more limbs at or above wrists or ankles
- k) Loss by severance of four Fingers and Thumb of both hands
- l) Loss by severance of one limb and sight of one eye
- m) Loss by severance of one limb and hearing
- n) Loss by severance of one limb and speech

Note:

- (a) The disabilities specified under the above conditions must have continuously lasted, without interruption for atleast 180 days and must, in the opinion of a Medical Practitioner, be deemed permanent.
- (b) These disabilities as stated in the above conditions must also be verified by a Medical Practitioner appointed by the Company.
- (c) However, for disabilities mentioned above under **sub-clauses (j) to (n)** [i.e., physical severance] the requirement of the 180 days continuous period shall not apply.
- (d) Upon payment of the Rider Sum Assured against ATPD, the Rider Cover under this Rider Benefit will terminate and all rights, benefits and interests under this Rider Benefit will stand extinguished.

II. Accidental Partial and Permanent Disability (APPD):

If the Member whose life is covered by this Rider Benefit suffers from partial and permanent disability solely and directly due to an Accident which happens within the Rider Coverage Term of this Rider Benefit and that such disability occurs within 180 days from the date of Accident, the Rider Sum Assured for APPD will be paid out as a lump sum to the Beneficiary/Claimant.

In case APPD occurs beyond the Rider Coverage Term, the Rider Sum Assured specified against this Rider Benefit will be paid provided that such disability occurs within 180 days from the date of Accident. This is applicable subject to Accident occurring within the Rider Coverage Term and the Rider Benefit being in-force on the date of Accident.

In the event of an Accident on the date of termination/Expiry Date of Rider Cover resulting in a permanent and partial disability of the Member, the Rider Sum Assured for APPD shall not be payable.

This Rider Benefit is payable to the Beneficiary/Claimant if the APPD meets any of the below mentioned conditions:



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1. Loss of sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.
2. Loss of Use of a hand or a foot without physical separation
3. Loss of toes – all
4. Loss of hearing - one ear
5. Loss of four fingers and thumb of one hand
6. Loss of four fingers of one hand

The disabilities specified under the above-mentioned conditions must have continuously lasted, without interruption for at least 180 days and must, in the opinion of a Medical Practitioner, be deemed permanent.

Such disabilities shall also be verified by a Medical Practitioner appointed by the Company. Upon payment of the Rider Sum Assured against APPD, the Rider Cover under this Rider Benefit will terminate and all rights, benefits and interests under this Rider Benefit will stand extinguished.

There is no Death Benefit payable upon death of the Member under Accidental Disability Benefit. There is no benefit payable upon Surrender and on Maturity/Expiry under Accidental Disability Benefit.

c. Critical Illness (CI) Benefit:

Upon occurrence of any of the covered Critical Illness conditions with respect to the Insured Member during the Rider Coverage Term when the Rider is in-force, We will pay Rider Sum Assured against CI prevailing at the time of Diagnosis as specified in the Rider Schedule of this Rider to the Beneficiary/Claimant.

Upon payment of the Rider Sum Assured for CI to the Beneficiary/ Claimant, the cover under this Rider Benefit will terminate and all rights, benefits and interests under this Rider Benefit will stand extinguished.

No Death Benefit is payable upon death under Critical Illness Benefit. No benefit is payable upon Surrender under Critical Illness Benefit.

This Rider Benefit offers 4 (Four) packages based on the number of Critical Illnesses covered. The Master Policyholder shall have the option to choose the package at Rider inception along with the Rider Benefit.

The following 4 (Four) packages are offered under this Rider Benefit:

- I. Lite – Covers 4 Critical Illness
- II. Core – Covers 9 Critical Illness
- III. Plus – Covers 21 Critical Illness
- IV. Max – Covers 33 Critical Illness

*(Please refer to **Annexure “IV”** for the list of Critical Illness, their Definitions, Conditions and Exclusions under this Critical Illness Rider Benefit.)*

These Rider Benefit packages may be availed either as an Accelerated Rider Cover or as an Additional Rider Cover. The Accelerated Rider Cover will be known as Accelerated Critical Illness Benefit and the Additional Rider Cover will be known as Additional Critical Illness Benefit. The details of these benefits are provided as under:

i. Accelerated Critical Illness (ACI) Benefit:

Where the Rider Benefit is opted as an Accelerated Critical Illness Benefit, the benefit shall not be in addition to the Base Policy Sum Assured, instead, it shall be paid out of the Base Policy Sum Assured, subject to the pre-defined conditions specified in the table provided in **Annexure “IV”**.

In case the Rider Sum Assured for ACI Benefit is less than the Base Policy Sum Assured then the Member's cover under the Base Policy will continue with Base Policy



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Sum Assured reduced to the extent of Rider Sum Assured for ACI Benefit already paid out.

In case the Rider Sum Assured for ACI Benefit is equal to the Base Policy Sum Assured, the Member's cover under the Base Policy as well as this Rider Benefit for that Member shall terminate upon payment of the ACI Benefit.

ii. **Additional Critical Illness Benefit:**

In case the Rider Benefit is opted as an Additional Critical Illness Benefit, 100% of the applicable Rider Sum Assured shall be payable upon the occurrence of a covered Critical Illness, subject to the pre-defined conditions specified in the table provided in **Annexure "IV"**.

A Survival Period of 30 (Thirty) days from the date of occurrence of the covered Critical Illness shall apply under this benefit.

In case a covered Critical Illness occurs during the Rider Coverage Term, but the Survival Period extends beyond the Rider Coverage Term, the claim shall nonetheless be honoured by Us, subject to the applicable terms and conditions of the Rider.

In case the Member is covered under the Additional Critical Illness Benefit and dies within 30 (Thirty) days from the date of occurrence of the covered Critical Illness, i.e., before completion of the Survival Period, no claim will be payable. However, in such an event, 100% of the Rider Premium shall be refunded, and this Rider shall terminate thereafter for that Member.

d. **Terminal Illness (TI)**

Upon the Member's Diagnosis with incurable and irreversible medical condition, certified by a Medical Practitioner, that is expected to result in death within 6 to 12 months (sometimes up to 24 months) during the Rider Coverage Term and when the Rider is in force, We will pay, the portion of Base Policy Sum Assured equal to Rider Sum Assured and the Rider Cover shall terminate and all rights, benefits and interests under this Rider Benefit will stand extinguished.

Upon payment of the Rider Sum Assured, the Base Policy Sum Assured shall stand reduced to the extent of the Rider Sum Assured paid, and the cover under the Base Policy shall continue with the reduced (balance) sum assured.

2. **Death Benefit**

Not available under this Rider Benefit.

3. **Maturity/Survival Benefit**

There is no maturity or survival benefit payable under this Rider. This Rider shall automatically cease to exist on the termination of the Base Policy as also mentioned in **Part D**.

4. **Payment of Premium**

- i. Rider Premiums shall be payable on the due dates.
- ii. Rider Premium payment modes available under this Rider are Annual, Semi-Annual, Quarterly and Monthly. The mode applicable to You will be specified in the Rider Schedule.
- iii. Quarterly and Monthly Rider premium payment modes are payable through ECS only.

5. **Grace Period**

A Grace Period of 30 (Thirty) days for Annual/ Semi-Annual/ Quarterly Rider Premium Payment Modes and fifteen (15) days for monthly payment mode shall be provided to pay the unpaid Rider Premium due under the Rider and the benefits under the Rider will remain unaltered during this period.



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PART D

1. Free Look Period

The Master Policyholder/Member has a period of 30(Thirty) days from the date of receipt of this Rider Policy/Certificate of Insurance (COI), to review the terms and conditions of the Rider Policy/COI, whether received electronically or otherwise.

In case the Master Policyholder/Member disagrees with any of the terms and conditions of the Rider Policy/COI, or otherwise, and has not made any claim, there is an option to return the original Rider Policy/COI within 30 (Thirty) days along with a letter stating reasons for objection/ cancellation.

Irrespective of the reasons mentioned, the Rider Policy/COI will be cancelled and the Company will refund to the Master Policyholder/Member, only the Rider Premium paid subject only to deduction of a proportionate risk premium, for the period of cover and the medical expenses, if any, incurred by the Company on medical examination of the Member, and stamp duty charges.

All rights under this Rider Policy/COI shall stand extinguished immediately on cancellation of the Rider under the free look option.

In case of Employer-Employee Groups, only the Master Policyholder, and not the Member, shall have the right to exercise the Free-Look Cancellation option.

2. Discontinuance of Premiums *(Not Applicable to Single Pay Policies)*

In case the Base Policy has lapsed due to discontinuance of premium, the Rider Benefits under the Rider shall automatically cease to exist immediately from the date of such unpaid premium.

You can also opt to discontinue the Rider, anytime during the Rider Coverage Term. If You discontinue the payment of Rider Premiums, the Rider will be treated as Lapsed.

3. Lapse

If the Rider Premium is not paid within the Grace Period (as defined under this Policy), the Rider shall Lapse with effect from the date of such unpaid Rider Premium ('**Lapse Date**'). If a Rider in lapsed status is not revived within the Revival Period, the Rider shall be terminated and no benefits shall be payable.

4. Surrender Benefits

Upon Surrender, no surrender value is payable.

This Rider can be surrendered either by the Master Policyholder or the Member.

In case the Member of the Master Policy surrenders this Rider, the Rider will terminate and no surrender value will be payable.

In case the Master Policyholder Surrenders this Rider, the Members of the group will be given the option to continue Rider cover till the end of the Rider Coverage Term. The option to continue the cover will be applicable only to those Base Policies where the Rider Premium is paid by the Members provided the Member's cover under the Base Policy is in force.

If the Member chooses to continue this Rider upon Surrender of the Rider by the Master Policyholder, then this needs to be specifically communicated to the Company by the Master Policyholder or the Member and will be effective only upon acceptance of the same by the Company.



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5. Revival

Revival of the Rider shall be only along with the Revival of the Base Policy and shall be as per the BAUP. The Revival Period and the rate of interest applicable to revival of the Rider will be same as that of the Base Policy.

6. Exclusions

The Company shall not be liable to make any payment under the Rider Cover towards the insured event, caused by, based on, or arising out of or howsoever attributable to any of the following:

- a. Pre-existing Diseases during Waiting Period.
- b. Self-inflicted injuries, substance abuse, war, nuclear risks.
- c. Non-disclosure or misrepresentation.

7. Expiry/Maturity of Rider

The Rider will terminate on the earliest of the following:

- a) On the Member attaining Age of 80 years for ADB, ATPD and APPD and Age of 65 years for TI and CI; or
- b) When the Base Policy ceases to exist or is Lapsed; or
- c) On the date of Surrender of this Rider; or
- d) On the Expiry Date; or
- e) Date of acceptance of Free Look cancellation request by Us; or
- f) Benefits in accordance with **Part C** under the Rider are paid which result in the termination of cover for the Member under this Rider; or
- g) Exclusions as defined in clause 7 of Part D, specifically pertaining to Rider benefit, if any; or
- h) Death of the insured Member; or
- i) Any event on the occurrence of which the Rider terminates as per the specific terms and conditions of this Rider Policy.

8. Loan

Not available under the Rider.



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PART E

Part E is not applicable to this Rider.



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PART F

1. Fraud and Misrepresentation

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. **[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure– III to the Base Policy for reference]**

2. Claims

The Company would require the following primary documents in support of a claim at the stage of claim intimation under the Rider:

For Death Benefit (other than death due to Accident/natural death):

Not available under this Rider.

For Death Benefit (death due to Accident/Unnatural death): First Information Report (FIR) and Post Mortem report is required in addition to the documents required for Death Benefit (other than death due to Accident/ natural death) as mentioned above.

Indicative list of documents are also available at the Bharti AXA website <https://www.bharti-axa.com/claims> for intimating a claim. Please note the above is not an exhaustive list and additional documents may be required / as may be demanded by the Company depending on the circumstances and validity of the claim.

The Company reserves the right to call for additional documents, if in the opinion of the Company such additional documents are warranted to process the claim.

An approved Claim shall be paid through NEFT. Electronic transfer of funds shall be considered as a deemed acceptance of the claim settlement and shall be in full and final discharge of all the liabilities/claims under the Policy.

Easy ways of claim intimation

- A. Walk into Your nearest Bharti-AXA Life Branch
- B. Call Us Toll Free: 1800-102-4444* from 9:00 AM to 7:00 PM, Monday to Saturday
- C. Intimate Online through Claims Portal: <https://www.bharti-axa.com/claims>
- D. E-mail us: lifecclaims@bharti-axa.com
- E. Submit online claim through our website <https://www.bharti-axa.com/claims>

*Claims intimated through these modes will be considered as verbal intimation. Claim will be formally registered only when written intimation is received at branch or directly to Claims team at Service Office.

3. Misstatement of Age and Gender

- If the correct Age of the Member is different from that mentioned in the proposal form, We will assess the eligibility of the Member for the Rider in accordance with the correct Age of the Life Insured.
- If on the basis of correct Age, the Member is not eligible for the Rider, the Rider shall be cancelled immediately by refunding the Rider Premium received by Us under the Rider as per the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.
- If the Member is eligible for the Rider as per his / her correct Age, then We will calculate the applicable charges basis the correct Age of Life Insured.

4. Assignment and Nomination



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

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Annexure– I to the Base Policy for reference]

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

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Annexure– II to the Base Policy for reference]

5. Incorrect information and Non-Disclosure

The Master Policyholder /Member under the Rider shall have an obligation to disclose every fact material for assessment of the risk in connection with providing cover under this Rider.

In case of fraud, misrepresentation and suppression of material facts the Rider contract shall be treated in accordance with the Section 45 of the Insurance Act, 1938 as amended from time to time.

6. Rider alterations / Modifications

Only Our duly authorized officer has the power to effect changes on the Rider at Your request, subject to Our rules and within the regulatory parameters.

7. Taxation

Same as Base Policy.

8. Notices

Same as Base Policy.

9. Currency and Place of Payment

Same as Base Policy.

10. Mode of communication

Same as Base Policy.

11. Governing Laws & Jurisdiction

Same as Base Policy.

12. Term used and its meaning

If a particular term is not defined or otherwise articulated either in the Rider or under the Base Policy, endeavor shall be to impart the natural meaning to the said term in the context in which it is used.

13. Issuance of duplicate Rider Policy Document:

The Master Policyholder can request for a duplicate copy of the Policy at Bharti AXA Life Insurance Company Limited offices. While making an application for duplicate Policy the Master Policyholder is required to submit a notarized original indemnity bond. No additional charges may be applicable for issuance of the duplicate Policy. Free Look clause shall not be applicable with respect to such duplicate Policy Document.



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14. Legislative Changes:

The Terms and Conditions including the Rider Premiums and benefits payable under this Rider are subject to variation in accordance with the applicable laws and regulations.

15. Conflict of Master Policy & COI:

The individual Insured Members in applicable cases may be issued with a Certificate of Insurance [COI] indicating their insurance coverage and giving the summary of terms and conditions of the Master Policy. However, the insurance coverage shall always be subject to the terms and conditions of the Master Policy. If there is any conflict between the COI and the Master Policy, the Master Policy shall always prevail.

16. Data and information:

- a) The Master Policyholder shall furnish to the Company all such data, information and evidence as the Company may reasonably require in writing with regard to any matter relating to or affecting the coverages effected or to be effected under the Rider and the Company shall not be liable for any action taken in good faith upon any data, information or evidence so furnished, which shall be or shall prove to have been erroneous or inaccurate.
- b) The Master Policyholder shall maintain the data, information, and evidence pertaining to the list of Members and furnish the same to the Company as per the provisions/procedures applicable to the Base Policy.



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PART G

Grievance Redressal

Same as Base Policy.

List of Ombudsman

(For the updated list You may refer to IRDAI website)

Same as Base Policy.

BEWARE OF SPURIOUS/FRAUD PHONE CALLS!

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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Annexure-I: Section 38 - Assignment and Transfer of Insurance Policies
Same as the Base Policy

Annexure-II: Section 39 - Nomination by Policyholder
Same as the Base Policy

**Annexure-III: Section 45 – Policy shall not be called in question on the ground of mis-statement after
three years**
Same as the Base Policy

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Annexure "IV" – List of Critical Illness conditions, Definitions and Exclusions

The definitions and exclusions given in this annexure are applicable to Critical Illness to CI benefit.

List of Critical Illness conditions covered under the packages offered under this Rider Option are as follows:

Sr. No.	Name of CI/ Surgery	Lite	Core	Plus	Max
1	Cancer of Specified Severity	✓	✓	✓	✓
2	Myocardial Infraction (First Heart Attack of Specific Severity)	✓	✓	✓	✓
3	Open Chest CABG	✓	✓	✓	✓
4	Kidney Failure Requiring Regular Dialysis	✓	✓	✓	✓
5	Stroke Resulting in Permanent Symptoms		✓	✓	✓
6	Major Organ /Bone Marrow Transplant		✓	✓	✓
7	Permanent Paralysis of Limbs		✓	✓	✓
8	End stage liver failure		✓	✓	✓
9	Open Heart Replacement or Repair of Heart Valves		✓	✓	✓
10	Motor Neuron Disease with Permanent Symptoms			✓	✓
11	Multiple Sclerosis with Persisting Symptoms			✓	✓
12	Benign Brain Tumor			✓	✓
13	Blindness			✓	✓
14	Deafness			✓	✓
15	End stage lung failure			✓	✓
16	Coma of Specified Severity			✓	✓
17	Loss of Speech			✓	✓
18	Major Head Trauma			✓	✓
19	Primary (Idiopathic) Pulmonary hypertension			✓	✓
20	Third degree burns			✓	✓
21	Loss of Limbs			✓	✓
22	Aorta Graft Surgery				✓
23	Apallic Syndrome or Persistent Vegetative State (PVS)				✓
24	Alzheimer's Disease				✓
25	Parkinson's Disease				✓
26	Aplastic Anaemia				✓
27	Loss of independent Existence (cover up to Insurance age 74)				✓
28	Brain Surgery				✓
29	Cardiomyopathy				✓
30	Muscular Dystrophy – Resulting in Permanent loss of Physical				✓



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	abilities				
31	Poliomyelitis				✓
32	Medullary Cystic Disease				✓
33	SLE with Lupus Nephritis (Systematic lupus Eryth. with Renal Involvement)				✓

1. Cancer of Specified Severity

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

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic 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.

Excluded are: Angioplasty and/or any other intra-arterial procedures.

4. Kidney Failure Requiring Regular Dialysis



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

5. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage 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 (Three) 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.

6. 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 hematopoietic 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

7. Permanent Paralysis of Limbs

Total and irreversible loss of use of 2 (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 (Three) months.

8. End stage liver failure

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

- (a) Permanent jaundice; and
- (b) Ascites; and
- (c) Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

9. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s).

The Diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a Specialist Medical Practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

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 (Three) months.

11. Multiple Sclerosis with Persisting Symptoms

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



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- 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 (Six) months.
Other causes of neurological damage such as 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 1 (One) of the following and must be confirmed by the relevant Medical specialist /Practitioner:

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 (Ninety) 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 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

16. 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 (Thirty) 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.

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 (Twelve) months. This



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Diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist.

18. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 (Three) 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 3 (Three) 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.

The Activities of Daily Living are:

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

The following are excluded:

- a. Spinal cord injury.

19. 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.

20. Third Degree Burns

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

21. Loss of Limbs

The physical separation of 2 (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.

22. Aorta Graft Surgery

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The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g., Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta.

23. Apallic Syndrome or Persistent Vegetative State (PVS)

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite Diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others.
- iii. No evidence of sustained or reproducible behavioral responses to external stimuli
- iv. Preserved brain stem functions.
- v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures.
- vi. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least 1 (One) month without any clinical improvement.

24. Alzheimer’s Disease

A definite diagnosis of Alzheimer’s disease evidenced by all of the following:

- i. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning.
- ii. Personality change
- iii. Gradual onset and continuing decline of cognitive functions
- iv. No disturbance of consciousness
- v. Typical neuropsychological and neuroimaging findings (e.g., CT scan)

The disease must require constant supervision (24 hours daily) [before Age 65 years]. The Diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Other forms of dementia due to brain or systemic disorders or psychiatric conditions

25. Parkinson’s disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by atleast 2 (Two) out of the following clinical manifestations:

- a. Muscle rigidity
- b. Tremor
- c. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must cause neurological deficit resulting [before Age 65 years] in the permanent and irreversible inability of the Life Assured to perform, by oneself, at least 3 (Three) out of 6 (Six) Activities of Daily Living for a continuous period of at least 6 (Six) months despite adequate drug treatment.

Activities of Daily Living are:

- a. **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- b. **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

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- c. **Feeding oneself** – the ability to feed oneself when food has been prepared and made available.
- d. **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function
- e. **Getting between rooms** – the ability to get from room to room on a level floor.
- f. **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again

The Diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- a. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- b. Essential tremor
- c. Parkinsonism related to other neurodegenerative disorders.

26. Aplastic Anaemia

A definite diagnosis of Aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- a) Bone marrow stimulating agents
- b) Immunosuppressant
- c) Bone marrow transplantation

The Diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

Temporary or reversible aplastic anemia is excluded and not covered in this Policy.

27. Loss of independent Existence (cover up to Insurance Age 74 years)

Inability to perform at least 3 (Three) 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 6 (Six) months and leading to a permanent 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 Medical Practitioner .

Only Life assured with Insurance Age between 18 years and 74 years on first Diagnosis is eligible to receive a benefit under this illness.

Activities of daily living:

- a. **Washing:** the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- b. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c. **Transferring:** The ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa; The ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e. **Feeding:** the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
- f. **Mobility:** The ability to move indoors from room to room on level surfaces at the normal place of residence.

28. Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a Craniotomy with removal of bone flap to access the brain is performed.

The following are excluded:

- a) Burr hole procedures, trans-phenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolisations, thrombolysis and stereotactic biopsy, and,



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- b) brain surgery as a result of an Accident.

The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

29. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- a. Dilated Cardiomyopathy
- b. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- c. Restrictive Cardiomyopathy
- d. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness, or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The Diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram or cardiac MRI. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischaemic, valvular, metabolic, toxic, or hypertensive) cardiomyopathy
- ii. Transient reduction of left ventricular function due to myocarditis.
- iii. Cardiomyopathy due to systemic diseases
- iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g., Brugada or Long-QT-Syndrome)

30. Muscular Dystrophy – Resulting in Permanent loss of Physical abilities

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system.

The Diagnosis must be confirmed by a company appointed registered Medical Practitioner who is a neurologist based on all the following conditions:

- a) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction.
- b) Characteristic Electromyogram; or
- c) Clinical suspicion confirmed by muscle biopsy.

The disease must result in a total inability to perform, by oneself, at least 3 (Three) out of 6 (Six) Activities of Daily Living for a continuous period of at least 3 (Three) months with no reasonable chance of recovery.

Activities of Daily Living are:

- a) **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- b) **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- c) **Feeding oneself** – the ability to feed oneself when food has been prepared and made available.
- d) **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function
- e) **Getting between rooms** – the ability to get from room to room on a level floor.
- f) **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

31. Poliomyelitis



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A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 (Three) months from the date of Diagnosis.

The Diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- i. Poliovirus infections without paralysis
- ii. Other enterovirus infections
- iii. Guillain-Barré syndrome or transverse myelitis

32. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- a) Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys.
- b) Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction.
- c) Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- d) The diagnosis must be confirmed by a Consultant Nephrologists.

For the above definition, the following are not covered:

- a) Polycystic kidney disease
- b) Multisystem renal dysplasia and medullary sponge kidney
- c) Any other cystic kidney disease

33. SLE with Lupus Nephritis (Systemic lupus Eryth. with Renal Involvement)

The Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease. It can affect any part of the body. The immune system erroneously attacks the body's cells and tissue resulting in inflammation and damage. It can be diagnosed by typical laboratory findings and associated symptoms, the so-called butterfly rash being the most known, and has to be treated with corticosteroids or other immunosuppressants.

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- a) Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- b) Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- c) Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- a) Lupus nephritis with proteinuria of at least 0.5 g/day and a Glomerular filtration rate of less than 60 ml/min (MDRD formula)
- b) Libman-Sacks endocarditis or myocarditis
- c) Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The Diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologists.

The other form of lupus erythematosus the Discoid lupus erythematosus or subacute cutaneous lupus erythematosus or a lupus erythematosus that is drug-induced are not covered.