

RIDER BOND

Critical Illness Benefit Rider (attached to Traditional/ Non unit-linked Policies)

DEFINITIONS

“Critical Illness” shall mean any one of the following illnesses defined hereunder occurring only after 90 days from the Policy Date or the date of reinstatement of the base Policy:

■ Cancer

Cancer is a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer includes leukemia, lymphoma and Hodgkin's disease. Cancer must require treatment by surgery, radiotherapy or chemotherapy. The diagnosis must be confirmed with a valid pathology report and a report from a specialist approved by the Company.

The following types of cancer are excluded:

- All tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, or non-invasive.
- Any lesion described as carcinoma in-situ
- Cervical dysplasia or intra-epithelial neoplasia (CIN)
- Prostatic Intra-epithelial Neoplasia (PIN)
- Leukoplakia
- All non-melanoma skin cancers
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least class T2N0M0 by the AJCC Sixth Edition TNM Classification.
- Any form of cancer in the presence of HIV infection, including but not limited to, lymphoma or Kaposi's sarcoma.
- Thin Melanomas with pathology report showing Clark's Level less than III or Breslow thickness less than 1.0 mm.
- Early thyroid cancers that are less than 1 cm in diameter and histologically described as T1 by the AJCC Sixth Edition TNM Classification unless there are metastases;
- Early localized bladder cancers that are histologically described by the AJCC Sixth Edition TNM Classification as Ta or equivalent classification, unless there are metastases;
- Chronic Lymphocytic Leukaemia (CLL) less than RAI Stage 3
- All cancers that are a recurrence or metastases of a tumor that first occurred within the qualifying waiting period.

■ Coronary Artery Bypass Surgery

The actual undergoing of open-heart surgery with a thoracotomy and sternotomy to correct narrowing or blockage of one or more coronary arteries with insertion of bypass graft(s). Pre-operative angiographic evidence of more than 50% coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist. Balloon angioplasty (PTCA), heart catheterization, laser relief, rotablate, stenting and all other intra-arterial catheter based techniques are excluded. Key-hole coronary artery bypass surgery is also excluded.

■ Heart Attack

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by all three of the following criteria and be diagnostic of a new acute myocardial infarction:

1. Symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction; and
2. New characteristic electrocardiographic changes; and
3. The characteristic rise above accepted normal values of biochemical cardiac specific markers.

Heart failure, non-cardiac chest pain, angina, unstable angina, myocarditis, pericarditis, and traumatic myocardial injury are not covered. Myocardial infarction that occurs within 30 days of any

coronary artery interventional procedure, including but not limited to, angioplasty (PTCA) or stenting, will only be accepted if it has resulted in new Q waves on the ECG or a new regional wall motion abnormality on imaging.

■ Kidney failure

The total and chronic irreversible failure of both kidneys. Continuous renal dialysis must be instituted and the dialysis must be deemed medically necessary by a certified nephrologist. Acute reversible kidney failure that only needs temporary renal dialysis and single kidney failure is not covered.

■ Major organ transplant

The actual undergoing, as a recipient of, a transplant of a heart, lung, liver, pancreas, or kidney. This transplantation must have been deemed medically necessary to treat the irreversible end-stage failure of the relevant organ. Bone marrow transplant is also covered if the insured has undergone the transplant and a specialist confirms that the bone marrow transplant was medically necessary.

Other stem cell transplants and islet cell transplants are excluded.

■ Stroke

"Stroke" is defined as a cerebrovascular incident resulting in irreversible death of brain tissue due to cerebral hemorrhage, cerebral embolism, cerebral thrombosis or subarachnoid hemorrhage. This event must result in significant neurological functional impairment with objective neurological abnormal signs on physical examination by a neurologist at least 3 months after the event. The diagnosis must also be supported by findings on Magnetic Resonance Imaging, Computerized Tomography or cerebral spinal fluid examination and must be consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks (TIA);
- Reversible Ischaemic Neurological Deficit (RIND);
- Brain damage due to an accident or injury, infection, vasculitis, inflammatory disease or migraine;
- Disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina;
- Ischaemic disorders of the vestibular system;
- Asymptomatic silent stroke found on imaging.

“Diagnosis” shall mean diagnosis made by a Physician based on such specific evidence as referred to in the definition of the particular Critical Illness concerned or, in the absence of such specified reference, based upon radiological, clinical, histological or laboratory tests acceptable to the Company.

In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to appoint a Medical Specialist to examine the Life Insured on the basis of evidence used in arriving at such diagnosis and the opinion of such specialist as to such diagnosis shall be considered binding.

“Physician” shall mean any person registered with the Indian Medical Council with appropriate specialization to render medical or surgical services, but excluding a person who is the Life Insured himself or a blood relative of the Life Insured or the Policyholder under the base Policy.

“Critical Illness Benefit Sum Assured” is the rider benefit amount chosen by the Policyholder at inception of the rider. Under no circumstances can the Critical Illness Benefit Sum Assured (also referred as Rider Sum Assured) be more than the Sum Assured of the base Policy during the Policy Benefit Period.

The maximum aggregate limit of the Sum Assured for this Rider under all the policies for the same Life Insured shall not exceed Rs.20,00,000. In case, the Sum Assured for this Rider under one or more of the policies of the Company exceeds the said sum of Rs.20,00,000, the rider benefit shall only be available in respect of the first Rs.20,00,000 in the order in which policies have been issued.

“Rider Premium” is equal to the aggregate of the premiums for the rider payable by You in a Policy Year, according to the mode of payment chosen by you under the basic plan.

BENEFITS UNDER THE RIDER:

If whilst the Rider is in effect, if the Life Insured is diagnosed to be suffering from any one of the Critical Illness (as stated above), the Company shall pay an amount equal to the Critical Illness Benefit Sum Assured. Once the benefit under the Rider is paid, the Rider shall cease to exist.

This Rider can be availed only at the inception of the base Policy.

RIDER PREMIUM:

The Policyholder will have to pay the Rider Premium for the Critical Illness Benefit Rider as per the applicable Rider Premium rates. The Rider Premium as mentioned in the Policy Specifications will have to be paid in the same mode as the premium for the base Policy.

The Rider Premium payable by you would depend on the Critical Illness Benefit Sum Assured and the age of the Life insured. The premium paid under the rider cannot be more than the premium paid under the base Policy.

Revision of Rider Premium:

The Rider Premium is based on the age of the Life Insured at the Policy Date and is guaranteed to remain unchanged for a duration of 5 years commencing from the Policy Date. After the completion of these 5 years, the Rider Premium will change. The revised Rider Premium will be based on the then attained age of the Life Insured and the premium rates applicable for this Rider at that point of time. The revised Rider Premium is guaranteed to remain unchanged for a further period of 5 years from that date. This process shall continue till the Expiry of the Rider. At any point of time the Rider Premium shall not exceed the premium paid under the base policy.

At time of revision, if the revised Rider Premium exceeds the base Policy premium while the base Policy is in force, the Rider Sum Assured will be revised based on the last paid Rider Premium. This process shall continue till the expiry of the Rider or the Life Insured attaining the age of 60 years or the Rider Sum Assured becoming less than Rs 75,000, whichever is earlier.

REINSTATEMENT OF RIDER:

In case the Policy has lapsed due to discontinuance of premium the benefit under the Rider shall cease to exist immediately from the date of first unpaid premium for the base policy. The benefits under the rider may be reinstated subject to the following conditions;

- I. The application for Reinstatement for the base Policy and the Rider benefit is made within two (2) years from the date of first unpaid premium and before the termination of base Policy or Expiry Date of Rider ,whichever is earlier;
- II. Satisfactory evidence of insurability of the Life Insured;
- III. An amount equal to all unpaid premiums together with interest at such rate as the Company may charge for such reinstatement, as decided by the Company from time to time is paid in full;
- IV. The Company has not discontinued the Rider Benefits based on the intimation by the Policyholder to discontinue the Rider,

The charges for medical examination, if any, for re-instatement of the Rider shall be borne by the Policyholder.

CLAIM:

Any claim for this Rider must be applied for within 60 days of the date of the diagnosis, by sending an application in the specified form to the Company. The admission of such claim will be subject to such proofs as the Company may reasonably require to establish that the Life Insured is diagnosed to be suffering from any one of the Critical Illnesses. Such proof shall be submitted to the Company along with the application for claiming the Benefit under this rider.

EXPIRY OF THE RIDER:

Benefits payable under the Rider shall cease to exist, at the occurrence of earliest of the following:

- When the Life Insured attains the age of 60 years; or
- When base Policy ceases to exist or is lapsed; or
- Policy anniversary following the intimation by the Policyholder to discontinue the Rider; or
- When the Policyholder discontinues the Rider Premium but pays the base Policy Premium; or
- When the Rider Premium is not paid within 30 days from the due date of last unpaid premium; or
- Critical Illness Benefit Sum Assured becomes less than Rs 75,000 due to revision of Critical Illness Benefit Sum Assured; or
- The Benefits under the rider are paid.

Exclusions under the rider:

The Policyholder will not be entitled to any benefits if the Life Insured contracts a Critical Illness resulting either directly or indirectly from any one of the following causes:

- Any diagnosis of a Critical Illness contracted or diagnosed within 90 days from the Policy Date or the date of reinstatement of the Policy;
- Any pre-existing or recurring Covered Critical Illness which is diagnosed or which the Life Insured contracted prior to inception of the Rider or the date of reinstatement of the Policy;
- Attempted suicide or self inflicted injury, whether the Life Insured is medically sane or insane
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed doctor other than the life insured.
- Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.

Other Terms and Conditions:

1. The Critical Illness Benefit Sum Assured shall not be payable in respect of any illness other than those defined as Critical Illness
2. The Critical Illness Benefit Sum Assured under this Rider shall only be payable on the Life Insured surviving 30 days from the date of the diagnosis.
3. The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome.
4. The Company reserves the right to call for any medical examination, including at the time of reinstatement of Rider, as deemed necessary. For this purpose, the Company may request the Life Insured to submit to one or more medical examination/s conducted by the medical practitioner/s appointed by the Company, the cost of which shall be borne by the Policyholder.

Customer Service and Grievance Redressal

Please refer base policy for details.