

HDFC STANDARD LIFE INSURANCE COMPANY LIMITED

Additional Policy Provisions

Critical Illness Benefit

This booklet is numbered RD (VII)

1. Benefits

If the Scheme Member becomes critically ill by suffering one of the illnesses defined below, an amount as specified in the schedule shall be payable by the Insurer to the Policy Holder for the Benefit of that Scheme Member.

The maximum amount payable in respect of this benefit is Rs 50,00,000.

The Insurer will pay the critical illness benefit only if all of the following are satisfied:

- all due premiums have been paid
- the critical illness benefit commenced prior to, and has not terminated prior to, the date of diagnosis of the critical illness
- the Scheme Member has not already received any benefit in respect of critical illness
- the Scheme Member has survived at least 30 days following notification to the Insurer of the critical illness
- the critical illness has not occurred within 90 days of the date of the Scheme Member first being covered for critical illness benefit (assuming an unbroken period of cover). If the cover period is broken then the 90 days period applies from the date critical illness cover recommences in respect of the Scheme Member
- the Policy Holder files a claim with the Insurer in the form prescribed by the Insurer and accompanied by all relevant documents as may be required by the Insurer within 3 months of the illness, disability, operation or other circumstance giving rise to the claim
- the Policy Holder produces to the Insurer satisfactory proof from a practising consultant physician that the Scheme Member has suffered a critical illness as defined below. The consultant physician's specialism must be appropriate to the cause of the claim and be accepted by our Chief Medical Officer.

2. Critical Illnesses

The Critical Illnesses that are covered are:

(a) Cancer

A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Diagnosis has to be confirmed by a specialist and evidenced by definite histology. The term cancer also includes leukaemia and malignant disease of the lymphatic system such as Hodgkin's disease.

Excluded are:

- Any CIN stage (cervical intraepithelial neoplasia)
- Any pre-malignant tumour
- Any non-invasive cancer (cancer in situ)
- Prostate cancer stage 1 (T1a, 1b, 1c)
- Basal cell carcinoma and squamous cell carcinoma
- Malignant melanoma stage IA (T1a N0 M0)
- Any malignant tumour in the presence of any Human Immunodeficiency Virus.

(b) Coronary Artery (Bypass) Surgery

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography and realization of the surgery has to be confirmed by a specialist.

Excluded are:

- Angioplasty
- Any other intra-arterial procedures
- Key-hole surgery.

(c) Myocardial Infarction (Heart Attack)

The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis has to be confirmed by a specialist and evidenced by all of the following criteria:

- A history of typical pain
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other biochemical markers

Excluded are:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of Troponin I or T
- Other acute Coronary Syndromes (e.g. stable/unstable Angina pectoris).
- Silent myocardial infarction

(d) Renal Failure (End stage renal disease)

Renal Failure (End stage renal disease) presented 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.

(e) Stroke

Any cerebrovascular incident producing permanent neurological sequelae and including infarction of brain tissue, hemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist and evidenced by typical clinical symptoms as well as typical findings in CCT scan or MRI of the brain. Evidence of neurological deficit for at least 3 months has to be produced.

Excluded are:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Neurological symptoms due to migraine
- Lacunar strokes without neurological deficit.

(f) Major Organ Transplantation

The actual undergoing of transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.

3. Medical Evidence

The Insurer may request the Scheme Member to undertake a medical examination or test, which in its opinion, is reasonable to determine the critical illness. The Insurer will not accept a claim if the Scheme Member does not undertake any medical examination or test which the Insurer considers reasonable or necessary. The Insurer will not pay for any fees or expenses in connection with the production of medical evidence except for the fees and expenses for any medical examination or test which the Insurer has asked a medical practitioner to provide.

4. Termination of the rider benefit

The critical illness benefit on the life of a Scheme Member shall immediately terminate upon the happening of any of the following events and no benefits will be payable thereafter:

- (a) non-payment of the Premium due by the Policy Holder, OR
- (b) the Scheme Member reaching the Terminal Date, OR
- (c) on the admittance of a critical illness claim in respect of the Scheme Member.

5. Lapsing

- (1) No amount of benefit under this rider shall be payable on diagnosis of a critical illness on or after the Lapsing Date.
- (2) However, the same may be reinstated as provided under L12.

6. Exclusions

- (a) No benefit shall be payable, in respect of any claim arising within two years of a Scheme Member first being covered for critical illness benefit (assuming an unbroken period of cover), which results directly or indirectly from a condition for which the Scheme Member had previously received treatment or of which he was aware at entry.

If the cover period is broken then no benefit shall be payable, in respect of any claim arising within two years from the date critical illness cover recommences for a Scheme Member, which results directly or indirectly from a condition for which the Scheme Member had previously received treatment or of which he was aware at re-commencement.

(b) The following are the minimum required exclusions for the Critical Illness cover. Additional exclusions may be disease-specific and would be incorporated into the definition of the disease. Benefits shall not be paid in case of claims arising as a result of any of the following:

- Diseases in the presence of an HIV infection.
- Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by another insurer)
- Any diseases apart from Angioplasty occurring within 90 days of the start of coverage or Angioplasty occurring within 365 days of the start of coverage (i.e. during the waiting period) and any diseases causing the death of the insured within 30 days of the incidence of the illness (i.e. the survival period)
- For any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician
- Any congenital condition
- Intentional self-inflicted injury, attempted suicide, while sane or insane
- Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner
- Failure to seek or follow medical advice
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
- Service (including peace time training) in any naval, military, police, air force or similar service
- 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
- Participation by the insured person in a criminal or unlawful act
- Any injury incurred before the effective date of cover
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race, underwater activities involving the use of breathing apparatus or not, martial arts, hunting, mountaineering, parachuting, bungee-jumping
- Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

In case of death due to suicide within 12 months from the Effective Date or from the date of revival of the Policy, the Nominee of the Scheme Member shall be entitled to get 80% of the Premiums paid in respect of the deceased Scheme Member at the Entry date.

ADDITIONS TO THE RULES OF<<MASTER POLICY HOLDER NAME & SCHEME NAME>>

CRITICAL ILLNESS BENEFIT

1. BENEFITS

If the Scheme Member becomes critically ill by suffering one of the illnesses defined below, an amount as specified in the schedule shall be payable by the Insurer to the Policy Holder for the Benefit of that Scheme Member.

The maximum amount payable in respect of this benefit is Rs 50,00,000.

The Scheme Member must be alive for at least 30 days from the date of notification of the critical illness.

The Policy Holder must produce to the Insurer satisfactory proof from a practising consultant physician that the Scheme Member has suffered a critical illness as defined below. The consultant physician's specialism must be appropriate to the cause of the claim and be accepted by our Chief Medical Officer.

2. CRITICAL ILLNESSES

The Critical Illnesses which are covered are:

(a) Cancer

A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Diagnosis has to be confirmed by a specialist and evidenced by definite histology. The term cancer also includes leukaemia and malignant disease of the lymphatic system such as Hodgkin's disease.

Excluded are:

- Any CIN stage (cervical intraepithelial neoplasia)
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- Any non-invasive cancer (cancer in situ)
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Excluded are:

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Excluded are:

- Transient ischemic attacks (TIA)
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- Neurological symptoms due to migraine
- Lacunar strokes without neurological deficit.

(f) Major Organ Transplantation

The actual undergoing of a transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.

3. TERMINATION OF THE RIDER BENEFIT

The critical illness benefit on the life of a Scheme Member shall immediately terminate upon the happening of any of the following events and no benefits will be payable thereafter:

- (a) non-payment of the Premium due by the Policy Holder, OR
- (b) the Scheme Member reaching the Terminal Date, OR
- (c) on admittance of a critical illness claim in respect of the Scheme Member.

4. CLAIMS

The Policy holder shall inform the Insurer and shall file a claim with the Insurer on behalf of the Scheme Member in the form prescribed by the Insurer and accompanied by all relevant documents as may be required by the insurer, within 3 months from the date of the diagnosis.

The Insurer shall pay the claim amount in the name of the Scheme Member to the Policy Holder who shall give a valid discharge/ receipt for the same on behalf of the said Scheme Member to the Insurer.

5. EXCLUSIONS

- (a) No benefit shall be payable, in respect of any claim arising within two years of a Scheme Member first being covered for critical illness benefit (assuming an unbroken period of cover), which results directly or indirectly from a condition for which the Scheme Member had previously received treatment or of which he was aware at entry.

If the cover period is broken then no benefit shall be payable, in respect of any claim arising within two years from the date critical illness cover recommences for a Scheme Member, which results directly or indirectly from a condition for which the Scheme Member had previously received treatment or of which he was aware at re-commencement.

(b) The following are the minimum required exclusions for the Critical Illness cover. Additional exclusions may be disease-specific and would be incorporated into the definition of the disease. Benefits shall not be paid in case of claims arising as a result of any of the following:

- Diseases in the presence of an HIV infection.
- Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by another insurer)
- Any diseases apart from Angioplasty occurring within 90 days of the start of coverage or Angioplasty occurring within 365 days of the start of coverage (i.e. during the waiting period) and any diseases causing the death of the insured within 30 days of the incidence of the illness (i.e. the survival period)
- For any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician
- Any congenital condition
- Intentional self-inflicted injury, attempted suicide, while sane or insane
- Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner
- Failure to seek or follow medical advice
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
- Service (including peace time training) in any naval, military, police, air force or similar service
- 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
- Participation by the insured person in a criminal or unlawful act
- Any injury incurred before the effective date of cover
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race, underwater activities involving the use of breathing apparatus or not, martial arts, hunting, mountaineering, parachuting, bungee-jumping

- Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

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