## Definitions of Critical Illnesses

<table>
<thead>
<tr>
<th>No</th>
<th>Name of Disease</th>
<th>Definitions</th>
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</table>
| 1  | Cancer of specified severity | A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded:  
  i. Any skin cancer other than invasive malignant melanoma  
  ii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0  
  iii. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter  
  iv. Chronic lymphocytic leukaemia less than RAI stage 3  
  v. Micrometastases of the bladder  
  vi. All tumours in the presence of HIV infection. |
| 2  | Open Chest CABG | The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). This diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded:  
  i. Angioplasty and/or any other intra-arterial procedures  
  ii. Any key-hole or laser surgery. |
| 3  | First Heart Attack – of specified severity | The first occurrence of 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 this will be evidenced by all of the following criteria:  
  i. A history of typical symptoms consistent with the diagnosis of Acute Myocardial Infarction (or a typical chest pain)  
  ii. New characteristic electrocardiogram changes  
  iii. Evidence of infarction specific enzymes. Troponins or other specific biochemical markers. The following are excluded:  
  i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T  
  ii. Other acute Coronary Syndromes  
  iii. Any type of angina pectoris. |
| 4  | Kidney Failure requiring regular dialysis | End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. |
| 5  | Major Organ/ Bone Marrow Transplant | Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded:  
  i. Transient ischemic attacks (TIA)  
  ii. Traumatic injury of the brain  
  iii. Vascular disease affecting only the eye or optic nerve or vestibular functions. |
| 6  | Stroke resulting in permanent symptoms | Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month. |
| 7  | Apallic Syndrome | Any reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:  
  i. No response to external stimuli continuously for at least 96 hours.  
  ii. Life support measures are necessary to sustain life; and  
  iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. |
| 8  | Benign Brain Tumour | A benign tumour in the brain where all of the following conditions are met:  
  i. It is life threatening;  
  ii. It has caused damage to the brain;  
  iii. It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as (but not restricted to) characteristic symptoms of increased intracranial pressure such as papilloedema, mental seizures and sensory impairment; and  
  iv. Its presence must be confirmed by a neurologist or neurosurgeon acceptable to the Company and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging technique. The following are excluded:  
  a. Cysts;  
  b. Granulomas;  
  c. Vascular malformations;  
  d. Haemorrhages;  
  e. Tumours of the pituitary gland or spinal cord; and  
  f. Tumours of acoustic nerve (acoustic neuroma). |
| 9  | Coma of specified severity | Any stage liver disease or cirrhosis means chronic end-stage liver failure that causes all of the following:  
  i. Uncontrollable ascites;  
  ii. Peritoneal jaundice;  
  iii. Oesophageal or gastric varices; or  
  iv. Hepatic encephalopathy. Liver disease secondary to alcohol or drug abuse is excluded. |
| 10 | End Stage Liver Disease | Final or end-stage of lung disease, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. |
| 11 | End Stage Lung Disease | Final or end-stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:  
  i. FEV1 test results consistently less than 1 litre;  
  ii. Requiring permanent supplementary oxygen therapy for hypoxemia;  
  iii. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55mmHg); and  
  iv. Dyspnea at rest. The diagnosis has to be confirmed by a qualified pulmonologist acceptable to the Company. |
| 12 | Open Heart Replacement of heart valve | 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 echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Cather based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded. Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology. 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. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.  
  c. Transferring: the ability to move from a bed or an upright chair to wheelchair and vice versa.  
  d. Mobility: The ability to move indoors from room to room on level surfaces.  
  e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.  
  f. Feeding: the ability to feed oneself once food has been prepared and made available. The following is excluded:  
  i. Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion. |
| 13 | Loss of Independence in Existence | Any reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:  
  i. No response to external stimuli continuously for at least 96 hours.  
  ii. Life support measures are necessary to sustain life; and  
  iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded. |
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| 14    | Loss of Limbs  | The loss by severance of two or more limbs at or above the wrist or ankle. The following are excluded:  
• Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.  
• Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.  
| 15    | Loss of Sight  | Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist acceptable to the Company.  
The blindness must not be able to be corrected by medical procedure. The following is excluded:  
Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion. |
| 16    | Major Burns    | Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured’s body. The condition should be confirmed by a consultant neurosurgeon specialist acceptable to the Company. The following is excluded:  
Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.  
Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurosurgeon specialist acceptable to the Company and be supported by unequivocal findings on Magnetic Resonance Imaging, Computed Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, independently of all other causes.  
The accidental head injury must result in permanent inactivity to perform at least three (3) of the Activities of Daily Living (either, with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.  
The following are excluded:  
• Spinal cord injury;  
• Head injury due to any other cause; and  
• Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion. |
| 17    | Major Head Trauma | The diagnosis must be confirmed by a specialist neurosurgeon. The following are excluded:  
• Spinal cord injury;  
• Head injury due to any other cause; and  
• Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.  
Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurosurgeon specialist acceptable to the Company and be supported by unequivocal findings on Magnetic Resonance Imaging, Computed Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, independently of all other causes.  
The accidental head injury must result in permanent inactivity to perform at least three (3) of the Activities of Daily Living (either, with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.  
The following are excluded:  
• Spinal cord injury;  
• Head injury due to any other cause; and  
• Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion. |
| 18    | Permanent Paralysis of Limbs | Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioners must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. |
| 19    | Surgery of Aorta | The actual undergoing of surgery (including key-hole type) for a disease or injury of the aorta necrosis obclusion and surgical replacement of the diseased part of the aorta with a graft.  
The term “aorta” means the thoracic and abdominal aorta but not its branches. Suture-grafting is not covered. |

4) Life Assured - means the person as stated in the Rider Schedule on whose life the contingent events have to occur for the Benefits to be payable. The Life Assured may be the Policyholder.  
5) Main Policy - means or refers to the Policy to which this Rider is annexed/attached thereto.  
6) A Medical Practitioner - means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license but excluding the practitioner who is:  
a) Insured Policyholder himself or an agent of the Insured;  
b) Insurance Agent, business partner(s) or employer/employee of the Insured; or  
c) A member of the Insured's immediate family.  
7) Policyholder, You, you, your - means or refers to the Policyholder stated in the Rider Schedule.  
8) Pre-existing condition - means any condition, ailment or injury or related condition(s) for which the Life Assured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment 48 months prior to the Date of Risk Commencement of the Rider. Any condition for which the Life Assured had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment between the period starting from the date of the first premium till the date of reinstatement of Rider will also qualify as a Pre-existing condition.  
9) Rider Sum Assured - means the absolute amount assured to be paid on diagnosis of any Critical Illnesses of the Life Assured during the Rider Term in accordance with the terms and conditions of the Rider.  
10) The terms, conditions and provisions of the Main Policy document shall apply to this document also. Capitalized terms not defined under this document shall have the same meaning assigned to them under the Main Policy document.

Part C: Benefits
1. Benefits:  
   (1) Benefits on Critical Illness  
   a) If the Life Assured is diagnosed with any of the specified Critical Illnesses listed as per Part B of this Rider, a lump sum benefit equal to the Rider Sum Assured will be payable.  
   b) Subject to other provisions, the Benefit shall be payable if and only if:  
   The Rider is in-force as on the date of diagnosis of such Critical Illness.  
ii. The Main Policy to which this Rider is attached is in-force as on the date of diagnosis of such Critical Illness.  
iii. Exclusions as per Clause 1 Part F are not attracted.  
   c) The Life Assured must be alive for a period of 30 days from the date of diagnosis of any of the specified Critical Illnesses.  
   d) A claim shall not be denied on the ground that the Rider was not in force during the 30 days survival period provided that the diagnosis of the specified Critical Illness(es) was made within the Rider Term.  
   e) Waiting Period - A waiting period of 90 days will be applicable from the Date of Risk Commencement of this Rider. If the Life Assured is diagnosed with any of the specified Critical Illnesses within the waiting period, then the Policyholder will not be eligible for any Benefits.  
   On revival:  
   • If the Rider is revived within 60 days, only the remaining part of waiting period will apply.  
   • If the Rider is revived after 60 days, full 90 day waiting period will apply afresh.  
   f) Pre-existing conditions (defined in Part B) are excluded only for the first 48 months after Rider inception or after reinstatement of Rider, whichever is later.  
   g) The Rider shall cease once the Benefit has been paid and no further benefits will be payable under the Rider.  
   h) The Main Policy to which this Rider is attached continues to be in-force after a claim for Critical Illness is made under this Rider subject to other terms and conditions as applicable on the Main Policy and payment of Premiums due under the same.  

(2) Benefits on Death
No benefit is payable on death under this Rider.  

(3) Benefits on Maturity
No benefit is payable on maturity under this Rider.  

(4) Premium Guarantee
Once the Rider is issued, the Premiums will be guaranteed to the Policyholder for a block of three years. Subsequently, the Premium may be revised subject to IRDAI’s approval. Any revision in the tabular Premium rates shall be notified to the Policyholder at least three months prior to the date of such revision. If the Policyholder is not willing to continue the Rider with the revised Premium rates, the Rider will lapse. Premium rates, if and when revised, shall be guaranteed to the Policyholder for a subsequent block of three years.  

In addition to the above mentioned terms, the terms and conditions mentioned under Part C of the Main Policy document shall also apply.

Part D: Policy Servicing
1. Paid-Up Benefits of Rider
If the Premium under the Rider is discontinued during the Premium Paying Term, the Rider will lapse without any value. For the avoidance of doubt, no paid-up Benefits will be payable under this Rider.  
2. Revival of the Rider
In case of lapsed Rider, the same can be revived in accordance to the procedure laid under the Main Policy. However, this Rider cannot be revived independent of the Main Policy.  
3. Surrender of Rider
No benefit is payable on surrender of this Rider.  
4. Alterations
No alterations are permissible under the Rider except change in Frequency of Premium payment if the Premium Payment Frequency once fixed under the Main Policy is being changed. The Premium Payment Frequency of the Rider cannot be changed independently from the Main Policy.  
5. Loans
No loans are permissible under this Rider.  
6. Cancellation after the Free-Look Period
This Rider can be cancelled at any time during the Rider Term without the cancellation of the Main Policy. Upon such a cancellation, no further Rider Premiums are payable. The Rider will be automatically cancelled if the Main Policy to which it is attached is cancelled.  
7. Termination
Notwithstanding anything contained herein or in the Main Policy, this Rider shall automatically terminate on occurrence of the earliest of the following:  
• Completion of the Rider Term  
• Termination of the Main Policy  
• Complete withdrawal/surrender of the Main Policy  
• Main Policy not reinstated within 2 years from the date of discontinuance  
• Death of the Life Assured  
• On Policyholder’s/Life Assured’s request for cancellation at any time during the Rider Term  
• Payment of the Benefit under the Rider
Free-look cancellation
Termination or cancellation of the Rider shall be without prejudice to any claim arising prior to such termination or cancellation unless otherwise specified.

Part E: Charges
No charges are applicable under the Rider.

Part F: General Terms & Conditions

1. Exclusions
No Benefit will be paid out if the Critical Illness is caused directly or indirectly as a result of any of the following:
- Any of the specified Critical Illness conditions where death occurs within 30 days of the diagnosis; or
- Any sickness related condition manifesting itself within 90 days of the commencement of the Rider/date of acceptance of risk or reinstatement of cover; or
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition; or
- Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner; or
- Taking part in any act of a criminal nature with criminal intent; or
- Any Pre-existing condition; or
- HIV or AIDS; or
- Failure to seek or follow medical advice (as recommended by a Medical Practitioner); or
- Radioactive contamination due to nuclear accident.

2. Claim Procedure
The documents usually required for processing a claim are:
- Completed claim form (including NEFT details and bank account proof as specified in the claim form; and
- Original Main Policy Document and Rider Document; and
- Medical reports or special reports by registered physician/doctor relevant to the Critical Illness and its treatment which may be further validated by a physician/doctor appointed by the Company; and
- Any other document/ information that the Insurer may decide in the circumstances of a particular case.

The claim is required to be intimated to us along with all necessary claim documents within a period of 60 days from the date of diagnosis. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant as per the provisions of Authority’s Circular No. IRDA/H/HLTH/MISC/CIR/216/09/2011, dated 20/09/2011.

3. Assignment and Transfer
Assignment for this Rider shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. The simplified version of the provisions of Section 38 is enclosed in Annexure for your reference.

4. Nomination
Nomination for this Rider shall be as per the Nomination Schedule under the Main Policy as per Section 39 of the Insurance Act, 1938 as amended from time to time. The simplified version of the provisions of Section 39 is enclosed in Annexure for your reference.

5. Incorrect Information and Non-Disclosure
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. The simplified version of the provisions of Section 45 is enclosed in Annexure for your reference.

In addition to the above mentioned terms, the terms and conditions mentioned under Part F of the Main Policy document shall also apply.

Part G: Grievance Redress Mechanism
The terms & conditions under Part G of the Main Policy shall apply to this Rider.

Section 39 - Nomination by policyholder : Annexure of the Main Policy shall apply to this Rider.

Section 38 - Assignment or Transfer of Insurance Policies : Annexure of the Main Policy shall apply to this Rider.

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years: Annexure of the Main Policy shall apply to this Rider.
### KEY FEATURE DOCUMENT

**YOUR POLICY AT A GLANCE**

This is a document that will help you to understand the key features of this Rider and is not the policy document. In case of any discrepancy between this document and policy document, the policy document will prevail over this document.

<table>
<thead>
<tr>
<th>Rider Name &amp; UIN</th>
<th>HDFC Life Critical Illness Plus Rider</th>
<th>UIN: 101B014V01</th>
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<tbody>
<tr>
<td><strong>Aim of the Rider</strong></td>
<td>This is a traditional, non participating Rider that offers lump sum payout on diagnosis of any one of the 19 Critical Illnesses specified</td>
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<tr>
<td><strong>Type of the Rider</strong></td>
<td>It is a traditional, non – participating, Critical Illness Rider</td>
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<tr>
<td><strong>Benefit Offered</strong></td>
<td>A lump sum benefit equal to the Rider Sum Assured shall be payable, if the life assured survives for a period of 30 days following the diagnosis of any one of the specified Critical Illnesses. The Rider shall cease once the Rider Sum Assured has been paid out or on the completion of the Rider term, whichever is earlier.</td>
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<tr>
<th>Critical Illnesses Covered</th>
<th>Cancer of specified severity</th>
<th>Apallic Syndrome</th>
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<tr>
<td></td>
<td>Open Chest CABG</td>
<td>Benign Brain Tumor</td>
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<tr>
<td></td>
<td>First Heart Attack – of specified severity</td>
<td>Corne of specified severity</td>
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<td></td>
<td>Kidney Failure requiring regular dialysis</td>
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<td>Major Organ/ Bone Marrow Transplant</td>
<td>End Stage Lung Disease</td>
</tr>
<tr>
<td></td>
<td>Stroke resulting in Permanent symptoms</td>
<td>Open Heart Replacement or repair of heart valves</td>
</tr>
<tr>
<td></td>
<td>Surgery of Aorta</td>
<td>Loss of Limbs</td>
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<td></td>
<td>Loss of Independent Existence</td>
<td>Major Head Trauma</td>
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<tr>
<td></td>
<td>Loss of Sight</td>
<td>Paralysis of limbs</td>
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<td></td>
<td>Major Burns</td>
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For detailed definitions please refer to the policy document

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<tr>
<th>Maturity Benefit</th>
<th>There is no maturity benefit applicable under this Rider</th>
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<tbody>
<tr>
<td><strong>Death Benefit</strong></td>
<td>No death benefit is payable under this Rider</td>
</tr>
<tr>
<td><strong>Grace Period</strong></td>
<td>Grace Period will depend on the Base Plan to which the Rider is attached</td>
</tr>
<tr>
<td><strong>Paid Up Benefit</strong></td>
<td>There is no Paid Up Benefit available. If Rider premiums are not paid during the premium paying term the Rider will lapse and no further Benefits will be payable</td>
</tr>
<tr>
<td><strong>Lapsation</strong></td>
<td>If Rider premiums are not paid during the premium paying term, the Rider will lapse and no further Benefits will be payable</td>
</tr>
<tr>
<td><strong>Surrender Benefit</strong></td>
<td>No Surrender Benefit will be paid under this Rider</td>
</tr>
<tr>
<td><strong>Revival</strong></td>
<td>Revival of the Rider will be as per the revival conditions of the Base Plan to which it is attached.</td>
</tr>
<tr>
<td><strong>Free Look in period</strong></td>
<td>The policyholder shall have the option of cancelling the Rider, stating the reasons thereof, within 15 days from the date of receipt of the Rider Policy Document, in case the policyholder is not agreeable to any Rider term and conditions. The free-look period for policies purchased through Distance Marketing mode shall be 30 days</td>
</tr>
</tbody>
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| Pre Existing Conditions | Pre-existing condition in any condition, ailment or injury or related condition(s) with respect to the Critical Illnesses covered under this rider for which the Life Insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the date on which the policy was issued |

### Exclusions

No Critical Illness Benefit will be paid out if the Critical Illness has occurred directly or indirectly as a result of any of the following:

- Any of the specified Critical Illness conditions, where death occurs within 30 days of the diagnosis
- Any sickness related condition manifesting itself within 90 days of the commencement of the policy / date of acceptance of risk or reinstatement of cover
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition
- Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner
- Taking part in any act of a criminal nature with criminal intent
- HIV or AIDS
- Failure to seek or follow medical advice (as recommended by a Medical Practitioner)
- Radioactive contamination due to nuclear accident

For detailed set of exclusions please refer to the policy document