

Achieve your dreams with guaranteed returns.

HDFC Life Click 2 Achieve

An individual non-participating, non-linked savings life insurance plan



Available with Life Cover



Guaranteed*
Benefits



Flexibility in
Choice of Benefits¹



Increasing Income
upto 10%² p.a.



Sar utha ke jiyo!

* Provided all due premiums have been paid and the policy is in force.

¹ Flexibility to choose Death Benefit, Premium Payment Term, Policy Term, Benefit structure as per structure chosen by customer.

² 1 to 10% simple interest per annum, depending upon the increasing income percentage chosen. Applicable for income and early income structure.

NEW

HDFC Life Click 2 Achieve

An individual non-participating, non-linked savings life insurance plan

As you grow in life, your dreams and aspirations grow as well – finding your dream home, making sure your child gets a good education, or a perfect retirement. We understand the significance of these milestones. Life Insurance plan can help you achieve such goals whilst safeguarding the family's future against the unforeseen events. That's why we're introducing **HDFC Life Click 2 Achieve** – designed to enable dreams and goals for everyone.

At **HDFC Life**, we believe in granting you the autonomy to shape your financial future in alignment with your unique aspirations and needs.

HDFC Life Click 2 Achieve is meticulously designed to offer versatility, presenting you with a spectrum of options to safeguard your loved ones' futures and attain your financial objectives.

KEY FEATURES OF HDFC LIFE CLICK 2 ACHIEVE



Life Insurance Cover

for financial security of your family



Guaranteed benefits

Rest assured of the returns



Flexibility

Guaranteed benefits as a lump sum or as regular income



Premium Offset

Feature to offset your premium against survival benefit payout



Deferral of Survival/Income Benefit

Feature to accrue the benefit and take it as lumpsum when required



Juvenile Critical Illness Cover

Enhance your protection coverage for your child



Optional Riders

Enhance your protection coverage with rider options on payment of additional premium



Online Sales

This Product is also available for online sale



Tax benefits

You may be eligible for tax benefits as per prevailing tax laws

Plan Options:

1 Smart Student

2 Dream Achiever

Plan Option once chosen at inception cannot be changed throughout the policy term. Premium will vary depending upon the Option chosen

How do the plan options work?

Smart Student

We firmly believe that your children possess limitless potential, and to truly harness it, they deserve nothing but the finest education. Whether it's learning from the best dance institute or pursuing a global MBA, the escalating fees and financial requirements necessitate strategic financial planning. While they diligently pursue their dreams, make sure you're accumulating savings to ensure their ambitions can flourish. Introducing the HDFC Life Click 2 Achieve Smart Student - A plan designed to provide flexibility to devise a tailored strategy that guarantees their aspirations materialize into reality.

Why is it good for you?

- Ensure a stable income stream for 3 to 5 years to cover planned educational expenses.
- Enjoy the flexibility to choose the age at which your child's income begins, either at 16 or 18 years.
- Provide peace of mind concerning your child's future, with a built-in premium waiver in case of occurrences like death, critical illness, and total permanent disability.
- Acknowledge and reward exceptional achievements with the Outstanding Achievement Award.

ELIGIBILITY

Eligibility Criteria	Minimum	Maximum
Age at Entry Age ¹ (years)	0 (30 days)	13
Age at Maturity (years)	19	23
Premium Payment Term (Years)	5	12
Policy Term (Years)	10	23 – Non POS 20 – POS
Survival Benefit Term	3/4/5 years	
Survival Benefit Start Age (Life Assured)	16 or 18 years	
Minimum Sum Assured on Death	Rs. 50,000/-	
Maximum Sum Assured on Death	No limit, subject to Board Approved Underwriting Policy (BAUP) (Non POS) Rs 25,00,000 (POS)	

Maximum Instalment Premium

No limit, subject to Board Approved Underwriting Policy (BAUP) (Non POS) As per maximum Sum Assured (POS)

¹ Risk cover starts from date of commencement of policy and the policy will vest on the Life Assured on attainment of age 18 years

All ages mentioned above are age last birthday.

The minimum premium amounts are exclusive of taxes and levies as applicable.

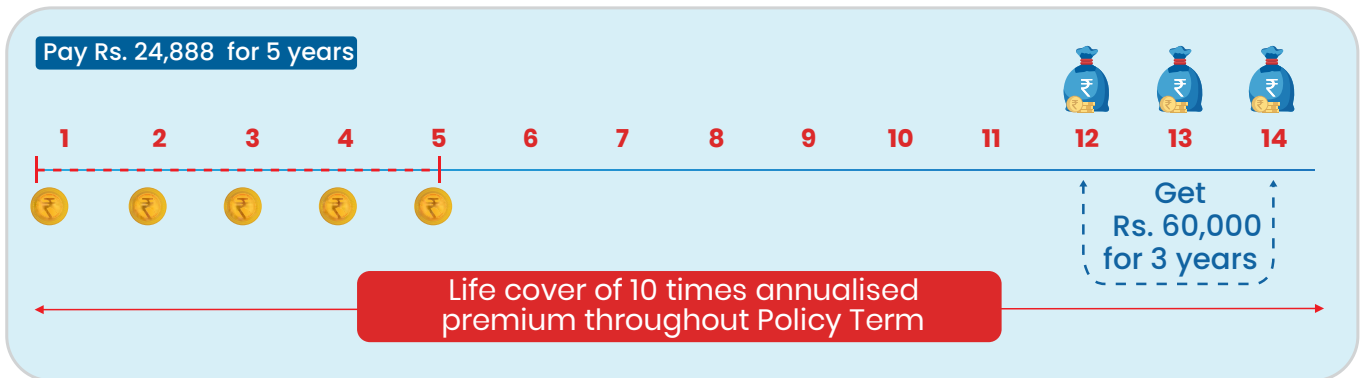
POS variant shall be available without medical.

Illustration 1:

Sagar, at the age of 5, is an ambitious student with aspirations of attending a prestigious university. Recognizing his potential, his father age 40, Maulik, wisely chooses a tailored savings plan for students – HDFC Life Click 2 Achieve Smart Student. The early investment option under this option ensures that when the time for college admission arrives, they have enough savings to cover tuition and other costs, turning his academic dreams into reality.

Maulik aims to get Rs 60,000 per annum for 3 years and hence he has to commit to an annual premium of Rs 24,888 for 5 years, aiming to secure income when his son turns 16 year old.

- Guaranteed Income: Rs 60,000 p.a.
- Total benefits payable during Policy term: Rs 1,80,000
- Total Premium payable: Rs 24,888 for 5 years = Rs 1,24,440
- Premium Payment Term: 5 Years
- Policy Term: 14 Years



A. Death Benefit:

In case of death of Life Assured during the policy term, the death benefit shall be payable to the nominee/ beneficiary.

Death Benefit is the highest of:

- Sum Assured on Death

- 105% of Total Premiums Paid
- Surrender Value on date of death

Where, Sum Assured on Death shall be 10 times Annualized Premium.

Upon the payment of the death benefit, the policy terminates and no further benefits are payable.

There is no waiting period for death benefit even in case of POS channel

B. Survival Benefit:

Survival benefit can start in the policy year in which the life assured is aged either 16 years or 18 years, as chosen by the policyholder at inception. Survival benefit is payable in the last 3, 4 or 5 policy years, as chosen by the policyholder at inception. The last installment of survival benefit (as described above) is payable on maturity. There is no additional maturity benefit payable.

For example, if age at entry is 5 years, the following combinations shall be allowed:

Sr No	Survival Benefit Starting age chosen	Survival Benefit Term chosen (years)	Policy Term (years)	Survival Benefit Payable during policy years
1	16 years	3	14	12 to 14
2		4	15	12 to 15
3		5	16	12 to 16
4	18 years	3	16	14 to 16
5		4	17	14 to 17
6		5	18	14 to 18

C. Other inbuilt benefit under this option:

(1) Outstanding Achievement Award

An amount equal to 2 times Annualized Premium will be paid if the child (Life Assured) achieves one of the following

- Admission in one of the top 100 ranked universities of the world or the top 10 ranked universities of India.#
- Qualifying for Olympics, Paralympics or Winter Olympics in any sport.
- Gold, Silver or Bronze medal in Asian Games, Commonwealth Games, or the world championship of any sport under one of the recognised National Sports Federations in India.
- Gold, Silver or Bronze medal in Delphic Games in any art category.

The following additional conditions apply for Outstanding Achievement Award:

- The benefit can be claimed only once during the policy term

University rankings shall be as published by a recognised publisher of university rankings. Currently this is the QS World University Rankings.

(2) Waiver of Premium on Death (Waiver of Premium Death)

All future premiums payable under the plan will be waived, on death of the proposer. The contract shall continue and all benefits shall be available as applicable under the policy.

(3) Waiver of Premium on CI (Waiver of Premium CI)

All future premiums payable under the plan will be waived, if the proposer is diagnosed with any of the covered critical illnesses. The contract shall continue and all benefits shall be available as applicable under the policy.

Please refer Terms & Condition section for the applicable definitions and exclusions.

(4) Waiver of Premium on Total and Permanent Disability (Waiver of Premium TPD)

All future premiums payable under the plan will be waived, in case of occurrence of total and permanent disability of the proposer. The contract shall continue and all benefits shall be available as applicable under the policy.

Please refer Terms & Condition section for the applicable definitions and exclusions.

Dream Achiever

Introducing our versatile and comprehensive savings solution, meticulously crafted to effortlessly align with your financial aspirations. Discover the perfect avenue to safeguard your future, regardless of your savings objectives.

Why is it good for you?

- Enjoy a Guaranteed Immediate Income with the freedom to select the duration of your choice according to specific requirements.
- Tailor your plan with customizable options for lump sum, periodic income, or money-back features.
- Choose the desired Death Benefit Multiple that suits your preferences.
- Decide the amount of income you wish to receive, perfectly tailored to your needs.
- Opt for a Guaranteed income that remains consistent throughout the income period or escalates.
- Explore flexibility in Death Benefit multiples, Premium Payment Term (PPT), Policy Term (PT) and Income term.

Eligibility Criteria	Minimum	Maximum
Age at Entry Age (years)	0 ¹ (30 days)	65
Age at Maturity (years)	18	99
Premium Payment Term (Years)	5	35
Policy Term (Years)	5	40
Minimum Sum Assured on Death	Rs. 50,000/-	
Maximum Sum Assured on Death	No limit, subject to Board Approved Underwriting Policy (BAUP)	
Minimum Instalment Premium	As per minimum Sum Assured on Death	
Maximum Instalment Premium	No limit, subject to Board Approved Underwriting Policy (BAUP)	
Riders	HDFC Life Income Benefit on Accidental Disability Rider – Non Linked (101B041V01) HDFC Life Protect Plus Rider – Non Linked (101B040V01) HDFC Life Waiver of Premium Rider – Non Linked (101B032V02) HDFC Life Health Plus Rider – Non Linked (101B031V02)	

¹Risk cover starts from date of commencement of policy for all lives including minors. In case of a minor life, the policy will vest on the Life Assured on attainment of age 18 years

All ages mentioned above are age last birthday.

The minimum premium amounts are exclusive of taxes and levies as applicable.

Maximum income term for maturity benefit shall be 40 years less Policy Term.

This option is not available under POS

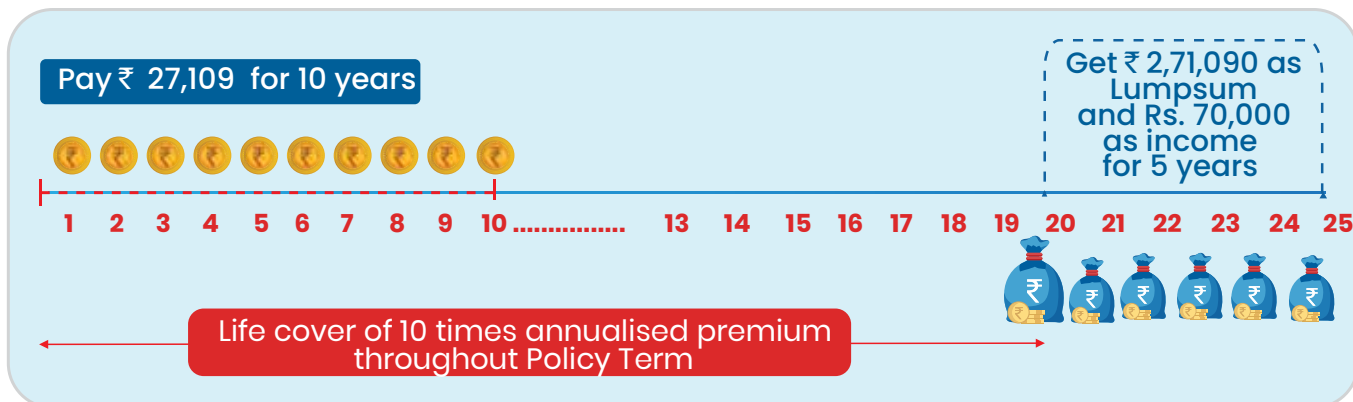
Illustration 2:

Meet Raj, age 40, a bike enthusiast with a dream – to own his dream bike through smart savings provided by HDFC Life Click 2 Achieve – Dream Achiever, which can allocate a planned sum towards materializing his dream celebration.

He has decided to save under Dream Achiever Option which will help for down payment of the bike as well as loan EMI of the bike for next 5 years.

- Guaranteed Lumpsum Benefit: Rs 2,71,090
- Total income: Rs 70,000 for 5 years = Rs 3,50,000
- Total Premium payable: Rs 27,109 for 10 years = Rs 2,71,090

- Premium Payment Term: 10 Years
- Policy Term: 20 Years
- Income Term: 5 Years



A. Death Benefit:

In case of death of Life Assured during the policy term, the death benefit shall be payable to the nominee.

Death Benefit is highest of:

- Sum Assured on Death
- 105% of Total Premiums Paid
- Surrender Value on date of death

Where, Sum Assured on Death in each year of policy term will be as chosen by the policyholder at policy inception, subject to the minimum limits as applicable under extant regulations, as modified from time to time. As per current regulations, this limit is 7 times Annualized Premium.

Upon the payment of the death benefit, the policy terminates and no further benefits are payable

B. Survival Benefit:

The amount of survival benefit in each year of benefit payment will be as chosen by the policyholder at inception.

C. Maturity Benefit:

On Maturity, Sum Assured on Maturity shall be payable, as chosen by the policyholder at policy inception. Additionally, the policyholder can choose to receive an income benefit for the duration of income term, which starts on policy maturity date. The income term and amount of income benefit in each year of benefit payment will be as chosen by the policyholder at inception.

On death of the policyholder during the Income Term, the nominee/beneficiary would

continue receiving the income benefit till the end of income term. The nominee/beneficiary will have an option to commute the future income which shall be the present value of future payouts.

The discounting rate for calculating the present value will be derived from yields of the 10 years G-Sec security. Any change in the interest rate used will be in accordance with the formula below:

Annualized Yield on reference government bond + k, rounded up to the nearest 25 basis points, where k = 100 basis points

The discount rates will be reviewed semi-annually and shall be revised using the above mentioned formula and the change in the discount rates shall be effective from 25th February and 25th August each year. The revised discount rates shall apply to all policies including the policies already sold.

D. Flexibility to choose inbuilt benefits under this option: To avail below options, additional premium shall be payable.

(1) Waiver of Premium on Death (Waiver of Premium Death)

If this is selected, all future premiums payable under the plan will be waived, on death of the proposer. The contract shall continue and all benefits shall be available as applicable under the policy.

Waiver of Premium Death can be chosen only at policy inception. Once chosen this cannot be opted out of.

(2) Waiver of Premium on Critical Illness (WOP CI)

If this is selected, all future premiums payable under the plan will be waived, if the proposer is diagnosed with any of the covered critical illnesses. The contract shall continue and all benefits shall be available as applicable under the policy.

Please refer Terms & Condition section for the applicable definitions and exclusions.

Waiver of Premium CI can be chosen only at policy inception. Once chosen this cannot be opted out of.

(3) Waiver of Premium on Total and Permanent Disability (WOP TPD)

If this is selected, all future premiums payable under the plan will be waived, in case of occurrence of total and permanent disability of the proposer. The contract shall continue and all benefits shall be available as applicable under the policy.

Please refer Terms & Condition section for the applicable definitions and exclusions.

Waiver of Premium TPD can be chosen only at policy inception. Once chosen this cannot be opted out of.

General definitions of terms used:

- Total Premiums Paid: Total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.

- Annualized Premium: The premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
- Sum Assured on Death: The absolute amount of benefit which is guaranteed to become payable on death of the life assured in accordance with the terms and conditions of the policy.
- Sum Assured on Maturity: The amount which is guaranteed to become payable on maturity of the policy, in accordance with the terms and conditions of the policy

Rider Options

We offer the following Rider options (as modified from time to time) to help you enhance your protection

Rider	UIN	Scope of Benefits**
HDFC Life Income Benefit on Accidental Disability Rider – non Linked	101B041V01	It is a Non-Linked, Non- Participating, Pure risk premium, Individual Life rider. A benefit equal to 1% of Rider Sum Assured per month for the next 10 years, in case of an Accidental Total Permanent Disability. There is no maturity benefit available under this rider
HDFC Life Protect Plus Rider – Non Linked	101B040V01	It is a Non-Linked, Non- Participating, Pure risk premium, Individual Life/Health rider. The rider provides protection against cancer and accidental death or disability. There is no maturity benefit available under this rider.
HDFC Life Waiver of Premium Rider – Non Linked	101B032V02	It is a Non-Linked, Non- Participating, Pure risk premium, Individual Life/Health rider. Waiver of Premium for the outstanding premium of base policy and all other riders attached to the base policy at inception of this rider, on death, disability or diagnosis of any listed critical illnesses of the Rider Life Assured. Enjoy continued policy benefits even in case of life's eventualities.
HDFC Life HealthPlus Rider – Non Linked	101B031V02	It is a Non-Linked, Non- Participating, Pure risk premium, Individual Health rider. A lump sum benefit equivalent to Rider Sum Assured shall be payable on diagnosis of any of the covered 60 Critical Illnesses or benefit as a proportionate of the Rider Sum Assured shall be payable on diagnosis of Early Stage Cancer / Major Cancer depending on the option chosen. No maturity benefit is payable under this rider.

**For all details on Riders, kindly refer to the Rider Brochures available on our website
While attaching riders to the base option(s) under the product, it will be ensured that there is no overlap in benefits offered under different riders & base product. In case of overlap, the rider(s) shall not be attached.

NON-FORFEITURE BENEFITS

To enjoy the policy benefits, it is important that you pay all due premiums by the due date. This section details the benefits and limitations in case premiums are not paid during the term of the policy.

Grace period

You get a grace period of 15 days for monthly frequency of premium payment and 30 days for other frequencies to pay the premium without any penalty. If premium is not received before the end of grace period, the policy will lapse or become paid-up. The policy is considered to be in-force with the risk cover during the grace period without any interruption.

Should a valid claim arise under the policy during the grace period, but before the payment of due premium, we shall still honor the claim. In such cases, the due and unpaid premium for the policy year will be deducted from any benefit payable.

Lapse, Paid-up and Surrender:

The policy shall acquire a Guaranteed Surrender Value (cash value) upon the payment of at least first two years' premiums.

If a due premium is unpaid upon the expiry of the grace period, the policy shall:

- Lapse if it has not acquired a Surrender Value
- Become reduced paid-up if it has acquired a Surrender Value

In case of a lapsed policy, all the benefits shall cease and nothing is payable on death, maturity or surrender

Once the policy becomes paid-up, the survival and death benefit payouts shall reduce as defined below:

Paid-up Maturity/Death benefit:

Once the policy becomes reduced paid-up, the maturity and death benefit payouts shall be computed by multiplying the survival/death/maturity payouts as specified in "Benefits in detail" section to the ratio of the premiums paid to the premiums payable under the policy. The reduced paid-up benefits will be adjusted for any extra survival benefits paid before the policy is made reduced paid-up. The minimum death benefit for a reduced paid-up policy shall be at least 105% of total premiums paid till the date of death.

Waiver of future premiums shall not be applicable for a policy in reduced paid-up mode

Surrender:

The Surrender Benefit applicable under the policy during the policy term will be higher of GSV (Guaranteed Surrender Value) and SSV (Special Surrender Value).

The policy shall acquire a Guaranteed Surrender Value (GSV) upon the payment of at least first two years' premiums.

GSV shall be calculated as follows:

Guaranteed Surrender Value (GSV) = Max (GSV Factor × Total premiums paid – Survival Benefits applicable till date, 0) Where, GSV factor shall be as follows:

Policy Year	GSV Factor
2	30%
3	35%
4 to 7	50%
8 to (Policy Term less 2)	$50\% + 40\% \times (\text{Policy Year} - 7) \div (\text{Policy Term} - 8)$
(Policy Term less 1) to Policy Term	90%

On payment of the Surrender Benefit, the policy will terminate and no more benefits will be payable

Special Surrender Value (SSV) shall become payable after completion of first policy year provided one full year premium has been received. For single premium policies, SSV shall become payable immediately after receipt of single premium.

The surrender value will be adjusted for any extra survival benefits paid before the policy is surrendered.

Revival:

If your Policy has been discontinued due to the non-payment of Premium, it would be revived /restored by the Insurer with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder; in accordance with Board approved Underwriting Policy. Currently, the application for the revival should be made within five years from the due date of the first unpaid Premium and before the expiry of the Policy Term. The current rate of interest for revival is 9.5% p.a. Any change in the revival interest rates will be in accordance with the following formula: Average Annualised 10-year benchmark G-Sec Yield (over last 6 months & rounded upto the nearest 50 bps) + 2%, at the time of the review. The source of 10-year benchmark G-sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM).

During revival campaigns, the Company may offer reduced interest rates, subject to the rules of the special revival campaign. The reduced interest rates offered during the revival campaign may vary from year to year. The maximum interest rate waiver may be set up to the prevailing revival interest rate. Once the Policy is revived, you are entitled to receive all contractual Benefits.

Other Benefits:

A) Alterations:

- Change of Premium Payment frequency is allowed.
- Change of Survival Benefit or Income Benefit Payout frequency is allowed.

The premium payable and survival/income benefit payout shall be calculated by applying premium payment frequency and survival/income benefit payout frequency conversion factor respectively. Such alteration will be effective from policy anniversary subject to minimum premium or benefit conditions and accordance with the terms and conditions of the plan.

B) Option to decrease premiums

After payment of premiums for first five completed policy years, the policyholder can decrease the premium up to 50% of the original Annualized Premium, subject to the minimum premium limits under the product. If this option is chosen, all benefits under the policy will be reduced as per the below formula:

Revised Benefit Amount = Original Benefit Amount × Revised total premiums payable ÷ Original total premiums payable

C) Juvenile Critical Illness Cover (CI Cover)

If the life assured is diagnosed with any of the covered critical illnesses, Sum Assured on CI, as chosen by the policyholder at inception will be paid as lumpsum and the Policy shall continue and death, survival and maturity benefits shall be available as applicable under the policy.

Other conditions as below are applicable:

- Critical Illness Cover can be chosen only at policy inception. Once chosen this cannot be opted out of.
- Age at entry shall be between 4 years and 17 years
- Critical Illness Cover shall cease at age 21 years. Once the Critical Illness Cover ceases, Premium for Critical Illness Cover shall also cease.

To avail this option, additional premium shall be payable. Please refer Terms & Condition section for the applicable definitions and exclusions

D) Premium offset

This feature gives the policyholder an option to adjust the premium payable in the policy to the extent of benefits receivable or accrued, if any. The frequency and timing of such receivable benefit(s) must match that of premium payment under this option. If the benefit amount exceeds the premium payable under the policy, such excess shall be paid to the policyholder. However, if the benefit amount is not sufficient to offset the premium payable under the policy, then, the policyholder will be required to pay the balance premium to the company. The policy holder can choose to opt in or out of this feature at any time during the contract.

E) Deferral of Survival Benefit(s)

At any point of time during the contract, the policy holder shall have an option to defer the survival/income benefit(s). Such unpaid cash survival/income benefits pay-outs will be accumulated monthly at a rate that is at least equal to the SBI Interest Rate on Savings Bank Deposit+ 1.5%, as published by SBI on its website. This rate will be reviewed at the beginning of every month. The current SBI Interest Rate on Savings Bank Deposit is 2.70% for less than Rs 10 Cr and 3.00% for Rs 10 Cr & above. If the unpaid survival/income benefits are not taken by the policyholder, the same shall be payable along with benefit payable at the time of termination of the policy. This option can be availed under an inforce as well as paid-up policy. The policy holder can withdraw his accrued survival/income benefit pool partly/fully at any time during the contract. The policy holder can choose to opt in or out of this feature at any time during the contract.

F) Policy Loan:

Policy loans will be available during the policy term subject to such terms and conditions as the company may specify from time to time. Our current terms and conditions are stated below:

- The loan amount will be subject to a maximum of 80% of the surrender value.
- Before any benefits are paid out, loan outstanding together with the interest thereon will be deducted and the balance amount will be payable.
- For other than in-force and fully paid up policies, in case the outstanding loan amount including interest exceeds 90% of surrender value, the policy shall be foreclosed after giving intimation and reasonable opportunity to the policyholder to continue the policy.
- For inforce and fully paid up policy, the policy shall not be foreclosed on the ground of outstanding loan amount including interest exceeding the surrender value.
- Once the rate of interest is decided it shall not change for the entire term of the loan under a policy.

The interest rate on loan shall be calculated as the Average Annualised 10-year benchmark G-Sec Yield (over last 6 months & rounded up to the nearest 50 bps) + 2%. The interest rate shall be reviewed half-yearly and any change in the interest rate shall be effective from 25th February and 25th August each year. In case upon review the interest rate is revised, the same shall apply until next revision. The source of 10-year benchmark G-Sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM). The current interest rate on loan is 9.50% p.a.

To encourage entrepreneurship, reduced interest shall be offered to MSME owners as stated below:

- Female policyholder: interest rate shall be reduced by 2%
- Other than female policyholders: interest rate shall be reduced by 1.5%

G) Conversion Factor

The policyholder has the option to alter the premium frequency during the premium payment term

Premium payable at other than Annual frequency shall be calculated by multiplying the Annual Premium by Factor set below:

Frequency	Half-yearly	Quarterly	Monthly
Conversion Factor	0.5100	0.2600	0.0875

The policyholder has the option to alter the survival benefit payment frequency at any time during the policy term.

The income benefit for non-annual modes are calculated by multiplying the annual income benefit amount by the factors set out below:

Frequency	Half-yearly	Quarterly	Monthly
Conversion Factor	0.4800	0.2425	0.0800

The policyholder has the option to alter the survival benefit payment frequency at any time during the policy term.

The survival benefit for non-annual modes are calculated by multiplying the annual survival benefit amount by the factors set out below:

Frequency	Half-yearly	Quarterly	Monthly
Conversion Factor	0.4800	0.2425	0.0800

TERMS & CONDITIONS

We recommend that you read and understand this product brochure & customised benefit illustration and understand what the plan is, how it works and the risks involved before you purchase.

A. Risk Factors:

- HDFC Life Insurance Company Limited is the name of our Insurance Company and “HDFC Life Click 2 Achieve” is the name of this plan. The name of our company and the name of our plan do not, in any way, indicate the quality of the plan, its future prospects or returns.
- Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by insurance company.

B. Suicide Exclusions:

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

C. Tax Benefits

Tax Benefits may be available as per prevailing tax laws. You are requested to consult your tax advisor.

D. Cancellation in the Free-Look period:

In case you are not agreeable to the any of the policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 30 days from the date of receipt of the policy. On receipt of the letter along with the original policy document, we shall refund the premium, subject to deduction of the proportionate risk premium for the period on cover, expenses incurred on medical examination of the proposer and stamp duty (if any).

E. Definitions and exclusions

1. Critical Illness (CI) covered under Waiver of Premium on Critical Illness (WOP CI)

1.1. Definitions

1.1.1. Alzheimer's Disease

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

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

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

The following conditions are however not covered:

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

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.

1.1.2. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us. The diagnosis must be supported by all of the following conditions:

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

Activities of daily living:

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

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

1.1.3. Aorta Graft Surgery

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

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

- a. Surgery performed using only minimally invasive or intra-arterial techniques.
- b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

1.1.4. Amputation of Feet due to Complications from Diabetes

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

1.1.5. Apallic Syndrome

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

1.1.6. Aplastic Anaemia

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

- a. Blood or Blood product transfusion;
- b. Marrow stimulating agents;
- c. Immunosuppressive agents; or
- d. Bone marrow transplantation.

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

- a. Absolute neutrophil count of less than $500/\text{mm}^3$ or less
- b. Platelets count less than $20,000/\text{mm}^3$ or less
- c. Reticulocyte count of less than $20,000/\text{mm}^3$ or less

Temporary or reversible Aplastic Anaemia is excluded.

1.1.7. Bacterial Meningitis

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

This diagnosis must be confirmed by:

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

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.

1.1.8. Brain Surgery

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

1.1.9. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria: NYHA Class IV – Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

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

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

1.1.10. Chronic Adrenal Insufficiency (Addison's Disease)

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

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

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

1.1.11. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

1.1.12. Severe Crohn's Disease

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

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

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

1.1.13. Aortic Dissection

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

1.1.14. Ebola

Infection with the Ebola virus where all the following conditions are met:

- presence of the Ebola virus has been confirmed by laboratory testing;
- there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- the infection does not result in death.

1.1.15. Elephantiasis

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

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

1.1.16. Encephalitis

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

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.

1.1.17. Fulminant Hepatitis

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

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

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

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

The Insured person is physically incapable of performing at least three (3) of the six (6) “Activities of Daily Living” as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist.

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

Activities of daily living:

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

1.1.19. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

1.1.20. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of daily living:

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

1.1.21. Myasthenia Gravis

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

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

Myasthenia Gravis Foundation of America Clinical Classification:

- Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
- Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
- Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
- Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
- Class V: Intubation needed to maintain airway.

1.1.22. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of

two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

1.1.23. Poliomyelitis

The occurrence of Poliomyelitis where all of the following conditions are met:

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

1.1.24. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

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

1.1.25. Progressive Supranuclear Palsy

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

1.1.26. Severe Rheumatoid Arthritis

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

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least three (3) “Activities of Daily Living”;
- Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least six (6) months.

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.

1.1.27. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

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

1.1.28. Systemic Lupus Erythematosus with Lupus Nephritis

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

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

1.1.29. Pneumonectomy

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

The following conditions are excluded:

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

1.1.30. 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.

1.1.31. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical

findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

1.1.32. 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:

- a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- b. 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.

1.1.33. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

1.1.34. Open Heart Replacement or Repair of Heart Valves

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

1.1.35. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

1.1.36. Multiple Sclerosis with Persisting Symptoms

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

- b. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- c. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

1.1.37. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a Specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

1.1.38. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

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

The following are excluded:

- a. Other stem-cell transplants
- b. Where only Islets of Langerhans are transplanted

1.1.39. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

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 is excluded:

- Spinal cord injury.

1.1.40. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

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

The following conditions are excluded:

- 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.

1.1.41. Blindness

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

The Blindness is evidenced by:

- a. corrected visual acuity being 3/60 or less in both eyes or;
- b. 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.

1.1.42. 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 90decibels across all frequencies of hearing” in both ears.

1.1.43. End Stage Lung Failure

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

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

1.1.44. 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.

1.1.45. Loss of speech

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

1.1.46. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self- inflicted injury, alcohol or drug abuse is excluded.

1.1.47. Kidney Failure Requiring Regular Dialysis

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

1.1.48. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s);
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

1.1.49. 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:

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

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

1.1.50. Cancer of Specified Severity

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

The following are excluded –

- a. 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.
- b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- c. Malignant melanoma that has not caused invasion beyond the epidermis;
- d. 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
- e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f. Chronic lymphocytic leukaemia less than RAI stage 3
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- h. 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;

1.1.51. 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:

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

The following are excluded:

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

1.1.52. Creutzfeldt-Jacob Disease (CJD)

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

1.1.53. Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- a. Motor function with associated rigidity of movement; or
- b. The ability to coordinate muscle movement; or
- c. Loss of Bladder control and postural hypotension

1.1.54. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.

The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by aids or surgical procedures.

1.1.55. Necrotising Fasciitis

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

1.1.56. Hemiplegia

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

1.1.57. Tuberculosis Meningitis

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

1.1.58. Myelofibrosis

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

1.1.59. Pheochromocytoma

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

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

1.1.60. Eisenmenger's Syndrome

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

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

1.2. Permanent Exclusions

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;

2. Any Pre-existing Disease or any complication arising therefrom.

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

- a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issuance or its reinstatement; or
- b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issuance or its reinstatement

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

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

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

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

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

7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes

17. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

1.3. Waiting Period

An initial waiting period of 90 days applies from the policy commencement date, or policy revival date, as the case may be. No waiting period applies for Critical Illness claims arising solely due to an accident.

1.4. Survival Period

A 15-day survival period is applicable. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid.

Claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e., a claim would not be admitted if the diagnosis is made post-mortem).

2. Disabilities covered under Waiver of Premium on Total and Permanent Disability (WOP TPD)

2.1 Definitions

Total and Permanent Disability shall mean the occurrence of any of the following conditions as a result of accidental bodily injury, sickness or disease:

2.1.1 Permanent Disability

Disability means inability of the Policyholder to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

The Activities of Daily Living are:

- 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
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice-versa
- Mobility: the ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed oneself once food has been prepared and made available.

In case the event which has caused accidental Total and Permanent Disability, occurs during the Premium Payment Term but Accidental Total and Permanent Disability occurs after the Premium Payment Term but within 180 days from the date of event, Waiver of Premium on Total and Permanent Disability benefit shall be applicable

2.1.2 Physical Impairment

- Total and irrecoverable loss of sight of both eyes. The blindness must be confirmed by an Ophthalmologist, OR
- Loss of use or loss by severance of two or more limbs at or above wrists or ankles; OR
- The total and irrecoverable loss of sight of one eye and loss of use or loss by severance of one limb at or above wrist or ankle.

In case the event which has caused accidental Total and Permanent Disability, occurs during the Premium Payment Term but Accidental Total and Permanent Disability occurs after the Premium Payment Term but within 180 days from the date of event, Waiver of Premium on Total and Permanent Disability benefit shall be applicable

The above disability must have lasted, without interruption, for at least six consecutive months from the date of diagnosis or accident and must, in the opinion of a qualified medical practitioner appointed by the Company, be deemed permanent.

“Accident” means sudden, unforeseen and involuntary event caused by external, visible and violent means.

“Accidental Injury” means bodily injury of the insured caused solely, directly and independently of any other intervening causes from an accident {i.e. a traumatic event of violent, unexpected, external and visible nature}.

The loss of use of a limb is considered as a loss of use when such loss of use involves total and permanent loss of function of the limb affected as determined by a registered medical practitioner nominated by the Company.

2.2 Exclusions

Total and Permanent Disability arising directly or indirectly from any of the following are specifically excluded:

We shall not be liable to make any payment under this Policy towards the Total and Permanent Disability benefit, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issuance or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician 36 months Prior to the effective date of the policy issuance or its reinstatement

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted.

- Any disability caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
- Any disability caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
- Any disability, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- Service in any military, air-force, naval, paramilitary or similar organization.
- Any disability caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
- Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
- Any disability caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accidents.
- 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.
- Any disability, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any disability due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- Any disability, caused by any unproven / experimental treatment, service and supplies for or in connection with any treatment. Unproven / experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- Any disability based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.

- Any disability, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- Any disability caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- Any disability, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes despite optimal therapy
- Any disability caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
- Any disability, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- In the event of the death of the Insured Person within the stipulated survival period as set out above.
- Any disability, caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

2.3 Waiting Period

There is a waiting period of 90 days from the policy commencement date or revival of cover. In case the insured event happens during this period, no benefit shall be payable. Waiting period is not applicable for claims occurring solely due to an accident. However, the permanency of the disability needs to be established for the claim to be payable under Accidental Total and Permanent Disability Benefit.

3. Critical Illness covered under Juvenile Critical Illness cover

3.1 Definitions

3.1.1 Leukaemia

Leukaemia refers to the occurrence of an acute or chronic myeloid leukaemia or acute lymphocytic leukaemia where all of the following diagnostic criteria must be met:

- unequivocal Diagnosis has been confirmed by histology by a consultant haematologist or pathologist; and
- the leukaemia has required treatment with chemotherapy or Bone Marrow Transplant.

3.1.2 Aplastic Anaemia

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

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

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

- i. Absolute neutrophil count of less than $500/\text{mm}^3$ or less
 - ii. Platelets count less than $20,000/\text{mm}^3$ or less
 - iii. Reticulocyte count of less than $20,000/\text{mm}^3$ or less
- Temporary or reversible Aplastic Anaemia is excluded.

3.1.3 Bone Marrow Transplant

The actual undergoing of a transplant of Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

3.1.4 Acquired Brain Damage

Acquired Brain Damage refers to a medical condition where all of the following criteria must be met:

- the Insured has attained the age of four (4) years old or above;
- brain imaging studies and neuro-psychological testing appropriate to the Insured's age have confirmed the presence of moderate to severe brain damage; and
- the development of the Insured is delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a specialist in the relevant field.

Brain damage as a result of congenital causes is excluded.

3.1.5 Loss of speech

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

3.1.6 Brain Surgery

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

3.1.7 Glomerulonephritis

Glomerulonephritis refers to a medical condition whereby all of the following diagnostic criteria must be met:

- kidney biopsy has confirmed a progressive form of glomerulonephritis;
- serial renal function tests demonstrate a continuing progressive decline in renal function; and
- the serum creatinine is persistently above 140 mmol/Litre for a period of not less than 6 months.

3.1.8 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.

3.1.9 Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - a. corrected visual acuity being 3/60 or less in both eyes or ;
 - b. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

3.1.10 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.

3.1.11 Tuberculous Meningitis

Tuberculous Meningitis refers to meningitis proven to be caused by mycobacterium tuberculosis that causes a significant, irreversible and Permanent neurological deficit with persisting clinical symptoms that results in either:

- a) severe cognitive impairment documented by standard neuro-psychological that results in the need for continuous supervision; or
- b) physical impairment that results in a Permanent inability to perform at least one (1) Activity of Daily Living.

The neurological deficit must persist for at least 6 weeks.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured.

3.1.12 Osteogenesis Imperfecta Type III

This is characterised by brittle, osteoporotic, easily fractured bone. The Insured must be Unequivocally Diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:

- I. the result of physical examination of the Insured by a Specialist in the relevant field that the Insured suffers from growth retardation; and
- II. the result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and
- III. positive result of skin biopsy

Unequivocal Diagnosis of Osteogenesis Imperfecta must be confirmed by a Specialist acceptable to us.

3.2 Permanent Exclusions

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

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

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

- a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issuance or its reinstatement; or
- b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issuance or its reinstatement

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

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted.

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and

- d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes
- 17. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
- 18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- 19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
- 20. Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

3.3 Waiting Period

For all Critical Illness Conditions, an initial waiting period of 90 days applies from the policy commencement date, or policy revival date, as the case may be. In case the insured event happens during this period, no benefit shall be payable. However, 100% of the benefit premium will be refunded and the benefit will terminate.

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

3.4 Survival Period

In respect of all the benefits payable due to Critical Illness, a 30-day survival period is applicable. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid. Please note that claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e., a claim would not be admitted if the diagnosis is made post-mortem).

F. Nomination as per Section 39 of the Insurance Act 1938 as amended from time to time:

- (1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
- (2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

- (3) Nomination can be made at any time before the maturity of the policy.
- (4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
- (5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
- (6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
- (7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
- (8) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
- (9) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

G. Assignment as per Section 38 of the Insurance Act 1938 as amended from time to time:

- (1) This policy may be transferred/assigned, wholly or in part, with or without consideration.
- (2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
- (3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
- (4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
- (5) The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.
- (6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

- (7) On receipt of notice with fee, the Insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
- (8) The Insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
- (9) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

Section K (Nomination) and L (Assignment or Transfer) are simplified versions prepared for general information only and hence are not comprehensive. For full texts of these sections please refer to Section 38 and Section 39 of the Insurance Act, 1938 as amended by The Insurance Laws (Amendment) Act, 2015.

H. Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

I. Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to times:

- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or

that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

- (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- (5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

J. In case of fraud or misrepresentation including non-disclosure of any material facts, the Policy shall be cancelled immediately and the Surrender Value shall be payable, subject to the fraud or misrepresentation being established in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.

K. This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance, 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26 , 2014 for complete and accurate details

L. Taxes:

Indirect Taxes

Taxes and levies as applicable shall be levied as applicable. Any taxes, statutory levy becoming applicable in future may become payable by you by any method including by levy of an additional monetary amount in addition to premium and or charges.

Direct Taxes

Tax will be deducted at the applicable rate from the payments made under the policy, as per the provisions of the Income Tax Act, 1961, as amended from time to time.

M. A policyholder can now have his life insurance policies in dematerialized form through a password protected online account called an electronic Insurance Account (eIA). This eIA can hold insurance policies issued from any insurer in dematerialized form, thereby facilitating the policy holder to access his policies on a common online platform. Facilities such as online premium payment, changes in address are available through the eIA. Furthermore, you would not be required to provide any KYC documents for any future policy purchase with any insurer. For more information on eIA visit <http://www.hdfclife.com/customer-service/life-insurance-policy-dematerialization>

N. Grievance Redressal Mechanism

You can contact us at any of the below touchpoints in case of any concern:

Helpline number: 022-68446530 (Call Charges apply) | NRI Helpline number +91 89166 94100
(Call Charges apply)

E-mail Address: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)

You can let us know of your concerns/grievances through any of below options:

Option 1: Written letter duly signed by the policyholder at any HDFC Life Branch. There is a Grievance Redressal Officer at the respective branch to address the customer's complaint.

To know more about branch address and timing's you can visit this link: <https://www.hdfclife.com/contact-us#BranchLocator> Please note, branches are closed on Sundays, national holidays and region-specific public holidays.

Option 2: Write to us from your registered email ID at service@hdfclife.com.

Option 3: Visit us at our website <https://www.hdfclife.com/customer-service/grievance-redressal> You may refer to the escalation matrix in case there is no response to a grievance within the prescribed timelines If you still not satisfied with our response, you may approach the Insurance Ombudsman located in your region. For more information on our Grievance Redressal Mechanism and the detailed address of the Insurance Ombudsman, please refer Part G of the policy document given to you.

Talk to our staff today!



Sar utha ke jiyo!



HDFC Life Insurance Company Limited ("HDFC Life"). CIN: L65110MH2000PLC128245,
IRDAI Registration No. 101.

Registered Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi,
Mumbai - 400 011.

Email: service@hdfclife.com, Tel No: 022-6844-6530 (Local charges apply). Website: www.hdfclife.com

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ARN: BA/06/25/24840

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

- IRDAI or its officials do not involve in any activities of insurance business like selling insurance policies, announcing bonus or investment of premiums, refund of amounts. Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint