

Health Insurance for Heart and Cancer



Comprehensive cover
for Heart and Cancer
related conditions



Premium Funding Benefit
for 5 years under
moderate condition



Double Claim Benefit:
Claim in addition to any
existing health insurance

HDFC Life Sanjeevani

(A Non-Linked, Non-Participating Individual Health Insurance Plan)

HDFC
Life

Sar utha ke jiyo!

HDFC Life Sanjeevani

(A Non-Linked, Non-Participating Individual Health Insurance Plan)

(This product is also available for Online sale)

HDFC Life Sanjeevani is a Fixed Benefit Health Plan which is Non-Linked, Non-Participating Insurance Product

A good health is imperative for a long and happy life. Many of us are conscious about leading a healthy lifestyle, however, at times we are unable to lead such a life due to work stress, a sedentary lifestyle or increased responsibilities, thereby taking a toll on one's health. As per research reports the prevalence of Cardiovascular and Cancer related illnesses has been on the rise in India:

- 78 per cent of men between 30 and 34 run the risk of a heart attack*
- Cancer is the second largest killer in India**
- 1.17 million New cancer cases in India whereas 6,75,000 deaths were reported due to cancer.**

With advancement in medical science chances of survival are higher, but it surely costs a lot. Treating these diseases not only affects your family emotionally but also drains you financially.

Your health and your ability to earn an income is your biggest asset for your family. While you may not be able to predict and prevent these illnesses but you can surely be financially protected without compromising your savings or your family's lifestyle.

*<http://indiatoday.intoday.in/story/india-tops-the-world-in-heart-attacks-among-35-plus-men/1/154103.html>

**<http://www.dnaindia.com/health/report-cancer-second-largest-killer-in-india-report-2090258>

Presenting HDFC Life Sanjeevani

A Non-linked Non-Participating Individual Health Insurance plan that provides you with a lump sum amount on the occurrence of the Cardiovascular (Heart)and/or Cancer related conditions. The lump sum amount paid can help you overcome the immediate medical expenses without compromising on your lifestyle.

This plan ensures coverage for all prevalent types of heart and cancer ailments including providing cover for the initial conditions as well.

Key Features

- Comprehensive coverage of Heart and Cancer related ailments.
- Double Claim Benefit.
- Premium Funding Benefit for 5 years under moderate condition
- Tax benefits under Section 80D

Benefits in Detail

Comprehensive Coverage of Heart and Cancer related ailments

The Plan has following 2 options:

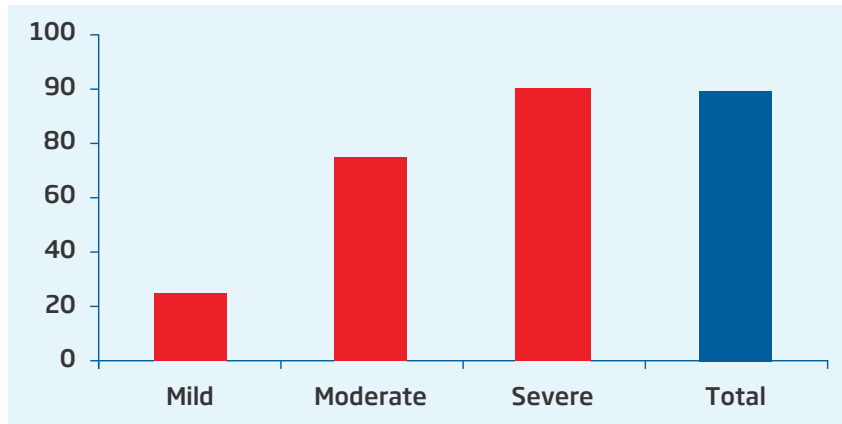
Option A: Covering the Cardiovascular (Heart related) Conditions#

Option B: Covering the Cardiovascular (Heart related) and Cancer related Conditions#

The Benefits payable under this Plan will be paid as a lump sum upon diagnosis of the covered conditions. The payout depends on the severity of the diagnosed condition and claims previously admitted under this policy. The maximum claims payable in this policy shall not exceed 100% of the Basic Sum Assured. The various categories of severity and their respective lump sum payout are as follows:

1. Mild Category - Each claim under this category shall be 25% of the Basic SA. During the lifetime of the Policy, Only one claim under mild category is permissible in Option-A; and maximum of 2 claims under the mild category shall be payable in Option-B, if they are from 2 different classes.
2. Moderate Category - Each claim under this category shall be 50% of the Basic SA. Two claims under moderate category(both Cardiovascular and Cancer conditions put together)are payable. However the Policy will terminate upon payment of 100% of Basic Sum Assured
3. Severe Category - A claim under this category shall be 100% of the Basic SA less Already paid Claims (If any). Upon paying this benefit the Policy shall terminate

In case of more than one covered condition is diagnosed at a given point of time, the claim which has the highest benefit payout, shall be payable.



for the details of covered conditions and their exact definitions and exclusions please refer to the Definitions and Exclusions Annexure-I

Premium Funding Benefit

Upon admission of any first claim under a moderate category the future installment Premiums due (if any) for the next 5 years or till the end of Policy Term, whichever is earlier, are waived off from the Date of Diagnosis or actual undergoing of a procedure as per definition, provided under Annexure I

At the end of 5 year period of premium funding, the premiums to be paid will be the premiums based on the age at entry subject to any reviewability of premiums thereof with prior approval from IRDAI. In case the outstanding Policy Term is less than 5 years then the due premiums for the outstanding Policy Term shall be waived.

The Policyholder will need to resume payment of Premiums thereafter without paying any arrears for the period for which the Premiums has been waived. Premium funding benefit is applicable only once during the policy term.

Double Claim Benefit:

You can claim with us for the covered conditions even if you have filed a claim under any other health insurance policy and benefit is payable irrespective of actual expenses.

Death Benefit

The Policy does not provide any Death Benefit.

Maturity Benefit

The Policy does not provide any Maturity Benefit.

Surrender Benefit

The Policy does not provide any Surrender Benefit.

Tax Benefit

Policyholder may be eligible for tax benefits under following Sections of the Income Tax Act, 1961, subject to provisions contained therein. U/S 80D of the Income Tax Act 1961 on your premiums paid#

The aforesaid tax benefits are subject to change in tax laws and to the terms set out in the said Sections. We therefore urge you to carefully analyze in consultation with your tax advisor the tax benefits / tax implications, if any that may arise on investing in this Policy.

How this plan works?

Step 1	<ul style="list-style-type: none">Choose the Basic Sum Assured, Option A or B and Policy Term
Step 2	<ul style="list-style-type: none">Based on the above chosen parameters and your age at entry and gender, the Annual Premium payable will be arrived at.
Benefits Payable	<ul style="list-style-type: none">During the Policy Term, based on the diagnosis of the covered condition and its severity a lump sum shall be paid. The policy will terminate upon payment of 100% of Basic Sum Assured.Upon payment of a claim under moderate category, the future premiums for the subsequent 5 policy years or till the end of Policy Term, whichever is earlier will be funded by the Company

Case Study

Case 1 - Option A - Cardiovascular Conditions

Rajesh aged 35 years an auditor by profession takes HDFC Life Sanjeevani for a policy term of 25 years and Basic Sum Assured of ₹10,00,000 by paying an annual premium of ₹3720 (Excluding Tax)

At age 40 he undergoes coronary angioplasty - a mild category condition

25 % of Basic SA i.e ₹2.5Lakhs paid out and the policy continues.

At age 50 he undergoes Carotid Artery Surgery - a moderate category condition

50% of Basic SA i.e ₹5 Lakhs paid out and Premium Funding Benefit starts off for the subsequent 5 years

At age 55 he undergoes a major surgery of Aorta - a severe category condition

Though as per category 100% of Basic SA is payable, since he has already availed 75% of Basic SA by way of previous claims, only the balance 25% of Basic SA i.e. ₹2.5 Lakhs is paid out and the policy terminates. Total Benefits Paid = ₹10,00,000 (100% of Basic SA) = ₹2,50,000 at Mild Category + ₹5,00,000 at Moderate Category + ₹2,50,000 at Severe Category

Case 2 - Option B - Cardiovascular and Cancer Conditions

Anuroop aged 40 years a Doctor by profession takes HDFC Life Sanjeevani for a policy term of 20 years and Basic Sum Assured of ₹10,00,000 by paying an annual premium of ₹6670. (Excluding Tax)

At age 45 he is diagnosed with Bladder Microcarcinoma - a mild category cancer condition

25 % of Basic SA i.e ₹2.5Lakhs paid out and the policy continues.

At age 50 he undergoes Carotid Artery Surgery - a moderate category cardiovascular condition

50% of Basic SA i.e ₹5 Lakhs paid out and Premium Funding Benefit starts off for the subsequent 5 years

At age 55 he is diagnosed with a cancer of specified severity - a severe category cancer condition

Though as per category 100% of Basic SA is payable, since he has already availed 75% of Basic SA by way of previous claims, only the balance 25% of Basic SA i.e. ₹2.5 Lakhs is paid out and the policy terminates.

Total Benefits Paid = ₹10,00,000 (100% of Basic SA) = ₹2,50,000 at Mild Category + ₹5,00,000 at Moderate Category + ₹2,50,000 at Severe Category

Find out your eligibility

Min/Max Entry Age	18 / 65 years (age as on last birthday)
Maturity Age	70 years
Min/Max Policy Term(PT)	Minimum - 5 years Maximum - 35 years (subject to maturity age of 70 years)
Premium Paying Term (PPT)	Regular
Min/Max Basic Sum Assured	Minimum: ₹5,00,000 Maximum: ₹25,00,000
Premium Paying frequency	Annual

Terms and Conditions

A. Grace Period: A Grace Period of thirty (30) days for annual mode from the Premium payment due date will be granted by the Company to the Policyholder to pay the due premiums. During this period the coverage continues and shall terminate automatically at the end of the Grace Period if the due Premium is not paid. In the event of claim during the Grace Period, the claim shall become payable subject to the receipt of the due and unpaid Premium or renewal Premium from the Policyholder. If the Policyholder does not pay the outstanding Premium the insurer shall honor the claim after deducting the outstanding Premium from the claim proceeds.

b. Premium Reviewability: The premium rates are guaranteed for five years and can be reviewed post IRDAI approval. Any modification will be intimated to the Policyholder at least three months prior to the Policy Anniversary Date when such revision or modification comes into effect.

In case the Policyholder does not wish to continue the Policy by paying the revised Premium the Policyholder has the option to discontinue the policy.

c. Free Look Provisions: The Policyholder shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing#) from the date of receipt of the Policy Document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, He/She has the option to return the Policy stating the reasons for the cancellation upon which the Company shall return the Premium paid subject to deduction of a proportionate risk Premium for the period of cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges subject to the condition that no claims has been intimated under this Policy. All Benefits and rights under this Policy shall immediately stand terminated on the cancellation of the Policy.

Distance Marketing refers to any mode of sale other than in person.

d. Revival of the Policy: You can apply for revival of the lapsed Policy within five years from the due date of the first unpaid premium. The revival of the Policy will be subject to the following conditions:

- (i) Satisfactory evidence of insurability of the Policyholder is submitted and accepted by the Company.
- (ii) All outstanding Installment Premiums together with interest (as decided by the Company from time to time) is paid by the policy holder

- (iii) Revival of the Policy will be at the sole discretion of the Company and will be effective only upon confirmation.
- (iv) The Company may subject the Life Assured to medical examination as per the Board approved Underwriting Policy and the cost of such medicals (if any) will be borne by the Life Assured.

If the Policy is not revived within the revival period it will automatically stand terminated on the expiry of the reinstatement period.

e. Policy Termination:

This Policy will terminate immediately on any of the following:

- On the Risk Cessation Date
- On payment of the 100% of the Basic Sum Assured
- On Cancellation of the Policy by the Policyholder
- On death of the Life Assured
- If the Installment Premium is not paid within the Grace Period and the Policy is not revived within the revival period as per point “d” above

f. Survival Period: Survival Period is a period in days from the Date of Diagnosis or actual undergoing of a procedure as per covered conditions, provided under Annexure I, for which the Life Assured needs to survive in order for benefits to be payable under this plan.

The survival period for each of the classes is as mentioned below:

Condition (Mild, Moderate and Severe)	Survival Period(in days)
Cancer	0
Cardiovascular	28

If a covered condition occurs within the Survival Period of the previous covered condition, and both being from the same class (Except Cancer Conditions, as there is no survival period in case of Cancer Conditions), then Company shall pay the benefit at end of survival period of the first condition subject to a maximum limit of 100% of the Basic Sum Assured less all previously paid benefits under the policy. At the end of the survival period of second condition, the company shall pay the difference between the benefits payable under second and first condition subject to minimum of zero and subject to a maximum limit of 100% of the Basic Sum Assured less all previously paid benefits under the policy.

If more than one covered conditions occur under Cancer i.e two conditions of Cancer but of the same (only moderate) or different category, then the Company shall pay the benefits under both the conditions subject to a maximum limit of 100% of the Basic Sum Assured less all previously paid benefits under the policy.

In case, the second incidence occurs after the Survival Period (there is no survival period for Cancer) of the first incidence, the Company shall pay the benefit for both the conditions as per applicable Basic Sum Assured limits according to the category, subject to meeting the Survival Period requirement (there is no survival period for Cancer) and subject to a maximum limit of 100% of the Basic Sum Assured less all previously paid benefits under the policy.

The Survival Periods will be applicable for each of the incidences independently and the payout of claim is subject to meeting the Survival Period requirement for each of the incidences independently, else only those incidences for which the Survival Period is elapsed will be admitted for the claim.

g. Policy Loan: The Policy does not provide any Loan.

h. Alterations: No alterations are allowed to the benefits payable under this Product.

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

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

k. Risk factors:

- A) HDFC Life Sanjeevani is a Non-Linked, Non-Participating Individual Health Insurance Product.
- B) HDFC Life Insurance Company Limited is only the name of the Insurance Company and HDFC Life Sanjeevani is only the name of the product and does not in any way indicate the quality of the product, its future prospect or returns.
- C) This product guarantees the Basic Sum Assured or a part thereof on diagnosis subject to all premiums being paid and claims accepted.
- D) The purpose of this brochure is to provide a general overview about this policy. The information herein is indicative of the terms, conditions and exceptions contained in the policy terms and conditions of HDFC Life Sanjeevani. Please refer to the policy terms and conditions to understand in detail the associated risks, benefits, etc.
- E) In the event of any inconsistency / ambiguity between the terms contained herein and the policy terms and conditions, the policy terms and conditions will prevail.
- F) The acceptance of the proposal shall be subject to prevailing board approved underwriting policy.

l. Policy Exclusion: If the Life Assured under this Policy discloses or is identified at the time of issuance of any Pre-existing Diseases relevant to the Cardiovascular and/or Cancer conditions, the Policy Term between 5-9 years will not be issued.

Section 41: Prohibition of Rebate: Under the provisions of 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 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 punishable with fine which may extend to ten lakh rupees.

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To buy: **1800-266-9777** (Toll free)
(All Days, from 9am to 9pm)



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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: 1860 267 9999 (Mon-Sat 10 am to 7 pm) Local charges apply. Do NOT prefix any country code. e.g. +91 or 00. Website: www.hdfclife.com

The name/letters "HDFC" in the name/logo of the company belongs to Housing Development Finance Corporation Limited ("HDFC Limited") and is used by HDFC Life under an agreement entered into with HDFC Limited.

HDFC Life Sanjeevani UIN: 101N161V01. This is a Non-Linked Non- Participating Health Insurance Plan. Life Insurance Coverage is available in this product. For more details on risk factors, associated terms and conditions and exclusions please read sales brochure carefully before concluding a sale. ARN: MC/09/22/29148.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.

Public receiving such phone calls are requested to lodge a police complaint.

Annexure - I: - Cardiovascular and Cancer Conditions Covered

The product will cover the following Cardiovascular and Cancer Conditions as per the Option opted by the Policyholder;

Option A: - Cardiovascular Conditions

Cardiovascular - Mild	Cardiovascular - Moderate	Cardiovascular - Severe
<ul style="list-style-type: none">▪ Angioplasty▪ Arrhythmia's leading to Insertion of Pacemaker or ICD (Implantable Cardioverter Defibrillator)▪ Cardiac Arrest▪ Pericarditis leading to Pericardiectomy▪ Percutaneous Heart Valve Surgery▪ Minimally Invasive Surgery to Aorta▪ Keyhole Coronary Bypass Surgery▪ Infective Endocarditis▪ Valvuloplasty	<ul style="list-style-type: none">▪ Carotid Artery Surgery▪ Secondary Pulmonary Hypertension with permanent functional impairment NYHA (New York Heart Association) class III▪ Cardiomyopathy▪ Surgical Septal Myomectomy (SSM) to relieve LVOT (Left Ventricular Outflow Tract) obstruction	<ul style="list-style-type: none">▪ Myocardial Infarction (First Heart Attack of specified severity)▪ Open Chest CABG (Coronary Artery Bypass Graft)▪ Open Heart Replacement or Repair of Heart Valves▪ Major surgery of Aorta▪ Primary (Idiopathic) Pulmonary Hypertension▪ Heart transplant▪ Stroke resulting in permanent symptoms

Option B: - Cardiovascular and Cancer Conditions

Cardiovascular - Mild	Cardiovascular - Moderate	Cardiovascular - Severe
<ul style="list-style-type: none"> ▪ Angioplasty ▪ Arrhythmia's leading to Insertion of Pacemaker or ICD (Implantable Cardioverter Defibrillator) ▪ Cardiac Arrest ▪ Pericarditis leading to Pericardiectomy ▪ Percutaneous Heart Valve Surgery ▪ Minimally Invasive Surgery to Aorta ▪ Keyhole Coronary Bypass Surgery ▪ Infective Endocarditis ▪ Valvuloplasty 	<ul style="list-style-type: none"> ▪ Carotid Artery Surgery ▪ Secondary Pulmonary Hypertension with permanent functional impairment NYHA (New York Heart Association) class III ▪ Cardiomyopathy ▪ Surgical Septal Myomectomy (SSM) to relieve LVOT (Left Ventricular Outflow Tract) obstruction 	<ul style="list-style-type: none"> ▪ Myocardial Infarction (First Heart Attack of specified severity) ▪ Open Chest CABG (Coronary Artery Bypass Graft) ▪ Open Heart Replacement or Repair of Heart Valves ▪ Major surgery of Aorta ▪ Primary (Idiopathic) Pulmonary Hypertension ▪ Heart transplant ▪ Stroke resulting in permanent symptoms
Cancer - Mild	Cancer - Moderate	Cancer - Severe
<ul style="list-style-type: none"> ▪ Carcinoma-in-Situ of all organs excluding skin ▪ Early stage Cancers of Prostate ▪ Thyroid Papillary Microcarcinoma ▪ Bladder Microcarcinoma ▪ Chronic Lymphocytic Leukemia - early stages 	<ul style="list-style-type: none"> ▪ Mastectomy due to diagnosis of Carcinoma-in- situ of the breast ▪ Orchiectomy due to diagnosis of Carcinoma-in-situ of the testis ▪ Cystectomy due to diagnosis of Carcinoma-in- situ of the Urinary Bladder / T1NoMo Urinary Bladder Cancer ▪ Total Abdominal Hysterectomy and Bilateral Salpingo- Oophorectomy due to diagnosis of Carcinoma in-Situ of the Cervix/ Carcinoma-in-Situ of the Uterus / Carcinoma-in-situ of the Ovary 	<p>Cancer of Specified Severity as provided in Annexure – I under Cancer Severe Category (Reference Point No. 10)</p>

Definition of conditions covered

The diagnosis of any of the listed below conditions must be established by relevant evidence and be certified by a specialist in the relevant field. The following Cardiovascular / Cancer conditions that are covered under various categories (Mild/Moderate/Severe) are defined below. All these conditions in the presence of HIV infection are excluded.

Cardiovascular Conditions

Mild Category

1. Angioplasty : Coronary Angioplasty is defined as percutaneous coronary intervention by way of Balloon Angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major Coronary arteries. The intervention must be determined to be medically necessary by a Cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery. Diagnostic Angiography or investigation procedures without angioplasty/stent insertion are excluded.

2. Arrhythmia's leading to Insertion of Pacemaker or ICD (Implantable Cardioverter Defibrillator):

The actual insertion of a pacemaker or ICD due to life threatening arrhythmias, cardiomyopathy or any other condition upon documented recommendation by a cardiologist.

3. Cardiac Arrest: Sudden loss of heart functions with cessation of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- a. Implantable Cardioverter-Defibrillator (ICD), or
- b. Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition the following is not covered:

- c. Insertion of a defibrillator without cardiac arrest
- d. Cardiac arrest secondary to alcohol or drug misuse

4. Pericarditis leading to Pericardiectomy: The actual undergoing of pericardiectomy secondary to chronic restrictive pericarditis. Acute pericarditis or chronic restrictive pericarditis related to alcohol or drug abuse and/or HIV is excluded.

5. Percutaneous Heart Valve Surgery: Percutaneous heart valve replacement is an interventional procedure involving the insertion of an artificial heart valve using a catheter. Payout will be based on the actual undergoing of surgery. The need for surgery should be certified by a cardiologist.

6. Minimally Invasive Surgery to Aorta: The actual undergoing of repair or correction of an aneurysm, narrowing, obstruction or dissection of the aorta using minimally invasive or intra-arterial techniques. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

7. Keyhole Coronary artery Bypass graft: The actual undergoing of a Coronary artery Bypass graft using Keyhole surgery. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

8. Infective Endocarditis:

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

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

9. Valvuloplasty: An interventional procedure involving Percutaneous heart valve repair by balloon valvotomy or valvuloplasty to repair narrowing of heart valves using a catheter. Payout will be based on the actual undergoing of surgery.

The need for surgery should be certified by a cardiologist and supported by an echocardiography

Moderate Category

10. Carotid Artery Surgery: The actual undergoing of Carotid artery surgery to correct stenosis in one or both carotid arteries by angioplasty and/or stenting or having undergone open endarterectomy upon documented recommendation by a cardiologist.

11. Secondary Pulmonary Hypertension: Secondary Pulmonary hypertension confirmed by a Cardiologist with the help of investigations including Echo/ Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment based on Echo findings.

Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

12. Cardiomyopathy: An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Specialist Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- a. Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
- b. 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.

13. Surgical Septal Myomectomy to relieve LVOT (Left Ventricular Outflow Tract) obstruction: Actual undergoing of Septal Myomectomy that entails removing a portion of the thickened septal wall that is obstructing the flow of blood from the left ventricle to the aorta. Diagnosis has to be confirmed by a specialist who is a cardiologist and evidenced by echo with obstruction of LV outflow tract at rest, with a maximum systolic gradient $>_{\geq} 30$ mmHg.

Left ventricular outlet obstruction due to alcohol or drug abuse is specifically excluded.

Severe Category

14. Myocardial Infarction (First Heart Attack of specified severity)

- a. 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.
- b. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

15. Open Chest CABG:

- I. 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.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

16. Open Heart Replacement or Repair of Heart Valves: The actual undergoing of open-heart valve surgery is to replace 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.

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

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

18. Primary (Idiopathic) Pulmonary Hypertension:

- I. 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.
- II. 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.

III. 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.

19. Heart Transplant: The actual undergoing of a transplant of heart that resulted from irreversible end-stage failure of the heart.

20. Stroke resulting in permanent symptoms

I. Any cerebrovascular incident producing permanent neurological sequel. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extra cranial 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.

II. The following are excluded:

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

Cancer Conditions

Mild Category

1. Carcinoma-in-situ (CIS of all organs except skin): Focal autonomous new growth of carcinomatous cells and that has not yet resulted in the invasion of normal tissues. Invasion means an infiltration and/or active destruction of tissue or surrounding tissue beyond the basement membrane. A diagnosis of CIS must be supported by a histopathological report and should be certified by an Oncologist. Clinical diagnosis does not meet this standard.

The diagnosis of CIS must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue. The diagnosis should be confirmed by a qualified oncologist / specialist in the relevant field.

CIS of skin and Cervical Intraepithelial Neoplasia (CIN) classification including CIN I, CIN II, and CIN III (severe dysplasia without carcinoma-in-situ) are specifically excluded.

2. Early stage Cancers of Prostate: This condition is characterised by uncontrolled growth and spread of malignant prostate cancer cells with invasion and destruction of normal prostate tissue. It must be classified as "T1N0M0" according to the latest TNM staging method. The cancer is still within the prostate and has not spread to nearby lymph nodes [N0] or elsewhere in the body [M0]. The diagnosis must always be on the basis of a microscopic examination of fixed tissue showing a Gleason Score of two to six. The diagnosis should be confirmed by a qualified oncologist / specialist in the relevant field.

All grades of Prostate Intraepithelial Neoplasia (PIN) are not covered under this definition.

3. Thyroid Papillary Microcarcinoma: It is defined as papillary carcinoma of the thyroid that is less than 10 mm in diameter and is characterised by the uncontrolled growth and spread of malignant papillary thyroid cancer cells with invasion and destruction of normal thyroid tissue. The cancer is confined to the thyroid gland and has not spread to nearby lymph nodes or elsewhere in the body. The diagnosis should be confirmed by a qualified oncologist / specialist in the relevant field.

4. Bladder Microcarcinoma: Bladder Microcarcinoma is characterised by the uncontrolled growth and spread of malignant bladder cancer cells that are confined to the inner lining of the bladder. The Bladder Microcarcinoma must be diagnosed as non-invasive papillary carcinoma and classified as "T1N0M0" according to the latest TNM staging method.

5. Chronic Lymphocytic Leukaemia - early stages: Chronic Lymphocytic Leukaemia is categorized as the uncontrolled growth and spread of malignant lymphocyte white blood cells within the bone marrow and the blood. The Chronic Lymphocytic Leukaemia must be diagnosed and classified as Rai stage 0, 1, or 2 by a specialist in the relevant field. These early Rai stages of leukaemia imply that there is an elevated malignant monoclonal lymphocyte count with or without enlarged lymph nodes or spleen, but there is no anaemia and no thrombocytopenia.

Moderate Category

6. Mastectomy due to diagnosis of Carcinoma in situ Breast: The actual undergoing of a mastectomy due to CIS of the Breast (confirmed by histological evidence). The mastectomy must be certified to be absolutely necessary by a specialist in the relevant field. Partial mastectomy and lumpectomy do not fulfill the above definition.

7. Orchidectomy due to diagnosis of Carcinoma-in-situ of the testis: The actual undergoing of orchidectomy where the histological findings thereafter indicate the presence of CIS of Testis. The Orchidectomy must be certified to have been absolutely necessary by a specialist in the relevant field.

8. Cystectomy due to diagnosis of carcinoma in situ Urinary Bladder or Papillary Carcinoma of the Bladder: The actual undergoing of a total radical cystectomy due to CIS of Urinary Bladder / Papillary Carcinoma of the Bladder (confirmed by histological evidence). The cystectomy must be certified to be absolutely necessary by a specialist in the relevant field. Segmental cystectomy does not fulfil the above definition.

9. Total Abdominal Hysterectomy and Bilateral Salpingo-with or without Oophorectomy due to diagnosis of Carcinoma- in-Situ of the Cervix / Uterus / Ovary / Fallopian tube / Vagina / Vulva: The actual undergoing of a total abdominal hysterectomy and bilateral salpingo with or without oopherectomy due to CIS of the cervix/uterus/ovary/fallopian tube/vagina/vulva (confirmed by histological evidence). The cystectomy must be certified to be absolutely necessary by a specialist in the relevant field.

Severe Category

10. Cancer of specified severity:

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

b. The following are excluded -

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO.
- v. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

Exclusions

The Benefits under the Policy will not be payable under the following conditions:

1. "Pre-existing Diseases" which means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of policy issued by the Company or its Revival or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of policy issued by the Company or its Revival
2. Any covered condition or its signs or symptoms having occurred within the Waiting Period from Policy Commencement Date or Reinstatement Date and during the period of lapsation as applicable.
3. Deliberate failure to seek or follow Medical Advice or intentional delay in order to circumvent the terms and conditions applying to this policy.
4. Self-inflicted injuries, suicide, insanity, and immorality, and deliberate participation of the Life Assured in an illegal or criminal act with criminal intent.
5. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a Specialist medical practitioner
6. War - whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or willful participation in acts of violence.
7. Radioactive contamination due to nuclear accident for a period of 10 years from the actual incidence or Policy Commencement Date or Reinstatement Date whichever is later.
8. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries/places: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The Company may review the above list of accepted foreign countries from time to time and any changes would be subject to prior approval from IRDAI. Claims documents from outside India are only acceptable in English language and duly authenticated by the respective embassy of that country unless specifically agreed in writing.
9. A congenital condition of the insured.
10. Engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger or cabin crew on regular routes and on a scheduled timetable unless agreed by special endorsement.
11. Any treatment of a donor for the replacement of an organ.