

# Ensure financial security for your employees against Critical Illnesses



Major Critical Illnesses Covered.



Critical illness and terminal illness benefit for all employees in one policy



Up to 25 critical illnesses covered



Flexibility to add or delete employees any time in the policy year

## HDFC Life Group Illness Rider

Non-Participating Non-linked Health Group  
Pure Risk Rider



Sar utha ke jiyo!

# HDFC Life Group Illness Rider

Non- Participating Non- linked Health Group Pure Risk Rider

## What is HDFC Life Group Illness Rider all about?

In these days of increasing stress, good health is a major concern for all of us. With the fast-paced life, the chance of anyone contracting a Terminal Illness or a Critical Illness like heart attack or cancer etc has increased. As an employer providing adequate protection to your employees forms an integral part of the employee benefits. While you have provided them with a basic level of protection through group insurance cover, you need to ensure an enhanced protection for your employees in case they encounter any Terminal Illness or the covered Critical Illnesses in future.

HDFC Life presents the HDFC Life Group Illness Rider which helps you provide customized the protection for your employees. HDFC Life Group Illness Rider are available in 2 options; **Option A: Critical Illness Benefit** covering the 4 / 10 / 25 major Critical Illnesses as opted by the Policyholder and as specified in the Definitions and Exclusions Annexure and **Option B: Terminal Illness Benefit.**

This rider pays out the Rider Sum Assured on the diagnosis of the Critical Illness and/or Terminal Illness. This Rider Benefit can help you tide over your immediate medical expenses or maintain your life style in case your regular income source is disturbed.

## What are the key Benefits of the Group Illness Rider?

The Policyholder can opt for the following benefits (subject to a maximum Sum Assured of the Base Policy). Both of the below mentioned options can be chosen simultaneously.

### Option A: - Critical Illness Benefit

On first ever diagnosis of any one of the eligible Critical Illness (either from Critical Illness 4/10/25) and subject to the other terms of this Rider, the Company shall pay the Rider Sum Assured (i.e. Accelerated payment of the Base Sum Assured) subject to a maximum of Rs. 50,00,000. The cover under the Base plan will be reduced by the amount of claim paid under this Rider. The conditions for attaching the Critical Illness Rider are;

1. The percentage of accelerated benefit will be decided by the policyholder at inception or entry of the new insured member.
2. In case where the un-accelerated portion of the benefit falls below the minimum sum assured of the base policy, the chosen accelerated benefit % for that member will be revised to 100% at inception of the policy.

### Option B: - Terminal Illness Benefit

" Terminal Illness" is defined as an advanced or rapidly progressing incurable and uncorrectable medical condition, which in the opinion of consulting physician and an independent physician appointed by the insurance company will lead to death within the next six months. AIDS is specifically excluded and not covered under this definition.

On diagnosis of any Terminal Illness during the term of the policy, a percentage(50%/100%) of the Sum Assured is payable as lump sum On subsequent death the balance death benefit as applicable shall become payable subject to reduction of the Terminal Illness benefit paid.

The Policyholder can opt between 50 %/ 100 % Terminal Illness Benefit.

## How does this Group Illness Rider work?

The rider will be attached to Yearly Renewable Term product to accelerate part of its sum assured on the happening of Critical Illness/Terminal Illness event. The rider can be selected for the entire group of members or for a few categories. An individual member does not have the option of choosing for or against it.

<b>Step 1</b>	Choose between Option A: - Critical Illness Benefit (either from 4/10/25 illnesses) or Optional B: - Terminal Illness Benefit.
<b>Step 2</b>	Decide on the amount of Rider cover (a percentage of the Base Sum Assured for Critical Illness Benefit or Terminal Illness Benefit (50% / 100%).

## What is the Critical Illness conditions covered under this Plan?

### Option A: - CI Benefit:

The insured Critical Illnesses conditions for the CI rider are as below;

<b>Option A1:- CI-4</b>
1. Cancer of Specified Severity
2. First Heart Attack of Specified Severity
3. Open Chest Coronary Artery Bypass graft
4. Stroke Resulting in Permanent Symptoms

<b>Option A2:- CI-10</b>	
1. Cancer of Specified Severity	6. Major Organ/ Bone Marrow Transplant
2. First Heart Attack of Specified Severity	7. Benign Brain Tumor
3. Open Chest Coronary Artery Bypass graft	8. Permanent Paralysis of Limbs
4. Stroke Resulting in Permanent Symptoms	9. Coma of Specified Severity
5. Kidney Failure Requiring Regular Dialysis	10. Total Blindness

## Option A2:- CI-10

1. Cancer of Specified Severity	14. Motor Neurone Disease with Permanent Symptoms
2. First Heart Attack – of specified severity	15. Multiple Sclerosis with Persisting Symptoms
3. Stroke resulting in Permanent Symptoms	16. Aplastic Anaemia
4. Open Chest Coronary Artery Bypass graft	17. End Stage Liver Disease
5. Kidney Failure Requiring Regular Dialysis	18. Chronic lung disease
6. Major Organ/ Bone Marrow Transplant	19. Alzheimer Disease
7. Benign Brain Tumour	20. Parkinson's disease
8. Permanent Paralysis of Limbs	21. Loss of speech
9. Coma of Specified Severity	22. Major Head Trauma
10. Total Blindness	23. Primary Pulmonary Hypertension
11. Major Burns	24. Systemic Lupus Erythematosus with Lupus Nephritis
12. Heart Valve Surgery	25. Apallic Syndrome
13. Surgery of Aorta	

For the exact definitions and exclusions please refer to the Annexure B.

Upon such payment the Rider shall automatically stand terminated.

**Surrender:** This plan offers pure protection benefit and does not offer any surrender benefits/paid up benefits.

## Eligibility Conditions

Minimum / Maximum Age at Entry	Minimum Age Critical Illness – 18 years Terminal Illness – 18 years Maximum Age Critical Illness – maximum entry age is 65 years Terminal Illness – maximum entry age is 79 years
Rider Cover Ceasing Age	66 years (for Critical Illness Benefit) 80 years (for Terminal Illness Benefit)
Sum Assured (min)	10,000 per member
Sum Assured (max)	For Critical Illness: Lower of 50 lakhs or 100% the Sum Assured of the base policy. For Terminal Illness : 100% the Sum Assured of the base policy
Policy Term	1 year
Premium Payment Term	Annual, Half-Yearly, Quarterly and Monthly
Minimum Group Size	For Employer-Employee Group: 10 members For Non-Employer-Employee Group: 50 members
Maximum Group Size	No limit.(as applicable to the base policy to which the rider is attached)

## Which product can this Rider be offered with?

- HDFC Life Group Term Insurance (UIN: 101N005V08)
- HDFC Life Group Term Life (UIN: 101N169V03)

### **Grace Period:**

As applicable to the Base Policy.

However a period of 30 days to be provided from the due date of renewal where it will be treated as no break in policy with respect to applicability of Waiting Period. During this period Rider cover will not be available.

This Rider is yearly renewable & shall be renewed along with the Base Policy and not in the isolation.

### **Free Look Period:**

Applicable as per the base policy.

### **About Taxes**

Policyholder may be eligible for tax benefits under the Income Tax Act, 1961, subject to provisions contained therein. The tax benefits are subject to change in tax laws. 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.

### **Premiums:**

The Premiums payable for the Rider shall be determined based on the Sum Assured opted by the Policyholder under this Rider. .

### **Entry / Exit of a Member**

Any new member who satisfies the eligibility criteria shall be enrolled under this Rider. In the event if the member is enrolled during the Policy Year, proportionate premium shall be charged.

The Risk Commencement Date shall be the date on which the member is enrolled as Insured Member.

In the event if the Insured Member exits from the group due to reasons other than death, Rider premium for the unexpired period of risk will be adjusted or refunded as requested by the Policyholder.

In the event if the Master Policyholder chooses to surrender the Policy/Rider an option shall be provided to Insured Members to either continue the cover by paying the premium or to exit from the group in which case we shall be refunding the proportionate premium in accordance with IRDAI Guidelines, as amended from time to time.

### **Waiting Period**

The Critical Illness Rider will have a waiting period of 30 or 90 days (depending on the Critical Illness diagnosed). No CI benefit will be paid in respect of CI condition diagnosed within a period of 30 or 90 days (depending on the Critical Illness diagnosed) from the date of cover assuming no broken period during the waiting period. For following Critical Illnesses the waiting period is 90 days

1. Cancer of Specified Severity
2. First Heart Attack of Specified Severity
3. Open Chest Coronary Artery Bypass graft
4. Stroke Resulting in Permanent Symptoms

For other Critical Illnesses the waiting period is 30 days.

In case the Rider is purchased afresh (for the first time) or renewed (with break) the Waiting Period will start from the Risk Commencement Date. In cases where the Rider is purchased from Us or any other insurer is renewed (without break) the following conditions shall be applicable:

1. For New Insured Members waiting period will start from the Risk Commencement Date
2. For Insured Members who partially completed their waiting period (as applicable in this product) in the previous year, remaining waiting period will be applicable
3. Waiting period will not be applicable for Insured Members who completed their waiting period (as applicable in this product) in previous year(s)

### **Nomination Provisions**

The nomination of the Rider Policy is allowed only along with the Base Policy and in accordance with the provisions stated in the Base Policy.

### **Assignment**

Assignment is not allowed under this Rider Policy.

### **Risk Factors:**

- a) HDFC Life Insurance Company Limited is only the name of the Insurance Company and HDFC Life Group Illness Rider is only the name of the Critical Illness and/or Terminal Illness Rider and does not in any way indicate the quality of the product, its future prospects or returns.
- b) The purpose of this brochure is only to provide a general overview about this rider policy. The information herein is indicative of the terms, conditions, warranties and exceptions contained in the policy terms and conditions of HDFC Life Group Illness Rider. Please refer to the Group Illness Rider Policy terms and conditions to understand in detail the associated risks, benefits etc.
- c) In the event of any inconsistency/ambiguity between the terms contained herein and the Group Illness Rider Policy terms and conditions, the Group Illness Rider Policy terms and conditions shall prevail.

### **NOMINATION: Sec 39 of 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 member of policyholder may appoint any person to receive the money secured by the policy in the event of member'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), Bill 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.

#### **ASSIGNMENT OR TRANSFER: 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 thereof 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 C (Nomination) and D (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 39 and Section 38 respectively of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015.

#### **Section 41: Prohibition of Rebate:**

- (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 the tables of the insurer.
- (2) Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ten lakh rupees.

#### **NON-DISCLOSURE: IN ACCORDANCE WITH SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME:**

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.
6. In case of fraud or misstatement 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 misstatement being established in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.
7. 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

## Grievance Redressal Process

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](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto: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](mailto: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 are 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.



Contact us today



To buy: 1800-266-9777 (Toll free)  
(Available all days 10am to 7pm)



Visit us at [www.hdfclife.com](http://www.hdfclife.com)



**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](mailto:service@hdfclife.com), Tel No: 022-6844-6530 (Local charges apply). Website: [www.hdfclife.com](http://www.hdfclife.com)

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**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

## General Exclusions

The Critical Illness Benefit shall not be payable under this Rider if any of the Critical Illness conditions was caused directly or indirectly as a result of any of the following;

1. Any Illness(es), disease(s), injury(s) or any medical condition(s) including any recurring illness (es), disease(s), injury(s), medical condition(s), which the life assured contracted prior to the rider risk commencement date or rider revival date, as the case may be, and was not disclosed in any declaration of health to the rider or in the application for revival, and/or for which, prior to the rider risk commencement date or rider revival date, as the case may be, medical advice or diagnosis or treatment was recommended or given by a health professional or evidence of the condition existed which would have caused any ordinary prudent person to seek diagnosis, care or treatment from a health professional
2. War or hostilities, terrorist attacks (whether war is declared or not)
3. Civil war, rebellion, revolution, civil unrest or riot
4. An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means with criminal intent
5. Attempted Suicide or intentional self-inflicted act
6. Drug Abuse: Alcohol or solvent, substance abuse, or taking of drugs except under the direction of a registered medical practitioner
7. Disease in the presence of an HIV infection/AIDS
8. Nuclear fusion, nuclear fission, nuclear waste, nuclear contamination or any radioactive or ionizing radiation or any accident or contamination resulting from the same
9. Participation of the Life assured in an illegal or criminal act with illegal / criminal intent.
10. Injuries or diseases arising from professional sports, racing of any kind,; scuba-diving, aerial flights (including bungee-jumping, hang-gliding, ballooning, parachuting and skydiving) other than as a crew member or as a fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or any hazardous activities or sports unless agreed by special endorsement prior to the issuance of the rider.
11. Any disease occurring within the Waiting Period
12. Any congenital condition

Without prejudice to the exclusions mentioned elsewhere in this document and the exclusions applicable to the Base Policy, the above exclusions shall apply to the benefits admissible under this Policy under Critical Illness Rider.

## ANNEXURE B: - List of Critical Illnesses - Definitions & Exclusions

The definitions of the specified critical illness conditions are;

### I. Cancer of Specified Severity:

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

The following are excluded:

- i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma.
- iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Microcarcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

### II. First Heart Attack- Of Specified Severity:

The first occurrence of myocardial infarction which means the death of a portion of the heart

muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. new characteristic electrocardiogram changes
- iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are not covered:

- a. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- b. Other acute Coronary Syndromes
- c. Any type of angina pectoris.

### **III. 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.

### **IV. Open Chest Coronary Artery Bypass Surgery (CABG):**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- a. Angioplasty and/or any other intra-arterial procedures
- b. Any key-hole or laser surgery.

### **V. Kidney Failure requiring Regular Dialysis:**

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

### **VI. Major Organ/ Bone Marrow Transplant:**

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. 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.

### **VII. Benign Brain Tumour:**

A benign tumour in the brain (located in the cranial vault and limited to the brain, meninges or cranial nerves) where all of the following conditions are met:

- i. It is life threatening;
- ii. It has caused damage to the brain;
- iii. It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit which has to be documented for at least 3 months following the Date of Diagnosis; and
- iv. Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- a. Cysts;
- b. Granulomas;
- c. Vascular malformations;
- d. Haematomas; and
- e. Tumours of the pituitary gland or spinal cord
- f. Tumors of acoustic nerve (acoustic neurone)

### **VIII. 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.

### **IX. 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:

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

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

### **X. Total Blindness:**

Total, permanent and irreversible loss of all vision (visual acuity of less than 6/60 in the better eye even with the use of visual aids) in both eyes as a result of illness or accident. This diagnosis must be confirmed by a Consultant Ophthalmologist. The blindness must not be correctable by aides or surgical procedures.

To establish permanent loss of vision, total loss of vision should normally need to have persisted for at least six consecutive months.

### **XI. Major Burns:**

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Members body. The condition (diagnosis and the total area involved using standardized, clinically accepted, body surface area charts) must be confirmed by a consultant physician acceptable to the Company.

Exclusion

- a. Burns arising due to self infliction.

### **XII. Open Heart Replacement or Repair of Heart Valves:**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by 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.

### **XIII. Surgery of Aorta:**

The actual undergoing of surgery via thoracotomy or laparotomy for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches.

Exclusion

- a. Stent-grafting

### **XIV. Motor Neurone disease with Permanent Symptoms:**

Motor neurone 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.

### **XV. Multiple sclerosis with Persisting Symptoms:**

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Exclusions

Other causes of neurological damage such as SLE and HIV are excluded.

### **XVI. Aplastic Anemia:**

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

- i. Repeated blood transfusions;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplant

The diagnosis and suggested line of treatment of irreversible aplastic anemia must be confirmed by a Hematologist acceptable to the Company using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values must be present:

1. Absolute neutrophil count of 500 per cubic millimeter or less;
2. Absolute Reticulocyte count of 20,000 per cubic millimeter or less;
3. Platelet count of 20,000 per cubic millimeter or less.

### **Exclusion**

Temporary or reversible aplastic anemia is excluded and not covered in this Policy.

### **XVII. End Stage Liver Disease:**

End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following:

- i. Uncontrollable Ascites
- ii. Permanent Jaundice
- iii. Oesophageal or Gastric Varices and Portal Hypertension
- iv. Hepatic Encephalopathy.

## **Exclusion**

Liver disease arising out of or secondary to alcohol or drug abuse & Child-Pugh-Stage A.

## **XVIII. Chronic Lung Disease:**

End Stage Lung Disease, causing chronic respiratory failure including Chronic Interstitial Lung Disease. The following criteria must be met:

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

This diagnosis must be confirmed by a Consultant Pulmonologist acceptable to the Company.

## **XIX. Alzheimer's Disease**

Alzheimer's disease is a progressive degenerative disease of the brain characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes. 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 life assured. The disease must result in a permanent inability to perform independently three or more Activities of Daily Living.

The Activities of Daily Living are as follows.

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

This diagnosis must be supported by the clinical confirmation of an appropriate consultant Neurologist and supported by the Company's appointed doctor.

## **XX. Parkinson's Disease**

The unequivocal diagnosis of primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- i. The disease cannot be controlled with medication;
- ii. Objective sign of progressive impairment; and
- iii. There is an inability of the Insured Members to perform (whether aided or unaided) at least 3 of the following "Activities of Daily Living" for a continuous period of at least 6 months.

The Activities of Daily Living are:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate,

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

### **Exclusion**

- a. Drug-induced or toxic causes of Parkinsonism.

## **XXI. Loss of Speech**

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

### **Exclusion**

- a. All psychiatric related causes of loss of speech.

No benefit will be payable if, in general medical opinion, a device, or implant could result in the partial or total restoration of speech.

## **XXII. Major Head Trauma**

Accidental major trauma to head causing permanent neurological deficit to be assessed no sooner than 3 months from the date of accident. The Accident head injury must result in the inability to perform (whether aided or unaided) 3 (three) or more Activities of Daily Living. This condition shall be assessed no sooner than 6 (six) weeks from date of accident.

The Activities of Daily Living are:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on MRI CT Scan, or other reliable imaging techniques. The head injury must be caused solely and directly by accidental, violent, external and visible means and independent of all other causes.

### **Exclusion**

- a. Spinal cord injury; and
- b. Brain dysfunction due to any other causes other than accident.

## **XXIII. Primary Pulmonary Hypertension**

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterization, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Life Insured being unable to perform his / her usual occupation. The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a Specialist in respiratory medicine and needs to be supported by data provided at cardiac catheterisation.

The diagnosis must be supported by all three (3) of the following criteria:

1. Mean pulmonary artery pressure > 30 mmHg; and

2. Pulmonary vascular resistance > 3 mmHg / L / min; and
3. Normal pulmonary wedge pressure < 15 mmHg.

New York Heart Classification:

Class I: Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or angina pain.

Class II: Patients with cardiac disease results in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or angina pain.

Class III: Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.

Class IV: Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the angina syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

### **Exclusion**

- a. Pulmonary hypertension associated with lung disease.
- b. Chronic hypoventilation
- c. Pulmonary thromboembolic disease
- d. Diseases of the left side of the heart
- e. Congenital heart disease.

## **XXIV. Systemic Lupus Erythematosus with Lupus Nephritis**

A multi-system, multifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, 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 certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

### **Exclusion**

Other forms, discoid lupus, and those forms with only hematological and joint involvement.

WHO Classification of Lupus Nephritis:

Class I: Minimal change Lupus Glomerulonephritis- Negative, normal urine.

Class II: Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment.

Class III: Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment.

Class IV: Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome.

Class V: Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria.

## **XXV. Apallic Syndrome:**

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and evidenced by specific findings in neuroradiological tests (e.g. CT Scan, MRI of the brain). The condition must be documented for at least one month with no hope of recovery.