

# Policy Document - Terms and Conditions of your policy

## ICICI Pru Non- Linked Health Protect Rider

(A Non-Participating Non-Linked Health Individual Pure Risk Rider)

### PART B

#### Definitions

**1. Accident** means a sudden, unforeseen, and involuntary event caused by an external, visible and violent means. **2. Age** means the age of the Life Assured named under this rider in completed years as on Date of Commencement of Risk of Rider. **3. Base Policy** means the underlying base plan to which this Rider policy is attached to. **4. Base Policy Anniversary** means the annual anniversary of the Date of commencement of risk of the Base Policy. **5. Benefit Option** means the benefits that are available under this Rider. The Benefit Option applicable to You is as mentioned in the Rider Schedule. **6. Claimant** means the person(s) entitled to receive the Rider benefits and as per the terms and conditions of this Rider and includes, the Policyholder, the Nominee(s), the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate of the Policyholder/ Nominee(s) as the case may be. **7. Coverage Term** means the period between the Date of Commencement of Risk and the Date of Maturity of the Benefit Option applicable to You during which, the cover for the Benefit Option is in effect. **8. Critical Illness ("CI")** mean any illness, medical event or surgical procedure as specifically defined in Appendix I and whose signs or symptoms first commenced post the specified Waiting Period. **9. Date of Commencement of Risk** is later of Rider Issue Date or Rider Acceptance Date. **10. Date of Maturity** means the date specified in the Rider Schedule on which the Coverage Term of Benefit Option ends and cover under the Rider(s) ceases to exist. **11. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner. **12. Life Assured** means the person named in the Rider Schedule on whose life the Rider has been issued. **13. Limited Pay** means premiums need to be paid regularly for a limited portion of the Rider Term. **14. Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage, nor share the same residence as the Life Assured. **15. Package** means the two options available under Critical Illness Benefit Option i.e 20CI Package or 60CI Package. The Package chosen by You at inception is as mentioned in Your Rider Schedule. **16. Policyholder or You or Your** means the owner of this Rider at any point of time. **17. Regular Pay** means premiums need to be paid regularly throughout the Rider Term. **18. Rider** is an optional benefit which can be added to the Base Policy as per Your choice. This Rider can be attached to the Base Policy only at inception. **19. Rider Acceptance Date** means the date as specified in the Rider Schedule from which this Rider was effected. **20. Rider Issue Date** means the date as specified in the Rider Schedule. **21. Sum Assured** means the absolute amount specified in the Rider Schedule. **22. Surrender** means complete withdrawal/ termination of the Benefit Option. **23. Surrender Value** means an amount, if any, that becomes payable on Surrender of the Benefit Option during the Coverage Term, in accordance with the terms and conditions of the Rider. **24. Survival Period** means the period after the date of diagnosis of covered Critical Illness that the Life Assured has to survive to be eligible for receiving the benefit amount covered under the Critical illness Benefit Option. **25. Total Premiums Paid** means the total of all premiums received, excluding any extra premium and taxes, if collected explicitly. **26. Waiting period** means the period of 90 days starting from Date of commencement of risk or date of revival or reinstatement, whichever is later. **27. We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.

### PART C

#### 1. Benefits

a) This Rider offers a Benefit Option known as Critical Illness Benefit Option which provides coverage against diagnosis of Critical Illness to the Life Assured in the form of following Packages: i. 20CI Package – Life Assured is covered for the 20 specified Critical Illnesses ii. 60CI Package – Life Assured is covered for the 60 specified Critical Illnesses b) The Package chosen by You at inception and applicable is as mentioned in the Policy Schedule. The Package once chosen cannot be altered during the Coverage Term. c) The list of the Critical Illnesses covered under each Package and the applicable definitions and terms and conditions to be fulfilled for each Critical Illness is mentioned in Appendix I. d) In the event the Life Assured is diagnosed with any of the covered Critical Illness during the Coverage Term provided the Benefit Option is in force, then the Company shall pay the Sum Assured to the Claimant. Thereafter the Benefit Option shall terminate and all rights, benefits and interests under this Benefit Option will stand extinguished. e) In order for a claim to be eligible under this Benefit Option it is

necessary that all the below mentioned conditions are satisfied: i. The Life assured is diagnosed with a specified Critical Illness and the same is covered under the Package chosen by the Life Assured; ii. The Critical Illness suffered by the Life Assured satisfies the definition, terms and conditions mentioned in Appendix I; iii. The Life Assured's diagnosis of Critical Illness must be confirmed by a Medical Practitioner. iv. The date of diagnosis of the Critical Illness will be considered for processing a claim; v. The Life Assured is not diagnosed with a Critical Illness or signs or symptoms of any Critical Illness did not arise within the Waiting Period; and vi. The Life Assured survives the specified Survival Period. f) The Company reserves the right to subject the Life Assured to medical examination(s) / investigation(s) in connection with any Critical illness claim as deemed appropriate by the Company to establish and verify the Critical Illness for which the claim has been registered. The cost of the medical examination(s) / investigation(s) will be borne by the Company, in the absence of which the Company reserves the right to reject the claim. g) In the event Life Assured is diagnosed with any of the Critical Illness on the Date of Maturity, then the benefit under this Benefit Option is not payable and this Benefit Option shall terminate with all rights and benefits thereunder. h) In the event of death of the Life Assured whilst the Benefit Option is in force no death benefit shall be payable through this Rider.

#### 2. Exclusions

You or the Claimant shall not be entitled for any benefit if the Critical illness for which a claim is registered with the Company falls within the exclusions mentioned below. These exclusions apply in addition to the exclusions specified in the definitions mentioned in Appendix 1: a. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider; b. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising therefrom. Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease: i. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the Rider issued by the insurer or ii. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the Rider or its reinstatement. c. Any Critical Illness caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. d. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a Medical Practitioner, e. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide. f. 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; g. 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 or caused by nuclear, chemical or biological attack. h. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Life Assured. i. 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 etc. j. Any Critical Illness caused by any treatment necessitated due to participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable. k. Any Critical Illness occurring as a direct or indirect result of service in the military/paramilitary, naval, air forces or police organizations and participation in operations requiring the use of arms or ammunitions where the participation is ordered by such authorities for combating terrorists, rebels and the like. l. 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. m. 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. n. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex. o. 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. p. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions: i. a. Surgery to be conducted is upon the advice of the Medical Practitioner ii. b. The Surgery / Procedure conducted should be supported by clinical protocols. iii. c. The member has to be 18 years of age or older and iv. 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 → Obesity related cardiomyopathy → Coronary heart disease → Severe Sleep Apnea → Uncontrolled Type 2 Diabetes. q. Any Critical Illness

caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law. r. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions. s. Any Critical Illness caused by sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Gestational Surrogacy iii. Reversal of sterilization

### 3. Waiting Period

a. For all the Critical illnesses covered under this Benefit Option, there is a Waiting Period of 90 days commencing from the Date of Commencement of Risk or from the date of Revival of the Benefit Option, whichever is later. b. In case the Life Assured is diagnosed with any of the covered Critical illness or where any signs or symptoms related to any covered Critical Illness arises during Waiting Period, no benefit shall be payable. In such an event the Company will refund the premiums of Critical Illness Benefit Option net of all benefits already paid (excluding taxes), if any, from the Date of Commencement of Risk of the Policy or from the date of Revival whichever is later, and the Benefit Option/Rider will terminate with immediate effect. c. No Waiting Period applies for Critical Illness claims arising solely due to an Accident.

### 4. Survival Period

a. There is Survival Period of 15 days, unless a separate Survival Period is specified for any particular disease/condition/ illness as per the Critical illness definitions mentioned under Appendix I. No benefit will be payable if Life Assured does not survive during this period. b. If the Critical illness is diagnosed within the Coverage Term but the Survival Period goes beyond the Coverage Term, then also the claim shall be honoured by the Company as per the applicable terms and conditions. c. In case the Life Assured has died post the Survival Period, the diagnosis of the claimed Critical Illness shall be done before the death of the Life Assured.

### 5. Premium Payment

a) You are required to pay Premiums Instalments (including taxes) for the entire Premium Payment Term on the due dates and for the amount mentioned in the Rider Schedule. b) Premiums under the Rider can be paid in the frequency (yearly, half-yearly or monthly) as chosen by You under the Base Policy. c) For monthly and half-yearly modes of premium payments, additional loadings will be applied to the base premium and the corresponding extra mortality/morbidity premium, if any. The additional loadings, expressed as a percentage of the annual premium will be as given below:

| Premium Paying Frequency | Loading (% of Annual Premium) |
|--------------------------|-------------------------------|
| Yearly                   | 0.0%                          |
| Half-yearly              | 2.00%                         |
| Monthly                  | 5.00%                         |

d) Any change in premium payment frequency will be allowed during the Premium Payment Term only on Base Policy Anniversary and subject to the premium payment frequency of the Rider being same as that of the Base Policy. e) You may pay premium through any of the following modes, as selected for the Base Policy: i. Cheque ii. Demand Draft iii. Pay Order iv. Banker's cheque v. Internet facility as approved by us from time to time vi. Electronic Clearing System/Direct Debit vii. Credit or Debit cards held in your name viii. any other mode, subject to applicable laws and Company's internal policies. f) Amount and modalities will be subject to our rules and relevant legislation or regulation. g) Any payment made towards first or renewal premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed/digital receipt is issued by Us. h) No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque or vide electronic payments on Our behalf. i) Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited. j) Please ensure that You mention the proposal number for the first premium deposit and the Base Policy number for the renewal premiums on the cheque or demand draft. k) In the event, first premium deposit or renewal premium is being paid You via online/ internet banking then please mention the application number or policy number as applicable in the comment section during the transaction. l) Where Premiums have been remitted otherwise than in cash, the application of the Premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode. m) In case the payment made towards the first premium or renewal premium is not realized by us due to any reason whatsoever you shall be solely responsible for the verification of such realization. n) In case the payment made towards the first Premium is not realized by us due to any reason whatsoever, the Rider if issued, shall stand automatically cancelled. o) If You suspend payment of premium for any reason whatsoever, We will not be held liable. In such an event, benefits, if any, will be available only in accordance with the Rider terms and conditions.

### 6. Grace Period

If You are unable to pay an instalment Premium by the due date, you will be given a Grace Period of 15 days for payment of due instalment Premium if You have

chosen monthly frequency, and 30 days for payment of due instalment Premium if You have chosen any other frequency, commencing from the premium due date. The cover continues during the grace period. In case, the Life Assured is diagnosed with any of the covered Critical Illnesses during the Grace Period, We will pay the benefit subject to terms and conditions of this Rider.

### 7. Renewal Premium in Advance

Collection of renewal Premium in advance shall be allowed within the same financial year for the Premium due in that financial year and advance premium for Base Policy is also collected for the same duration. Provided the premium due in one financial year is being collected in advance in earlier financial year for a maximum period of three months in advance from the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

### PART D

#### 1. Freelook Period (30 days refund policy)

On receipt of the Rider policy document, whether received electronically or otherwise, You have an option to review the Rider terms and conditions. If You are not satisfied or have any disagreement with the terms and conditions of the Rider or otherwise and have not made any claim, Rider Document needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the Rider Document. We will refund the premium paid after deduction of Stamp duty, proportionate risk premium for the period of cover and the expenses borne by Us on medical tests, if any. The Rider will terminate on payment of this amount and all rights, benefits and interests under this Rider will stand extinguished. The Rider can be terminated during the Free look period either on its own or along with its Base Policy. In case the Base Policy is cancelled within free-look period, the Rider will also be automatically cancelled.

#### 2. Surrender

i. Unexpired risk premium value, if any, will be payable, if You surrender either the Base Policy along with the Rider or Surrender only the Benefit Option/Rider. ii. Surrender Value equal to Unexpired risk premium value will be as follows:

**Limited Pay:** a. If two full year's premium is not paid, Unexpired risk premium value = 0. b. If two full year's premium has been paid, then the Unexpired risk premium value = 25%\*[Number of months for which premiums are paid / (Premium Payment Term X 12)] \* [1-(Policy Month of surrender-1) / (Total coverage term X 12)] X Total Premiums Paid.

**Regular Pay:** a. No Unexpired risk premium value is payable. iii. On payment of the Surrender Value, the Benefit Option/Rider will terminate and all rights, benefits and interests under the Benefit Option/Rider will stand extinguished.

#### 3. Revival

Rider Option along with the Base Policy which has discontinued payment of premium may be revived subject to underwriting and the following conditions: i. Where the request for revival has been received for the Rider along with the Base Policy. ii. The revival period applicable for the Rider will be same as the revival period applicable to the Base Policy from the due date of the first unpaid premium and before the Date of Maturity. Revival will be based on the prevailing Board Approved Underwriting Policy. iii. You furnish, at Your own expense, satisfactory evidence of health of the Life Assured if required by the prevailing Board Approved Underwriting Policy. iv. The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. Revival interest rate will be same as applicable for revival of Base Policy. v. The revival of the Rider may be on terms different from those applicable to the Rider before premiums were discontinued; for example, extra mortality/ morbidity premiums or charges may be applicable. vi. The revival of the Rider must happen along with the Base Policy and will take effect only if it is specifically communicated by the Company to the Policyholder. vii. The Company reserves the right to refuse to revive this Rider. viii. Any change in revival conditions will be disclosed to policyholders. ix. Upon revival of the Rider, which had earlier lapsed along with the Base Policy, the Sum Assured will be restored as per the conditions mentioned above, provided the Base Policy is revived along with the Rider.

#### 4. Lapsation

If the Premium Instalment is not paid within the Grace Period before the payment of two full year's premium then the Rider shall lapse, and the cover will cease. If this Rider is not revived within the Revival Period then the Benefit Option/Rider shall be foreclosed with no benefits payable. If any Premium Instalment for the Rider is not paid within the Grace Period after the payment of two full years' premiums, then the Rider shall lapse, and the cover will cease. If this Rider is not revived within the Revival Period (along with the Base Policy), then the Surrender Value (if applicable, computed as on date of premium discontinuance) shall become payable on the earliest of the following events: a. Death of the Life Assured within the revival period, b. At the end of Revival Period, Post payment of such Surrender Value (if any), then the Rider shall foreclose and all rights and benefits under the Rider shall stand extinguished.

## 5. Paid-up Value

No paid-up value is payable under this Rider.

## 6. To whom benefits are payable

Benefits under this Rider are payable to the Policyholder/ Life Assured or Nominee/ Appointee (as applicable) or Assignee or to the legal heirs of the Nominee(s)/ Life Assured/ Assignee(s), where an endorsement has been recorded in accordance with Section 39 and Section 38 of the Insurance Act, 1938 as maybe applicable. If the Life Assured and Policyholder are different individuals, then in the event of death of the Policyholder and subsequent intimation of the death with the company, the Rider shall vest on the Life Assured. Thereafter, the Life Assured shall become the Policyholder and will be entitled to all benefits and subject to all liabilities as per the terms and conditions of the rider. We hereby agree to pay the appropriate benefits under the Policy subject to: a) Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions, b) Our satisfaction of the title of the said person or persons claiming payment,

## 7. Cancellation

The Benefit Option shall be terminated by Us on the occurrence of any of the below mentioned conditions: i. When the Base Policy to which this Rider is attached terminates upon payment of death benefit due to any reason whatsoever ii. When the coverage under the Base Policy to which this rider is attached expires due to cancellation or surrender or termination of the Base Policy due to any other reason iii. When the coverage under the Base Policy to which this Rider is attached, lapses/becomes paid-up (if applicable) on account of non-payment of premiums and has not been revived within the Coverage Term under the Benefit Option. iv. When the Rider along with the Base Policy has not been Revived within the Revival Period v. Upon expiry of the Coverage Term of Benefit Option i.e., on Date of Maturity of the Benefit Option vi. On cancellation of the Rider by the Company for any reason whatsoever. vii. On payment of free look cancellation proceeds.

## PARTE

Not applicable

## PART F

### General Conditions

#### 1. Age

We have issued this Rider considering the date of birth of the Life Assured as declared by You in the proposal form to be true and correct. However, if at any point of time it is found that the age of the Life Assured as declared in the proposal form is different from the actual Age of the Life Assured, then the Company reserves the right to cancel the Rider.

#### 2. Nomination

Nomination under the Policy will be governed by Section 39 of the Insurance Act, 1938 as amended from time to time. Details of nomination will be as mentioned for the Base Policy. Please refer to Appendix II for details on this section.

#### 3. Assignment

Assignment of the Policy will be governed by Section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix III for details on this section.

#### 4. Incontestability

Incontestability will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix IV for details on this section.

#### 5. Misstatement & Fraud

Misstatement and Fraud will be as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix IV for details on this section. The Rider is subject to the terms and conditions as mentioned in the Rider document and is governed by the Laws of India.

#### 6. Communication address: Our communication address is:

Address: Customer Service Desk  
ICICI Prudential Life Insurance Company Limited,  
Unit No. 901A, 901B, 1001A & 1002B, Prism Towers,  
Mindspace, Link Road, Goregaon (West),  
Mumbai- 400104. Maharashtra.

Telephone: 1800-2660

Facsimile: 022 4205 8222

E-mail: lifeline@icicprulife.com

We expect You to immediately inform Us about any change in Your address or contact details.

#### 7. Electronic transactions

All transactions carried out by You through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other

means of communication will be valid and legally binding on Us as well as You. This will be subject to the relevant guidelines and terms and conditions as may be specified by Us.

## 8. Jurisdiction

The rider is subject to the terms and conditions as mentioned in the Rider document and is governed by the laws of India. Indian courts shall have exclusive jurisdiction over all differences or disputes arising in relation to this rider.

## 9. Legislative changes

All benefits payable under the rider are subject to the tax laws and other financial enactments as they exist from time to time. The Rider terms and conditions may be altered based on any future legislative or regulatory changes.

## 10. Payment of claim:

a) For processing a claim, we require the following documents • Duly filled & signed Claimant Statement Form from the Life assured under the policy • PAN/Form 97 the Claimant (As applicable under income tax rules) • Photo Identity Proof of Claimant i.e. Aadhar Card, Valid Passport, Valid Driving Licence or Voter's ID Card (any one) • Address Proof of Claimant matching the address in the claim statement form. i.e. Aadhar Card, Valid Passport, Valid Driving Licence or Voter's ID Card (any one) • Duly filled and signed payout mandate form along with copy of Cancelled Cheque/ Bank Statement/ Bank Passbook with printed name and account number of the life assured • Latest photo of the claimant • First consultation notes and diagnosis report of the medical ailment of the Life Assured - for initial complaints • First and all consultation/Follow up papers for current ailment of the Life Assured • Diagnosis reports confirming diagnosis of critical illness • Treating Doctor's Certificate from the doctor whom Life Assured had consulted/ was treated for Medical conditions • Previous medical records of the tests or treatment/s undergone by the Life Assured (Last 5 years), if any • Certificate from the employer – if salaried b) A claim under a life insurance policy shall be paid or be rejected or repudiated giving all the relevant reasons, within 15 days from the date of receipt of all mandatory documents. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate the same at the earliest and complete such investigation expeditiously and claim shall be paid or be rejected or repudiated giving all the relevant reasons within 45 days from the day of receipt of all mandatory documents. c) If there is delay on the part of Insurer beyond the timelines as mentioned above, the insurer shall pay interest at a rate, which is 2% above bank rate from the date of receipt of last necessary document. d) The Company reserves the right to subject the Life Assured to medical examination(s) / investigation(s) in connection with any Critical illness claim as deemed appropriate by the Company. to establish and verify the Critical Illness for which the claim has been registered. The cost of the medical examination(s) / investigation(s) will be borne by the Company, in the absence of which the Company reserves the right to reject the claim.

## 11. Issue of duplicate rider document

We shall issue a duplicate of Rider document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate rider is Rs. 200. Free look option is not available on issue of duplicate rider document.

## 12. Amendment to Rider document

Any variations, modifications or amendment of any terms of the Rider document shall be communicated to you in writing.

## PART G

### Policy Servicing and Grievance Handling Mechanism

#### 1. Customer service

For any clarification or assistance, You may submit your query or request through 'write to us' section on our mobile app or website.

You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned in the policy document or on Our website: www.icicprulife.com. For our NRI customers or any claim related assistance or enquiries, you can call us 24\*7 on the numbers specified in the policy document or on Our website: www.icicprulife.com except on national holidays. Additionally, you can touch base with us through chat and WhatsApp for a host of servicing enquiries or request submissions.

Alternatively, You may communicate with Us at any of our branches or the customer service desk whose details are mentioned in the policy document. For updated contact details, we request You to regularly check Our website.

**i. Grievance Redressal Officer:** If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may submit your concern to the designated grievance redressal officer (GRO) at the 'grievance redressal' section on our website, or write to us at [gro@icicprulife.com](mailto:gro@icicprulife.com). Alternatively, you may send a letter at the communication address mentioned below

Address: ICICI Prudential Life Insurance Company Limited,  
Unit No. 901A, 901B, 1001A and 1002B, Prism Towers,

Mindspace, Link Road, Goregaon (West),  
Mumbai – 400104 Maharashtra.

**ii. Grievance Redressal Committee:** If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the 'grievance redressal' section on our website or write a letter at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.  
Unit No. 901A, 901B, 1001A and 1002B, Prism Towers,  
Mindspace, Link Road, Goregaon (West),  
Mumbai – 400104, Maharashtra.

**iii. Policyholders' Protection and Grievance Redressal Department:** If you are not satisfied with the response or do not receive a response from us within two weeks, you may approach Policyholders' Protection and Grievance Redressal Department, the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

**IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA):**  
**155255 (or) 1800 4254 732**

Email ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)

You can also register your complaint online at [bimabharosa.irdai.gov.in](http://bimabharosa.irdai.gov.in)

Address for communication for complaints by fax/paper:

Policyholders' Protection and Grievance Redressal Department – Grievance Redressal Cell

Insurance Regulatory and Development Authority of India

Survey No. 115/1, Financial District, Nanakramguda, Gachibowli,

Hyderabad, Telangana State – 500032.

**Insurance Ombudsman:** The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. As per Insurance Ombudsman Rules, 2017 (as amended till 09.11.2023), the Ombudsman shall receive and consider complaints or alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds: a. delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999; b. any partial or total repudiation of claims by the life insurer, General insurer or the health insurer; c. disputes over Premium paid or payable in terms of insurance policy; d. misrepresentation of policy terms and conditions at any time in the Policy Document or policy contract; e. legal construction of insurance policies in so far as the dispute relates to claim; f. policy servicing related grievances against insurers and their agents and intermediaries; g. issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the Proposal Form submitted by the proposer; h. non-issuance of insurance policy after receipt of Premium in life insurance and general insurance including health insurance; and any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, in so far as such matter relates to issues referred to in clauses (a) to (h).

**Manner in which complaint to be made:** 1. Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurance broker, as the case may be complained against or the residential address or place of residence of the complainant is located. 2. The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen by the complainant or through his legal heirs, Nominee or Assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. 3. No complaint to the Insurance Ombudsman shall lie unless - a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned or the insurer named in the complaint and— i either the insurer or insurance broker, as the case may be had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; b) The complaint is made within one year— i. after the order of the insurer rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be if the insurer or insurance broker, as the case may be named fails to furnish reply to the complainant. 4. The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be

against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules. 5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. 6. The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14. The Ombudsman shall not award compensation exceeding more than Rupees Fifty Lakhs (including relevant expenses, if any).

We have given below the details of the existing offices of the Insurance Ombudsman. We request You to regularly check our website at [www.iciciprulife.com](http://www.iciciprulife.com) or the website of the Council for Insurance Ombudsmen (CIO) at <https://www.cioins.co.in/Ombudsman> for updated contact details.

- 1. AHMEDABAD:** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201 / 02. Email: [oio.ahmedabad@cioins.co.in](mailto:oio.ahmedabad@cioins.co.in) **Areas of Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu.
- 2. BENGALURU:** Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049. Email: [oio.bengaluru@cioins.co.in](mailto:oio.bengaluru@cioins.co.in) **Areas of Jurisdiction:** Karnataka.
- 3. BHOPAL:** Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755-2769201 / 2769202 / 2769203. Email: [oio.bhopal@cioins.co.in](mailto:oio.bhopal@cioins.co.in) **Areas of Jurisdiction:** Madhya Pradesh & Chhattisgarh.
- 4. BHUBANESHWAR:** Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 / 2596429 / 2596003. Email: [oio.bhubaneswar@cioins.co.in](mailto:oio.bhubaneswar@cioins.co.in) **Areas of Jurisdiction:** Odisha.
- 5. CHANDIGARH:** Office of the Insurance Ombudsman, Jeevan Deep Building, Ground Floor, SCO 20-27, Sector-17-A, Chandigarh - 160017. Tel. 0172 - 2706468 / Email: [oio.chandigarh@cioins.co.in](mailto:oio.chandigarh@cioins.co.in) **Areas of Jurisdiction:** Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
- 6. CHENNAI:** Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678. Email: [oio.chennai@cioins.co.in](mailto:oio.chennai@cioins.co.in) **Areas of Jurisdiction:** Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
- 7. DELHI:** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992 / 23213504 / 23232481. Email: [oio.delhi@cioins.co.in](mailto:oio.delhi@cioins.co.in) **Areas of Jurisdiction:** Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
- 8. KOCHI:** Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759. Email: [oio.ernakulam@cioins.co.in](mailto:oio.ernakulam@cioins.co.in) **Areas of Jurisdiction:** Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
- 9. GUWAHATI:** Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307. Email: [oio.guwahati@cioins.co.in](mailto:oio.guwahati@cioins.co.in) **Areas of Jurisdiction:** Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
- 10. HYDERABAD:** Office of the Insurance Ombudsman, 6-2-46, 1st floor, Moin Court, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376991 / 23376599 / 23328709 / 23325325 Email: [oio.hyderabad@cioins.co.in](mailto:oio.hyderabad@cioins.co.in) **Areas of Jurisdiction:** Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
- 11. JAIPUR:** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141 - 2740363 Email: [oio.jaipur@cioins.co.in](mailto:oio.jaipur@cioins.co.in) **Areas of Jurisdiction:** Rajasthan.
- 12. KOLKATA:** Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341. Email: [oio.kolkata@cioins.co.in](mailto:oio.kolkata@cioins.co.in) **Areas of Jurisdiction:** West Bengal, Sikkim, Andaman & Nicobar Islands.
- 13. LUCKNOW:** Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613. Email: [oio.lucknow@cioins.co.in](mailto:oio.lucknow@cioins.co.in) **Areas of Jurisdiction:** Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonhadbra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur,

Chandauli, Ballia, Sidharathnagar.

- 14. MUMBAI:** Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038800/27/29/31/32/33  
Email: oio.mumbai@cioins.co.in **Areas of Jurisdiction:** List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai.
- 15. NOIDA:** Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, 201301, Uttar Pradesh. Tel.: 0120-4027589. Email: oio.noida@cioins.co.in **Areas of Jurisdiction:** State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
- 16. PATNA:** Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612-2547068. Email: oio.patna@cioins.co.in **Areas of Jurisdiction:** Bihar, Jharkhand.
- 17. PUNE:** Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-24471175. Email: oio.pune@cioins.co.in **Areas of Jurisdiction:** State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region.
- 18. THANE:** Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantnaik Mahamarg, Thane (West), Thane - 400604. Tel.: 022-20812868 / 69. Email: oio.thane@cioins.co.in **Areas of Jurisdiction:** Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.

**Note:-** For list of wards for Mumbai and Thane Ombudsman location, kindly refer the details updated on the following link of Council for Insurance Ombudsmen - <https://www.cioins.co.in/Ombudsman>

**Appendix I**

List of Critical Illness conditions covered under the two different Packages are as mentioned below:

| Sr. No. | Critical Illness   | 20CI package | 60CI package |
|---------|--|--------------|--------------|
| 1       | Cancer of Specified Severity                                       | Y            | Y            |
| 2       | Myocardial Infarction (First Heart Attack - Of Specified Severity) | Y            | Y            |
| 3       | Open Chest CABG  | Y            | Y            |
| 4       | Open Heart Replacement or Repair of Heart Valves                   | Y            | Y            |
| 5       | Coma of Specified Severity   | Y            | Y            |
| 6       | Kidney Failure Requiring Regular Dialysis                          | Y            | Y            |
| 7       | Stroke Resulting in Permanent Symptoms                             | Y            | Y            |
| 8       | Major Organ/Bone Marrow transplant                                 | Y            | Y            |
| 9       | Permanent Paralysis of Limbs                                       | Y            | Y            |
| 10      | Motor Neuron Disease with Permanent Symptoms                       | Y            | Y            |
| 11      | Multiple Sclerosis with Persisting Symptoms                        | Y            | Y            |
| 12      | Benign Brain Tumor   | Y            | Y            |
| 13      | Blindness  | Y            | Y            |
| 14      | Deafness   | Y            | Y            |
| 15      | End Stage Lung Failure   | Y            | Y            |
| 16      | End Stage Liver Failure  | Y            | Y            |
| 17      | Loss of Speech   | Y            | Y            |
| 18      | Loss of Limbs  | Y            | Y            |
| 19      | Major Head Trauma  | Y            | Y            |
| 20      | Primary (Idiopathic) Pulmonary Hypertension                        | Y            | Y            |
| 21      | Third Degree Burns   | NA           | Y            |
| 22      | Alzheimer's Disease  | NA           | Y            |
| 23      | Parkinson's Disease  | NA           | Y            |
| 24      | Major Surgery of Aorta   | NA           | Y            |
| 25      | Myasthenia Gravis  | NA           | Y            |
| 26      | Aplastic Anaemia   | NA           | Y            |
| 27      | Loss of Independent Existence (Cover up to Age 74)                 | NA           | Y            |
| 28      | Progressive Scleroderma  | NA           | Y            |
| 29      | Other Serious Coronary Artery Diseases                             | NA           | Y            |
| 30      | Severe Rheumatoid Arthritis  | NA           | Y            |
| 31      | Cardiomyopathy   | NA           | Y            |
| 32      | Infective Endocarditis   | NA           | Y            |
| 33      | Medullary Cystic Kidney Disease                                    | NA           | Y            |
| 34      | Apallic Syndrome   | NA           | Y            |
| 35      | Creutzfeldt-Jakob Disease  | NA           | Y            |
| 36      | Pneumonectomy (Surgical Removal of One Lung)                       | NA           | Y            |
| 37      | Brain Surgery  | NA           | Y            |
| 38      | Severe Ulcerative Colitis  | NA           | Y            |
| 39      | Chronic Relapsing Pancreatitis                                     | NA           | Y            |
| 40      | Progressive Supranuclear Palsy - Resulting In Permanent Symptoms   | NA           | Y            |
| 41      | Good Pastures Syndrome With Lung And Renal Involvement             | NA           | Y            |
| 42      | Fulminant Viral Hepatitis  | NA           | Y            |
| 43      | Severe Crohn's Disease   | NA           | Y            |
| 44      | Bacterial Meningitis   | NA           | Y            |
| 45      | Necrotising Fasciitis  | NA           | Y            |
| 46      | Muscular Dystrophy   | NA           | Y            |
| 47      | Poliomyelitis  | NA           | Y            |
| 48      | Tuberculous Meningitis   | NA           | Y            |
| 49      | Encephilitis   | NA           | Y            |
| 50      | Primary Myelofibrosis  | NA           | Y            |
| 51      | Pheochromocytoma   | NA           | Y            |
| 52      | Systemic Lupus Erythematosus With Renal Involvement                | NA           | Y            |
| 53      | Eisenmenger's Syndrome   | NA           | Y            |
| 54      | Loss of use of One Limb and Loss of Sight in One Eye               | NA           | Y            |
| 55      | Refractory Heart Failure   | NA           | Y            |
| 56      | Takayasu Arteritis   | NA           | Y            |
| 57      | Severe Guillain-Barre Syndrome                                     | NA           | Y            |
| 58      | Spinal Stroke  | NA           | Y            |
| 59      | Benign Spinal Cord Tumour with Neurological Deficit                | NA           | Y            |
| 60      | Severe Progressive Bulbar Palsy                                    | NA           | Y            |

Y stands for "Yes"

NA stands for "Not applicable"

The Critical Illness covered under each Package is mentioned below along with their definitions. In order for a claim under this policy to be acceptable, it is necessary that the Critical Illness for which claim is raised by You is covered under the Package chosen and satisfies the terms and conditions in the definitions mentioned hereunder:

- 1. 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, and 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 T2N0M0.
    - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
    - vi. Chronic lymphocytic leukaemia less than Rai stage 3.
    - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
    - viii. 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.
- 2. Myocardial infarction (First Heart Attack of specific 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:
    - 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.
  - 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.
- 3. Open Chest CABG**
  - a. 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 breastbone) 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.
  - b. The following are excluded: Angioplasty and/or any other intra-arterial procedures
- 4. Open Heart Replacement or Repair of Heart Valves**
  - a. 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.
- 5. Coma of Specified Severity**
  - a. 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.
  - b. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
- 6. 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.
- 7. Stroke resulting in Permanent Symptoms**
  - a. 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.
  - b. The following are excluded:
    - i. Transient ischemic attacks (TIA)
    - ii. Traumatic injury of the brain
    - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.
- 8. 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 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

#### **9. 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.

#### **10. Motor Neuron Disease With Permanent Symptoms**

a. sMotor 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.

#### **11. Multiple Sclerosis With Persisting Symptoms**

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

- i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- 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.

b. Neurological damage due to SLE is excluded.

#### **12. Benign Brain Tumor**

a. 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.

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

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

c. 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.

#### **13. Blindness**

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

b. The Blindness is evidenced by:

- i. Corrected visual acuity being 3/60 or less in both eyes or;
- ii. The field of vision being less than 10 degrees in both eyes.

c. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

#### **14. Deafness**

a. 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.

#### **15. End Stage Lung Failure**

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

- 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 analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
- iv. Dyspnea at rest.

#### **16. End Stage Liver Failure**

a. Permanent and irreversible failure of liver function that has resulted in all three of the following: Permanent jaundice; and 2. Ascites; and 3. Hepatic encephalopathy.

b. Liver failure secondary to drug or alcohol abuse is excluded.

#### **17. Loss of Speech**

a. 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.

#### **18. 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.

#### **19. Major Head Trauma**

a. 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. b. 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. c. 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. d. The following are excluded: i. Spinal cord injury.

#### **20. Primary (Idiopathic) Pulmonary Hypertension**

a. 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 Cauterization. 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. b. The NYHA Classification of Cardiac Impairment are as follows: i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. c. 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

#### **21. 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.

#### **22. Alzheimer's Disease**

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's Disease must be confirmed by an appropriate consultant and supported by a Medical Practitioner appointed by Us. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 3 months: For the purpose of this clause, Activities of Daily Living are defined as: 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. 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 from room to room without requiring any physical assistance.

The following are excluded: i. Any other type of irreversible organic disorder/dementia ii. Alcohol-related brain damage.

#### **23. Parkinson's Disease**

a. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in permanent inability to perform independently at least three of the Activities of Daily Living, for a continuous period of at least 3 months: b. For the purpose of this clause, Activities of Daily Living are defined as: 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. c. The following is excluded: Parkinson's Disease accompanied with drug and/or alcohol abuse.

#### **24. Major Surgery of Aorta:**

The actual undergoing of medically necessary major surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

#### **25. Myasthenia Gravis**

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met: i. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and ii. The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist. Myasthenia Gravis Foundation of America Clinical Classification is as follows: 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. The following are excluded: i. Congenital myasthenic syndrome ii. Transient neonatal or juvenile myasthenia gravis

#### **26. Aplastic Anemia**

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: Blood product transfusion. ii. Marrow stimulating agents.iii. Immunosuppressive agents; or iv. Bone marrow transplantation. The diagnosis of Aplastic anemia must be confirmed by a bone marrow biopsy. At least two of the following values should be present: i. Absolute Neutrophil count of 500 per cubic millimeter or less. ii. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and iii. Platelet count of 20,000 per cubic millimeter or less.

#### **27. Loss of Independent Existence (cover up to age 74)**

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the Activities of Daily Living, with no hope of recovery. For the purpose of this clause, Activities of Daily Living are defined as: 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. 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 from room to room without requiring any physical assistance. This condition must be confirmed by the company's approved doctor. This benefit will be available only up to age 74 last birthday.

#### **28. Progressive Scleroderma**

A systemic collagen-vascular illness 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 conditions are excluded: • Localized scleroderma (linear scleroderma or morphea); • Eosinophilic 36 ascitis; and • CREST syndrome.

#### **29. Other Serious Coronary Artery Diseases**

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded). For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

#### **30. Severe Rheumatoid Arthritis**

Widespread chronic progressive joint destruction with major deformity, where all of the following criteria are met: • Unequivocal diagnosis of Rheumatoid Arthritis made based on the American College of Rheumatology criteria. • Damage and deformity of at least 3 (three) of the following joints: hand (Meta phalangeal joints), wrist, elbow, knee, hip, or feet (metatarsophalangeal joints). Such deformity must be confirmed by imaging studies showing such changes; and • Disability resulting in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months. Activities of Daily Living are defined as: 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.

### 31. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner 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, based on the following classification criteria: 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.

### 32. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: 1. Positive result of the blood culture proving presence of the infectious organism(s). 2. 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 3. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist.

### 33. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met: i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis. ii. Clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and iii. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy along with specialist Medical Practitioner opinion. The following are excluded: i. Isolated or benign kidney cysts are specifically excluded from this Benefit. ii. Any condition in which cysts are absent.

### 34. Apallic Syndrome

Universal non-functioning of the brain cortex, with the brain stem intact. Diagnosis of Apallic Syndrome must be definitely confirmed by a registered Medical Practitioner who is also a neurologist and substantiated by clinical and investigation findings. This condition must be documented for a continuous period of at least one month.

### 35. Creutzfeldt-Jakob Disease (Cjd)

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist, and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

### 36. Pneumonectomy (Surgical Removal of One Lung)

Complete surgical removal of the entire right or entire left lung necessitated by an illness or an Accident of the Insured. The surgery must be certified to be Medically Necessary by a Medical Practitioner who is a pulmonologist or thoracic surgeon.

### 37. Brain Surgery

The actual undergoing of surgery to the brain, under general anesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

### 38. 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 diarrhea; and • The necessary treatment is total colectomy and ileostomy; and • The diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology.

### 39. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized 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.

### 40. Progressive Supranuclear Palsy-Resulting In Permanent Symptoms

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. The condition must have resulted in irreversible and permanent neurological deficit which persists for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living. Activities of Daily Living are defined as: 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.

### 41. Good Pastures Syndrome With Lung And Renal Involvement

Goodpasture Syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung damage and end stage kidney disease of eGFR <60 mL/min/. The permanent damage should be for continuous period of at least 30 days. The diagnosis must be proven by kidney biopsy and confirmed by a specialist Medical Practitioner who is a rheumatologist.

### 42. Fulminant Viral 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.

### 43. 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 Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

### 44. 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 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 certifying the diagnosis of bacterial meningitis. Activities of Daily Living are defined as: 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.

### 45. Necrotizing Fasciitis

The occurrence of necrotizing fasciitis where the following conditions are met: (i) the usual clinical criteria of necrotizing fasciitis are met; and (ii) the bacteria identified is a known cause of necrotizing fasciitis; and (iii) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part. The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

### 46. Muscular Dystrophy

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions: i. Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction. ii. Characteristic electromyogram. iii. Clinical suspicion confirmed by muscle biopsy. The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 6 months. For the purpose of this clause, Activities of Daily Living are defined as: 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

#### 47. Poliomyelitis

The occurrence of Poliomyelitis, where the following conditions are met: i. Poliovirus is identified as the cause through laboratory investigation. ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. The diagnosis of Poliomyelitis must be confirmed by a registered Medical Practitioner who is a neurologist.

#### 48. Tuberculous Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by: i. Findings in the cerebrospinal fluid (csf) report ii Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR iii Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD. The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living. 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.

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#### 46. Muscular Dystrophy

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions: i. Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction. ii. Characteristic electromyogram. iii. Clinical suspicion confirmed by muscle biopsy. The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 6 months. For the purpose of this clause, Activities of Daily Living are defined as: 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

#### 47. Poliomyelitis

The occurrence of Poliomyelitis, where the following conditions are met: i. Poliovirus is identified as the cause through laboratory investigation. ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. The diagnosis of Poliomyelitis must be confirmed by a registered Medical Practitioner who is a neurologist.

#### 48. Tuberculous Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by: i. Findings in the cerebrospinal fluid (csf) report. ii Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR. iii Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD. The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living. Activities of Daily Living are defined as: 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

#### 49. Encephalitis

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 6 weeks, certified by a specialist Medical Practitioner (Neurologist). The permanent deficit must result in permanent inability to perform three or more Activities of Daily Living. Activities of Daily Living are defined as: 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.

#### 50. Primary Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in severe anemia below 10 g/dl, low platelet count below 100,000 micro and enlarged spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Insured. Person requires a blood transfusion at least monthly over at least six (6) consecutive months. The diagnosis of Primary Myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

Secondary Myelofibrosis is excluded.

#### 51. Pheochromocytoma

Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor. The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

#### 52. Systemic Lupus Erythematosus with Renal Involvement

a. Multi-system, autoimmune disorder characterized by the development of autoantibodies, directed against various self-antigens. For purposes of the definition of "SLE" under this policy is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Diagnosis by a nephrologist, supported by renal biopsy report is mandatory. There must be positive antinuclear antibody test. b. The following are excluded i. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded. ii. Class I – Minimal mesangial lupus nephritis iii. Class II – Mesangial proliferative lupus nephritis

#### 53. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterization resulting in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, based on the following classification criteria: 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.

#### 54. Loss of Use of One Limb and Loss of Sight in One Eye

To be eligible, both the conditions should be fulfilled. • The complete and permanent loss of use of one (1) arm or one (1) leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness as certified by medical specialist, plus. • Total, permanent and irreversible loss of sight in one eye as a result of illness or accident, which must be certified by an ophthalmologist.

#### 55. Refractory Heart Failure

Refractory Heart failure is defined as a systolic or diastolic dysfunction which meets all of the below criteria. a. Heart Failure has reached cardiac impairment of Stage D of ACC/AHA classification for a continuous period of least six months and b. Heart Failure that does not respond to optimal medical therapy ("triple therapy") and c. results in Ejection fraction of the heart is less than or equal to 30%, as measured by Echocardiogram. The diagnosis must be confirmed by a Cardiologist. The following is excluded: - Reversible causes of heart failure such as hypocalcemia, anaemia. - Heart Failure secondary to alcoholism and drug abuse.

#### 56. Takayasu Arteritis

It is a specific kind of arteritis, and the inflammation damages the aorta and its main branches resulting in the medically necessary bypass surgery or aortic valve

surgery. The diagnosis has to be confirmed by a specialist medical practitioner and substantiated by typical findings in angiography.

#### **57. Severe Guillain-Barre Syndrome**

It is a disorder in which the immune system of a person attacks the person's peripheral nervous system resulting in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living. The diagnosis has to be confirmed by a neurologist and substantiated by typical findings in CSF, EMG and NC studies. Activities of Daily Living are defined as: 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.

#### **58. Spinal Stroke**

Death of spinal cord tissue due to inadequate blood supply or hemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. 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.

#### **59. Benign Spinal Cord Tumor with Neurological Deficit**

Benign spinal cord tumor is defined as a life threatening, non-cancerous tumor of the spinal cord or its meninges. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This spinal cord tumor must result in Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days and must be confirmed by the relevant medical specialist. The Neurological deficit must result in permanent inability to perform three or more Activities of Daily Living. Activities of Daily Living are defined as : 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.

#### **60. Severe Progressive Bulbar Palsy**

Neurological disorder with paralysis in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be Unequivocally Diagnosed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months. The Activities of Daily Living are: a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; c. Transferring: the ability to move from a bed 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.

#### **Appendix II – Section 39 – Nomination by Policyholder**

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: 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. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof. 9. 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. 10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination. 11. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate. 12. In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s). 13. Where the Policyholder whose life is insured nominates his a. parents or b. spouse or c. children or d. spouse and children e. or any of them the nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title. 14. If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s). 15. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy. 16. 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 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.

Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The Policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

#### **Appendix III – Section 38 – Assignment and Transfer of Insurance Policies**

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows: 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 of 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 authorised 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. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced. 9. 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. 10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment. 11. 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. 12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority. 13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that i. the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of

assignee or transferee dying before the insured OR ii. the insured surviving the term of the Policy. Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position. 14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the Policy. c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

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#### **Appendix IV – Section 45 – Policy shall not be called in question on the ground of mis statement after three years**

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. are as follows: 1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from a) the date of issuance of Policy or b) the date of commencement of risk or c) the date of revival of Policy or d) the date of rider to the Policy whichever is later.

2. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from a) the date of issuance of Policy or b) the date of commencement of risk or c) the date of revival of Policy or d) the date of rider to the Policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based. 3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy: a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b) The active concealment of a fact by the insured having knowledge or belief of the fact; c) Any other act fitted to deceive; and d) Any such act or omission as the law specifically declares to be fraudulent. 4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak. 5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries. 6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based. 7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. 8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.