<Company Name and logo>

ICICI Pru Group Non-Linked Critical Illness Rider (UIN: 105B047V01)
A Non-Linked Non-Participating Group Renewable Health Insurance Rider

PART A

Welcome Letter

Dear <Customer Name>,
This is your group insurance rider. It is a legal document. Please read it carefully. We have highlighted some important points regarding your policy that you should keep in mind:

1. YOUR POLICY DETAILS

Name of your Plan : ICICI Pru <<>>
Master Base Policy Number : <Master Base Policy Number>
Nature of Group : <employer-employee/non-employer-employee>
Email ID : <Email ID>
Premium Deposit received (in Rs.) : <Amount>
Premium Payment Term : <> month
Premium Payment Mode : <Annual/Half-yearly/Quarterly/Monthly>
Policy term : <>month

In case of any discrepancies in the above details please inform us immediately.

About Your Advisor / Broker

Name : <Advisor / Broker Name>
Code / License Number : <Advisor / Broker Code>
Contact Number : <Advisor / Broker Contact>
Address :<Advisor / Broker Address>

You may contact your advisor for any queries You have or any clarifications that you require in relation to the policy terms and conditions or any policy servicing requirements.

2. YOUR FREE LOOK PERIOD

You/Member have an option to review the Rider following the receipt of the Rider document/Certificate of Insurance respectively. If You/Member are not satisfied with the terms and conditions of the Rider, please return the Rider document/Certificate of Insurance to the company, with reasons for cancellation within 30 days from the date you receive it.

On cancellation of the Rider /Member's cover during the free look period, You/ The Member shall be entitled to an amount which shall be equal to premium paid subject to deduction of:

i. Stamp duty charges
ii. Expenses incurred by the Company on medical examination, if any
iii. Proportionate risk premium for the period of cover

The Rider /Member's cover shall terminate on payment of this amount and all rights, benefits and interests will stand extinguished.
In case the Master Base policy/Member Base policy is cancelled within free-look period, the Rider will also be automatically cancelled.
For more details please refer clause 1 of Part D.

3. MAKING A CLAIM

In case of any claim or queries or clarifications required, please feel free to contact us at grouplife@iciciprulife.com. We will be happy to assist you.

Warm regards,
<Authorised Signatory >
<Designation>
Visit us at: www.iciciprulife.com
Email us at: grouplife@iciciprulife.com
Write to us at:

ICICI Prudential Life Insurance Co. Ltd.
Ground Floor & Upper Basement,
Unit No. 1A & 2A, Raheja Tipco Plaza,
Rani Sati Marg, Malad (East),
Mumbai- 400097
Maharashtra.

Customer Service Helpline: 1860 266 7766

ICICI Prudential Life Insurance Co. Ltd. Registered Address: ICICI Pru Life Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025.

Reg No: 105. Insurance is the subject matter of the solicitation. Unique Identification Number as specified by IRDAI <105B047V01>.

Rider Schedule - (ICICI Pru Group Non-Linked Critical Illness Rider) (105B047V01**)**
(This is a Non-Linked, Non-Participating Group Renewable Health Insurance Rider)

Rider Preamble

This Rider is the evidence of a contract between ICICI Prudential Life Insurance Company Limited (Us/ We/ Company) and the Master Policyholder (You) referred to below.

This Rider is issued on the basis of the details provided by Master Policyholder in the Proposal Form submitted along with the required declarations, personal statement, applicable medical reports, the first premium deposit, scheme rules and any other information and documentation which constitute evidence of the insurability of the member for the issuance of the Policy. The Master Policyholder and the Company have agreed that the documents and the information referred above and the quotation of the Company for the Scheme shall form the basis of this contract. The quotation provided by the Company is based on the member data and Rules of the Scheme provided by the Master Policy Holder and the same has been accepted by the Master Policyholder.

We agree to provide the benefits set out in this Policy subject to its terms and conditions.

Rider Schedule

Name of the Rider	ICICI Pru Group Non-Linked Critical Illness Rider
Master Base policy No.	
Name of the Master Policyholder (Proposer)	
Address of the Master Policyholder	
Name of the Employer	
Name of the Trust, if applicable	
Premium Payment Mode chosen	
Rider Commencement Date	
Date of issue	
Rider Renewal Date	
Coverage Term	<<XX year/months -depending if the policy period is less than 1 year>>
Premium Payment Term	<<XX year/months -depending if the policy period is less than 1 year>>
Number of Members covered as on the date of commencement	
Package selected	<<Basic/ Essential/Classic/Comprehensive>>
Benefit Option selected	<<Accelerated/ Additional>>
Total Sum Assured (as on the date of commencement)	
Premium Received (as on Rider Commencement Date)	
Minimum Age at entry for a member	
Maximum Age at entry for a member	

Goods and Services tax and cesses are extra, as applicable would be charged.

Rider Schedule, terms and conditions of the Rider, the Rules of Scheme, the Quotations sent by the Company and the endorsements by Us, if any, shall form an integral part of this contract and shall be binding on Us and You.

The Policy shall stand cancelled by the Company, without any further notice, in the event of dishonour of the first premium deposit.

Signed for and on behalf of the ICICI Prudential Life Insurance Company Limited, at Head Office, Mumbai on ..... (Issue Date)

Authorised Signatory
Designation

Version .....

Stamp duty of Rs. ..... (Rupees .....Only) paid by Pay order, vide receipt no. ..... dated .....

This is an output of a digitally signed print file

Please immediately inform Us about any change in address or contact details.
Please examine the policy and approach Us immediately in case of any discrepancies.

PART B

Definitions

1. **Base Sum Assured** means the Sum Assured applicable for the Member under the Member Base Policy.
2. **Benefits** means the Cover provided to the Members, under this Master Rider.
3. **Claimant** means the person entitled to receive the Rider benefits and includes, the Member, the Nominee, the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate and Master Policyholder as the case may be.
4. **Cover** means the insurance coverage provided to the Members as chosen by the Master Policyholder/ and or Member under this Master Rider.
5. **Coverage Term** means the period between the Rider Commencement Date and the Rider Renewal Date (excluding Rider Renewal Date) during which the Cover in respect of the chosen Benefit Option is in effect.
6. **Critical Illness** means any illness, medical event or surgical procedure specifically defined in Annexure IV whose signs or symptoms first commences post the Waiting Period.
7. **Date of commencement of Cover** means,
   i. the date of commencement of cover for the individual members under the Master Rider.
   ii. Rider Commencement Date subject to receipt of member data and premium towards these members.
   iii. for new members joining during the term of the Master Rider, will be the date of acceptance of risk subject to receipt of Member data and premium towards these members. Member Data means the necessary details of the Members required to provide risk cover.
8. **Date of Termination of Cover** means the date specified in the Certificate of Insurance from which the risk Cover for the Member ceases and the Rider terminates with all rights and benefits.
9. **Rider Commencement Date** means the date mentioned in the Rider Policy Schedule on which this Master Rider Policy has commenced.
10. **Group** means a group of Members accepted by the Company as constituting a Group for the purpose of the Master Rider
11. **Hazardous Activities** mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.
12. **Master Base policy** means the underlying base policy to which this Rider is attached by the Master Policyholder.
13. **Master Policyholder** means the Policyholder of the Rider Policy and whose Members are covered by Us.
14. **Medical Advice** means any written consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
15. **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 Member himself nor related to the Member by blood or marriage, nor share the same residence as the Member.
16. **Member** is someone who is covered under this Master Rider as per the Rules of the Scheme and is therefore eligible for the benefits under this Policy.

17. **Member Base policy** is the member level base insurance cover to which the Rider can be attached.
18. **Rider Document** shall mean this document, any supplementary contracts or endorsements therein, whenever executed, any amendments thereto agreed to and signed by Us, the application form provided by You, the Schemes Rules, the quotation of the Company for the Scheme and the individual enrolment forms, if any, of the insured Members, which together constitute the entire contract between the parties.
19. **Rider Renewal Date** means the date specified on Rider Schedule on which the Rider has to be renewed.
20. **Single Pay** means premium needs to be paid only at policy inception and subsequent renewals
21. **Master Rider/Rider** means an optional benefit which can be added to the Master Base Policy and Member Base Policy as per the choice of the Master Policyholder and/or Member.
22. **Rider Schedule** means the Rider Schedule and any endorsements attached to and forming part of this Rider.
23. **Total Premiums Paid** means the total of all premiums received, excluding any extra premium and taxes.
24. **You or Your** means the Master Policyholder availing the benefits for its Members.
25. **We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.
26. **Rules or Scheme Rules or Rules of the Scheme** mean the rules governing the grant of benefits to the Members, which are framed by Master Policyholder and accepted by the company.
27. **Survival period** means the period of 30 days commencing from the date of first diagnosis of a Critical illness that the Member has to survive to be eligible for the Additional Critical Illness Benefit.
28. **Waiting period** means a period of 90 days starting from Date of Commencement of Cover during which no benefits are payable under the respective Benefit Options chosen.

Following definitions are applicable to only Employer-Employee policies:

1. **Employee** means a person in the permanent employment of the Employer and shall include a person who is on probation for a permanent post but shall not include a trainee/apprentice or a personal or domestic, servant.
2. **Employer** means the company, firm or body corporate which is mentioned on the Policy Schedule or a company, firm or body corporates which may in future manage or control the named Employer**.**

PART C

1. Benefits:

The following Benefit Options are available under this Rider. At the time of Rider inception the Master Policyholder must choose one of the two available Benefit options. The Benefit Option chosen by the Master Policyholder and made available to the Members is as mentioned in the Policy schedule and Certificate of Insurance respectively.

a. **Accelerated Critical Illness(ACI) benefit option:** Under this Benefit Option, upon confirmatory diagnosis of any of the covered Critical Illness, the Accelerated Critical Illness Sum Assured of the Member prevailing at the time of diagnosis will be paid to the Claimant provided the Rider is in force. Upon payment of the Accelerated Critical Illness Sum Assured to the Claimant by the Company, the Rider shall terminate for the Member.

   i. If ACI Sum Assured is less than the Base Sum Assured then the Member Base Policy will continue with Base Sum Assured reduced to the extent of ACI Sum Assured payout.

   ii. If ACI Sum Assured is equal to the Base Sum Assured then the Member Base Policy as well as this Member Rider will terminate upon payment of this benefit.

b. **Additional Critical Illness benefit options:** Under this Benefit Option, upon confirmatory diagnosis of any of the covered Critical Illness, the Additional Critical Illness Sum Assured of the Member prevailing at the time of diagnosis will be paid to the Claimant, provided the Rider is in force. Upon payment of the Additional Critical Illness Sum Assured to the Claimant by the Company, the Rider shall terminate for the Member and the Base Sum Assured under the Base Member Policy remains unchanged.

c. In addition to the Benefit Options, this Rider also offers four Packages based on the number of Critical Illnesses covered. The Master Policyholder will have to choose the package at Rider inception along with the Benefit Option. The Package chosen by the Master Policyholder and made available to the Members shall be as mentioned in the Rider Schedule and the Certificate of Insurance. The Packages offered under this Rider are as follows:

   i. Basic – Covers 4 Critical Illness (CI)
   ii. Essential –Covers 7 Critical Illness (CI)
   iii. Classic – Covers 19 Critical Illness (CI)
   iv. Comprehensive – Covers 33 Critical Illness (CI)

   The critical illness covered under each package is mentioned in Annexure IV.

d. Under this Rider, the Master Policyholder has the option to choose only one Benefit Option and one Package. Only the Benefit Option and Package chosen by the Master Policyholder shall be made available to the Members.
e. The Benefit Option and Package once chosen cannot be changed during the Coverage Term.
f. The Critical Illness benefit under this Rider is payable only if the Member is

diagnosed with any of the covered Critical Illness during the respective Coverage Term (i.e. before Date of Termination of Cover.).

g. Any claim shall be payable by the Company only if the Critical Illness diagnosed is specifically covered and satisfies all the conditions listed under Annexure IV.
h. The date of diagnosis will be considered for processing a claim.
i. If the Member is diagnosed with a Critical Illness within the Coverage Term, however the Survival Period goes beyond the Coverage Term, then the claim shall be honored by the Company as per the applicable terms and conditions.

Benefit on Death: No benefit is payable on death under this Rider.

Benefit on Maturity: No benefit is payable on Maturity under this Rider.

2. Exclusions:

a. No claim shall be payable in respect of any Critical Illness that a Member is diagnosed with or for which care, treatment or advice was recommended by or received from a physician, or which first manifested itself or was contracted within 90 days from the Date of Commencement of Cover (i.e. during the Waiting Period). In the event of occurrence of any of the scenarios mentioned above, or in case of a claim, where it is established that the Member was diagnosed with any one of the covered Critical Illness during the Waiting Period for which a critical illness claim could have been made, 100% of the premiums will be refunded and the Member Rider policy will terminate.
b. If the Member is covered under the Additional Critical Illness Benefit Option and dies within 30 days of the diagnosis of the covered Critical Illness i.e before the end of the Survival Period no claim will be payable. However, 100% of the premium will be refunded and the Member Rider policy will terminate.
c. 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 this 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 this Rider or its reinstatement.
d. If the Critical Illness for which the claims is raised is due to any intentional self-inflicted injury, suicide or attempted suicide.
e. If any Critical Illness suffered by the Member was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
f. If the Critical Illness for which the claim is raised is due to engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not.
g. If the Critical Illness for which the claim is raised is on account of the Member participating in any criminal or unlawful act.
h. For any Critical Illness arising out of nuclear contamination, the radioactive, explosive, or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
i. For any Critical Illness arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil

war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time.

j. For any Critical Illness arising from participation by the Member in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
k. Any Critical Illness which is due to an external congenital anomaly which is not as a consequence of a genetic disorder.
l. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the Critical Illness.

Apart from these permanent exclusions, there are exclusions with respect to each Critical Illness which are listed in Annexure IV.

3. Waiting Period:

a. A waiting period of 90 days commencing from the Date of Commencement of Cover will be applicable under both Accelerated Critical Illness and Additional Critical Illness Benefit Options.
b. In case the Member is diagnosed with any of the covered Critical Illness during this period, no benefit shall be payable. The Company shall refund the premium applicable and the Member Rider will terminate with all rights and benefits thereunder.
c. Waiting Period will not be applicable on consecutive renewal of the Rider Cover for the Member with the Company.
d. No waiting period applies for Critical Illness claims arising solely due to an accident.
e. Waiting Period can be waived off to the extent of Waiting Period already served, in case wherein the Master Policyholder is transferring the covered Members from other policy with CI cover to this Master Rider Policy. This shall be applicable only if specifically communicated by the Company to the 7Master Policyholder.
f. In case there is a break in cover on account of any reason, Waiting Period will be applicable from the Date of Commencement of Cover, post the break in cover.

4. Survival Period:

a. **Accelerated Critical Illness Benefit Option**: Survival Period is not applicable.

b. **Additional Critical Illness Benefit option:** The Member has to survive for period of 30 days from the date of first diagnosis of a Critical illness to be eligible for a benefit payment under the this Benefit option.

If the Member is covered under the Additional Critical Illness Benefit Option and dies within 30 days of the diagnosis of the covered Critical Illness i.e before the end of the Survival Period no claim will be payable. However 100% of the premium will be refunded and the Member Rider policy will terminate.

3. Sum Assured Reset Benefit

This benefit is applicable only if specifically chosen by the Master Policyholder. The Sum Assured for chosen benefit option for each Member can be increased or decreased by the Master Policyholder/ Member during the term of the Rider Policy, subject to underwriting, provided that the life cover for the Member is in force and the Sum Assured for chosen Benefit Option does not exceed the Member's Base Sum Assured. The increase or decrease of the Sum Assured of the chosen benefit option shall be mutually agreed between the Company and the Master Policyholder and there is no deviation from agreed Benefit Option chosen at the inception of Master Rider tenure.

If the Base Sum Assured for any member is decreased by the Master Policyholder/Member during the term of the Member Base policy, the Sum Assured of chosen benefit option would be reset to base sum assured, if necessary, such that it does not exceed the member base sum assured, subject to underwriting. The decrease of the Sum Assured of the chosen Benefit Option shall be mutually agreed between the Company and the Master Policyholder provided that there is no deviation from agreed Benefit Option chosen at the inception of Master Rider tenure.

4. Premium Payment

a) You are required to pay premiums for the entire Premium Payment Term on the due dates and for the amount mentioned in the Rider Schedule.
b) Premium under this Master Rider is payable in advance for each Member.
c) The due premiums for the Master Rider can be paid in the following manner depending upon the Policy Term chosen by You;
    - One year Policy Term: Yearly/ Half-yearly / Quarterly/ Monthly
    - Policy Term less than One year: Single Premium/ Quarterly/ Monthly
d) Modes of premium payment should be same as that of the Master Base policy and Member Base Policy.
e) The premium loadings for non-annual premium payment modes with one year term are as given below:

Mode of Premium Payment	Loading (% of Annual Premium)
Half-yearly	2%
Quarterly	3%
Monthly	4%

f) The Master Policyholder may opt for a change of premium paying mode other than Yearly and Single Pay during the policy term, subject to the premium payment frequency of the Master Rider being same as that of the Master Base policy. The excess / deficit of premium would be payable to / payable by the Master Policyholder.
g) The premium payable on renewal of the Master Rider may vary and shall be quoted by the Company on application for such renewal.
h) Premiums are payable within a Grace Period starting from the Premium due date and on the Policy Renewal Date, as applicable.

5. Grace Period

The Grace Period for monthly mode of payment is 15 days, and 30 days for quarterly and half-yearly mode of premium payment, commencing from the premium due date. The Member's Rider Cover continues during the Grace Period. In case Critical Illness is diagnosed during the Grace Period, then We will pay the benefit under the applicable Benefit Option(s) subject to terms and conditions of this Rider as outlined in Cluse 1 and 2 above.

Grace Period corresponding to the premium payment frequency shall be available at the time of renewal of Rider contract and claims arising during this period will be settled subject to renewal of the Master Rider/Master Base Policy/Member Based Policy.

If any premium instalment for the Benefit Option(s) along with the Member Base policy /Master Base policy is not paid by the Member/Master Policyholder (respectively) within the Grace Period, then the benefit option(s) shall lapse and the Cover will cease.

The Company is liable for any claim if the Premiums in respect of the concerned Member is received by the Master Policyholder, subject to the Claimant/Master Policyholder proving that the Member has paid the Premium within the Grace Period and has secured a proper receipt that he was duly insured.

The Company shall be responsible to honor any valid claims brought under this Rider in instances wherein the Master Policyholder has collected/ deducted the Premium but has failed to pay the same to the Company within the Grace Period due to administrative reasons.

PART D

1. **Free look Period (30 days refund policy)**

You/the Member have the option to review this Rider following receipt of the Rider document/ Certificate of Insurance respectively whether received electronically or otherwise. If you/Member are not satisfied with the terms and conditions of the Rider or otherwise and has not made any claim, You/ Member shall have the option to return the Rider document/ Certificate of Insurance to the Company with reasons for cancellation within 30 days from the date of receipt of the Rider Document/Certificate of Insurance.

On cancellation of the Master Rider /Member's Cover during the free look period, the Company will return the premium paid subject to deduction of:

a) Stamp duty paid under the Policy, if any
b) Expenses borne by the Company on medical examination, if any
c) Proportionate risk premium for the period of cover

Thereafter this Master Rider /Member's cover shall terminate and all rights, benefits and interests under this Master Rider/ Member's Cover shall be extinguished. In case the

Master Base policy/Member Base policy is cancelled within free-look period, the Rider/ Member's Cover will also be automatically cancelled.

2. Policy Surrenders/Member Withdrawal

a. In case the Master Policyholder surrenders the Master Rider, the Members of the Group will be given the option to continue Rider Cover till the end of the Coverage Term. The option to continue the Cover will be applicable only to those schemes where the premium is paid by the members provided the Member Base Policy is in force.

b. If the Member chooses to continue the Cover upon Surrender of the Master Rider by the Master Policyholder, then this has to be specifically communicated to the Company by the Master Policyholder/ or the Member and will be effective only upon acceptance of the same by the Company.

c. In the event, the Members chooses not to continue the Cover upon Surrender of the Master Base policy along with the Master Rider chosen or on surrender of the Master Rider only, then the Unexpired risk premium value, if any, will be payable to the Master Policyholder

d. For lender borrower groups, on foreclosure of loan or transfer of loan to another financial institution by the Member, the Member has the option to continue or discontinue the Rider. If the Member chooses to continue the cover post foreclosure or transfer then this has to be specifically communicated to the company and will be effective only upon acceptance of the same by the Company.

Unexpired risk premium value for respective benefit options will be calculated as below:

Unexpired risk premium value = 75% X [Outstanding Coverage Term in days / (Total Coverage Term in days at the time of attachment)] X Premiums paid less actual stamp duty paid less medical costs incurred in issuance of the Policy

Where, Outstanding Coverage Term in days = Total Coverage Term in days at the time of attachment minus Number of completed coverage term in days at the time of exit.

<u>Withdrawal Benefit:</u>

On Member withdrawal by the Master Policyholder, the withdrawal benefit payable is the premium paid towards the Member pro-rated to reflect the Rider cover not yet provided. The Withdrawal Benefit will be paid to the Master Policyholder by the Company.

Withdrawal benefit = 75% * [Outstanding coverage term in days / (Total Coverage Term in days)] X Premiums paid

3. Loans:

We will not provide loans under this Rider.

4. Renewal :

The Master Policyholder has the option to modify the Policy Renewal Date. The applicable premium for the period up to the original Policy Renewal Date will be calculated on a pro-rata basis and will be refunded to the Master Policyholder. Premium applicable on the modified Policy Renewal Date will be calculated based on the latest data provided.

In case there is a break in cover on account of any reason, Waiting Period will be applicable from the Date of Commencement of Cover post the break.

The Master Policyholder can renew the Rider only with the renewal of the Master Base Policy to which the Rider is attached

5. Eligibility for Membership

a) Persons who are of at least the minimum age at entry (last birthday) and not more than the maximum age at entry (last birthday) as on the Rider Commencement Date will be eligible for Membership of the Scheme.

b) Persons who join the Group after the Rider Commencement Date shall be eligible for Membership of the Scheme, subject to them being within the age limits specified above.

c) The eligibility of a Member to join the scheme as specified in (a) and (b) above is subject to the Company receiving the Member Data, an intimation of eligibility of the Member and premium amount preferably within 45 days of the Member becoming eligible provided this is within the Coverage term.

6. Cover of Members

a) The Master Rider provides cover equal to the Sum Assured for the chosen benefit option(s) for Members of the group covered by the Master Base Policy.

b) The Sum Assured for the chosen benefit option(s) applicable for each Member would be as notified by the Master Policyholder and as accepted by the Company. However, it might be possible that Sum Assured for the chosen benefit option(s) varies between Members of the same Master Policy. The Company would cover the Member subject to underwriting. For Schemes where Members pay the premium, individual members will have the choice to decide on the sum assured, coverage term and mode of premium payment, from the Benefit Option that have been opted for by the Master Policyholder.

c) The Master Policyholder shall hold this Master Rider (referred to in this document as “the Master Rider”).

d) All Benefits arising out of the Master Rider shall be solely for the benefit of the Members.

e) The Company will pay the Benefit on diagnosis of a Critical Illness and only on receipt of documents authenticated by the Master Policyholder, and to the satisfaction of the Company.

f) The Members' shall nominate a Claimant to receive the benefits under the Member Base Policy. The Master Policyholder shall furnish the details of nominees / legal heir to the Company.

g) A Member shall be entitled to the Benefits of the Master Rider from the Date of Commencement of Risk for his Coverage Term.

h) A Member who joins the Group after the Rider Commencement Date will be charged premium calculated from the Date of Commencement of cover of the Member for the Coverage Term.

i) The Master Policyholder may renew the Master Rider on every Policy Renewal Date by payment of the premium then payable and complying with the other terms as specified by the Company.

7. Method of effecting and renewing Cover:

The Cover to the Member can be effected or the Master Rider can be renewed by the Master Policyholder in the manner mentioned below, provided that the cover under the Member Base Policy/ Master Base Policy is also renewed.

a) The Master Policyholder shall immediately make available to the Company with all such original documents, Member Data and the premium payable for effecting Cover to the Member or renewal of the Master Rider Policy.

b) In the event of the personal statement/ declaration of good health, if any or any other factor relating to the insurability of a life not being to the satisfaction of the Company, it may terminate the Cover for such a person/ Member. The decision of the Company thereon shall be final and binding on the Master Policyholder and the Member.

c) This Master Rider has been effected in accordance with Member Data provided and the Scheme Rules. Any amendment of the Scheme Rules by the Master Policyholder shall be operative only, if the amendment is specifically approved by us in writing and not otherwise.

d) We shall have the right to vary the terms and conditions of the Master Rider including the premium payable for new members or to discontinue adding new Members to/terminate the Master Policy, by giving a written notice of one month.

8. Cancellation/ Termination:

The Rider shall be terminated by the Company on the occurrence of any of the below mentioned conditions:

i) When the Member Base policy to which the Rider is attached terminates upon payment of death benefit due to any reason whatsoever
ii) When the coverage under the Master Base Policy/ Member Base policy (as applicable) to which the Master Rider/ member level Rider is attached expires due to cancellation or surrender or termination due to any other reason
iii) When the coverage under the Master Base Policy/ Member Base policy to which the Rider is attached lapses on account of non-payment of premiums
iv) Upon expiry of the Coverage Term for each of benefit option(s) chosen
v) On cancellation of the Rider by the Company for any reason whatsoever
vi) On payment of free look cancellation proceeds.
vii) If the Member ceases to satisfy any of the eligibility criteria as mentioned in Clause 5 above and chooses to expressly discontinue the cover when he/she ceases to be a Member of the group;

viii) Upon payment of Critical Illness benefit under this Rider by the Company to the Claimant.

9. In case of any contradiction between the terms and conditions of the Master Base Policy Document and this Master Rider Document, then*:*
(i) For the benefits payable under the Rider Benefit Options, the Rider Terms and Conditions shall prevail; and
(ii) For the benefits payable under the Master Base Policy, the Master Base Policy Terms and conditions shall prevail.

10. In case of withdrawal of the product due to any reason by Us, we shall provide the following option to the Master Policyholder for the existing covered members:
(i) A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product; or
(ii) Migrate to any other suitable product (any other existing product or modified version of the withdrawn product) as per the choice of the Master Policyholder.

PART E

This part is not applicable to You.

PART F

General Conditions

1. Assignment of Benefit

Assignment will be as per Section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure I for details on this section.

2. Nomination

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

3. Incontestability

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

4. 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 Annexure III for details on this section.

The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Laws of India.

5. **Discharge of liability**

A receipt duly signed by the Master Policyholder or any other person authorized by the Master Policyholder will be a valid and sufficient discharge for us. The encashment of the cheque or credit of the proceeds to the bank account of Master Policyholder or person directed by the Master Policyholder will be sufficient discharge for the company.

6. Claim payment

a) For lender-borrower groups, in case of a Regulated Entity, subject to the Master Policyholder providing the Company a letter of authorization from the member, authorizing the Company to make payment to the extent of Outstanding loan amount in favour of the Master Policyholder, the claim amount to the extent of Outstanding loan amount shall be paid to the Master Policyholder after deduction of the same from the claim proceeds payable on the happening of the contingent event covered under this policy. The balance amount, if any, shall be payable to the Claimant. In the absence of Letter of Authorization or in case of Other Entities, in the event of a claim arising under the policy, the claim payment will be made to the Claimant.

Regulated Entities and Other Entities have been defined as follows

- **Regulated Entity** shall mean to include the following:

1. Reserve Bank of India ("RBI") Regulated Scheduled Commercial Banks (including Co-operative Banks).
2. NBFCs having Certificate of Registration from RBI.
3. National Housing Bank ("NHB") Regulated Housing Finance Companies.
4. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies.
5. Small Finance Banks regulated by RBI
6. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies.
7. Microfinance companies registered under section 8 of the Companies Act, 2013.
8. Any other category as approved by the Authority.

- **Other Entities** shall mean to include the entities other than Regulated Entities.

Before payment of any claim under this Rider, the Company shall require the delivery to it of the following documents establishing the right of the claimant or claimants to receive payment.

i) Duly filed claim form; and

ii) Bank details of the claimant (cancelled cheque copy with printed name/ passbook); and

iii) Medical reports or special reports by registered physician/doctor relevant to the Critical Illness and its treatment which may be further validated by a physician/doctor appointed by the Company; and

iv) Current and previous medical records for last 5 years, if any (First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers since onset of critical illness); and

v) Any other document/ information that the Insurer may decide in the circumstances of a particular case.

vi) The Company reserves the right to call for additional information, documents, or particulars, in such form and manner as the Company would prescribe, and the Benefits would be paid only after receipt of such additional information, documents or particulars.

b) For non-lender borrower groups, in the event of a claim arising under the policy, the member / nominee / legal heir to whom benefits are payable shall be intimated to the Company, through Master Policyholder, in writing. Before payment of any claim under this Master Policy, the Company shall require the delivery to it of the following documents establishing the right of the claimant or claimants to receive payment.

i) Completed claim form (including NEFT details and bank account proof as specified in the claim form; and

ii) Medical reports or special reports by registered physician/doctor relevant to the Critical Illness and its treatment which may be further validated by a physician/doctor appointed by the Company; and

iii) A cancelled personalised cheque with account no. and IFSC code. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook (where account number and IFSC code is mentioned).

iv) Any other document/ information that the Insurer may decide in the circumstances of a particular case.

v) First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers since onset of critical illness; and
vi) Current and previous medical records for last 5 years, if any
vii) The Company reserves the right to call for additional information, documents, or particulars, in such form and manner as the Company would prescribe, and the Benefits would be paid only after receipt of such additional information, documents or particulars.

c) All claim payments shall be made in Indian Currency only in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India.

d) The settlement of claim is subject to correct information provided by the member related to his/her personal information & in declaration of good health, if applicable. The Company reserves the right to reject the claim of a member in case incorrect information related to member is provided for the Cover. The decision of the Company regarding the settlement of the Cover shall be binding on the Master Policyholder/ Member.

e) A death claim under a life insurance policy shall be paid or be rejected or repudiated giving all the relevant reasons, within 30 days from the date of receipt of all relevant papers and required clarifications. 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, in any case not later than 90 days from the date of receipt of claim intimation and the claim shall be settled within 30 days thereafter.

f) 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.

7. Recovery

We reserve the right to recover the amount from the Master Policyholder or the Member or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Master Policyholder. In case we are not in a position to recover such amounts from the Member or any other person, the Master Policyholder will be liable to pay the said amount to the Company within 15 days from the date of its demand. However, the Master Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Master Policyholder.

8. Governing Law & Jurisdiction

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

9. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, facsimile or e-mail to-

In case of the Master Policyholder:
As per the details specified by the Master Policyholder in the Proposal Form / Change of Address intimation submitted by them.

In case of the Company:
Address: Group Service Desk
ICICI Prudential Life Insurance
Ground Floor & Upper Basement,
Unit No. 1A & 2A, RahejaTipco Plaza,
Rani Sati Marg, Malad (East),
Mumbai- 400097
Maharashtra.

E-mail: grouplife@iciciprulife.com
The Company's website must be checked for the updated contact details.
It is very important that you immediately inform the company about any change in the address or the Claimant particulars.

10. Legislative changes

Premiums and the benefits under the policy, will be subject to the taxes and other statutory levies as may be applicable from time to time.

The Master Policyholder/Member will be required to pay goods and services tax, cess or any other form of taxes or charges or levies as per the prevailing laws, regulations and other financial enactments as may exist from time to time, wherever applicable.

All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time.

All provisions stated in this Policy are subject to the current guidelines issued by the Regulator as on date. All future guidelines that may be issued by the Regulator from time to time may also be applicable to this Policy.

11. Electronic Transactions

All transactions carried out by the Master Policyholder through Internet, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication will be valid and legally binding on the Master Policyholder / Member / Claimants as well as the Company.

This will be subject to the relevant guidelines and terms and conditions as may be made applicable by the Company.

12. Issue of duplicate policy

We shall issue a duplicate of Policy 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 policy is Rs. 200. Free look option is not available on issue of duplicate Policy document.

13. Audit

The following is applicable only for lender borrower groups. The Insurer shall have the right to audit or cause audit into the accuracy of the Credit account statements of the insured members in respect of which claims were settled on the completion of every financial year.

PART – G
Policy Servicing and Grievance Handling Mechanism

1. Customer service

For any clarification or assistance, 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 on the reverse of the Policy folder or on Our website: www.iciciprulife.com.

Alternatively, You may communicate with Us at any of our branches or the customer service desk whose details are mentioned in the Welcome Letter.

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 get in touch with Our designated grievance redressal officer (GRO) at gro@iciciprulife.com or 1860 266 7766.

Address: ICICI Prudential Life Insurance Company Limited,

Ground Floor & Upper Basement,

Unit No. 1A & 2A, Raheja Tipco Plaza,

Rani Sati Marg, Malad (East),

Mumbai-400097

The concerns of senior citizens will be resolved on priority ensuring there is a speedy disposal of the grievances.

For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com.

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 address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.
Ground Floor & Upper Basement,
Unit No. 1A & 2A, RahejaTipco Plaza,
Rani Sati Marg, Malad (East),Mumbai- 400097
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 15 days, 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

You can also register your complaint online at **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 and Insurance Ombudsman (Amendment) Rules, 2021, 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
i. 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 or the website of the IRDAI at www.irdai.gov.in for updated contact details.

Office of the Ombudsman	Address	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001	Tel.:- 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078	Tel No: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462011.	Tel.:- 0755-2769201, 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh

BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009.	Tel.:- 0674-2596455/2596461, Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017	Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Tel 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

ERNAKULAM	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College,M.G.Road, Ernakulam - 682 011.	Tel.: 0484 – 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (Assam).	Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II	Tel.: 0141- 2740363/2740798	Rajasthan

	Bldg., Gr. Floor,Bhawani Singh Marg,Jaipur - 302 005.	Email: bimalokpal.jaipur@cioins.co.in	
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor,4, C.R. Avenue, Kolkatta - 700 072	Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh,

			Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman,3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, 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.
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, North Wing Bailey Road, Patna 800001.	Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar,Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure I – 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 there of 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

15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

Annexure 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. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).

16. 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.

17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Annexure III – 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 by Insurance Laws (Amendment) Act, 2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 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.

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.

9. 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.

Annexure IV – Definitions and Exclusions

Definitions of CI conditions

1. Cancer of Specified Severity

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.

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 SPECIFIED SEVERITY)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

(i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

(ii) New characteristic electrocardiogram changes

(iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are 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

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

Excluded are:

Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement Or Repair Of Heart Valves

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

5. Coma of specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

(i) No response to external stimuli continuously for at least 96 hours;

(ii) Life support measures are necessary to sustain life; and

(iii) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting 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 (hemodialysis 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

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

(i) Transient ischemic attacks (TIA)

(ii) Traumatic injury of the brain

(iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

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 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

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

11. Multiple Sclerosis with Persisting Symptoms

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.

Other causes of neurological damage such as SLE is excluded.

12. Benign Brain Tumor

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

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

(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.

The following conditions are excluded:

a. 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

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

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.

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

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

15. End stage lung Failure

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 ($PaO_2 < 55mmHg$); and

iv. Dyspnea at rest.

16. End stage liver failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

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

17. Loss of Speech

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

18. Major Head Trauma

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

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

The Activities of Daily Living are:

(i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

(ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

(iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

(iv) Mobility: the ability to move indoors from room to room on level surfaces;

(v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

(vi) Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

(i) Spinal cord injury;.

19. Primary (Idiopathic) Pulmonary hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac 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.

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.

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.

20. 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.

21. Aorta Graft Surgery

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

1. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
2. Surgery of the aorta related to hereditary connective tissue disorders (e.g., Marfan syndrome, Ehlers–Danlos syndrome)
3. Surgery following traumatic injury to the aorta.

22. Apallic Syndrome or Persistent Vegetative State (PVS)

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

1. Complete unawareness of the self and the environment
2. Inability to communicate with others.
3. No evidence of sustained or reproducible behavioural responses to external stimuli
4. Preserved brain stem functions.
5. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
6. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

23. Alzheimer's Disease

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

1. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning.
2. Personality change
3. Gradual onset and continuing decline of cognitive functions
4. No disturbance of consciousness
5. Typical neuropsychological and neuroimaging findings (e.g., CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Other forms of dementia due to brain or systemic disorders or psychiatric conditions

24. Parkinson's disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

1. Muscle rigidity
2. Tremor
3. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must cause neurological deficit resulting [before age 65] in the permanent and irreversible inability of the Life Assured to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 6 months despite adequate drug treatment.

Activities of Daily Living are:

1. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

1. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
2. Essential tremor
3. Parkinsonism related to other neurodegenerative disorders.

25. Aplastic Anaemia

A definite diagnosis of Aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

1. Bone marrow stimulating agents.
2. Immunosuppressant
3. Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

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

26. Loss of independent Existence (cover up to Insurance age 74)

Inability to perform at least three (3) of the "Activities of Daily Living" as defined below

(either with or without the use of mechanical equipment, special devices or other aids or

adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this

definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence

must be confirmed by a Registered Doctor.

Only Life assured with Insurance Age between 18 and 74 on first diagnosis is eligible to

receive a benefit under this illness.

Activities of daily living:

(i) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.

(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 lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa; 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, food from a plate or bowl to the mouth once food has been prepared and made available.

(vi) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

27. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a Craniotomy with removal of bone flap to access the brain is performed.

The following are excluded:

a) Burr hole procedures, trans-phenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy, and,

b) brain surgery as a result of an accident.

The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

28. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

1. Dilated Cardiomyopathy
2. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
3. Restrictive Cardiomyopathy
4. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

1. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
2. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness, or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
3. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram or cardiac MRI. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined by a Consultant Cardiologist.

For the above definition, the following are not covered:

1. Secondary (ischaemic, valvular, metabolic, toxic, or hypertensive) cardiomyopathy
2. Transient reduction of left ventricular function due to myocarditis.
3. Cardiomyopathy due to systemic diseases
4. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g., Brugada or Long-QT-Syndrome)

29. 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.

30. Muscular Dystrophy – Resulting in Permanent loss of Physical abilities.

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system.

The diagnosis must be confirmed by a company appointed Registered Medical Practitioner who is a neurologist based on all the following conditions:

1. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction.
2. Characteristic Electromyogram; or
3. Clinical suspicion confirmed by muscle biopsy.

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

1. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings

31. Poliomyelitis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

32. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

1. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys.
2. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction.
3. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
4. The diagnosis must be confirmed by a Consultant Nephrologists.

For the above definition, the following are not covered:

1. Polycystic kidney disease
2. Multisystem renal dysplasia and medullary sponge kidney
3. Any other cystic kidney disease

33. VI. SLE with Lupus Nephritis (Systematic lupus Eryth. with Renal Involvement

The Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease. It can affect any part of the body. The immune system erroneously attacks the body´s cells and tissue resulting in inflammation and damage. It can be diagnosed by typical laboratory findings and associated symptoms, the so-called butterfly rash being the most known, and has to be treated with corticosteroids or other immunosuppressants .

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

1. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies

2. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
3. Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

1. Lupus nephritis with proteinuria of at least 0.5 g/day and a Glomerular filtration rate of less than 60 ml/min (MDRD formula)
2. Libman-Sacks endocarditis or myocarditis
3. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologists.

The other form of lupus erythematosus the Discoid lupus erythematosus or subacute cutaneous lupus erythematosus or a lupus erythematosus that is drug-induced are not covered.

List of CI conditions under the four Packages

S. No.	Critical Illness	Essential	Classic	Comprehensive	Basic
1	Cancer of Specified Severity	Y	Y	Y	Y
2	Myocardial Infraction (First Heart Attack of Specified Severity)	Y	Y	Y	Y
3	Open Chest CABG	Y	Y	Y	Y
4	Stroke resulting in permanent symptoms	Y	Y	Y	Y
5	Kidney Failure Requiring Regular Dialysis	Y	Y	Y	
6	Major Organ/ Bone Marrow Transplant	Y	Y	Y	
7	Loss of Independent Existence	Y	Y	Y	
8	Blindness		Y	Y	
9	Multiple Sclerosis with Persisting Symptoms		Y	Y	
10	Alzheimer's Disease		Y	Y	
11	Open Heart Replacement or Repair of Heart Valves		Y	Y	
12	Deafness		Y	Y	
13	Apallic Syndrome		Y	Y	
14	Benign Brain Tumour		Y	Y	
15	Brain Surgery		Y	Y	
16	Coma of Specified Severity		Y	Y	
17	Major Head Trauma		Y	Y	
18	Permanent Paralysis of Limbs		Y	Y	
19	Third Degree Burns		Y	Y	
20	Motor Neurone Disease with Permanent Symptoms			Y	
21	Aorta Graft Surgery			Y	
22	End Stage Lung Failure			Y	
23	End Stage Liver Failure			Y	
24	Parkinson’s Disease			Y	
25	Cardiomyopathy			Y	
26	Loss of Limbs			Y	
27	Primary (Idiopathic) Pulmonary Hypertension			Y	
28	Loss of Speech			Y	
29	Systemic Lupus Erythematosus with Lupus Nephritis			Y	
30	Aplastic Anaemia			Y	
31	Muscular Dystrophy			Y	
32	Poliomyelitis			Y	
33	Medullary Cystic Disease			Y	