CANARA HSBC LIFE INSURANCE

GROUP CRITICAL ILLNESS RIDER

A Non-linked Non-participating Group Health Rider

Canara HSBC LIFE INSURANCE

A PROMISE OF STRONGER PROTECTION FOR A HEALTHIER WORKFORCE

Group coverage against upto **40 critical Illnesses** for **comprehensive employee wellbeing**

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Canara HSBC Life Insurance Group Critical Illness Rider

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PART – A

Thank You for opting Canara HSBC Life Insurance Group Critical Illness Rider. We request You to refer to the base Master Policy Document for the Welcome Letter, Policy Schedule and First Premium Receipt details.

Rider Preamble

In addition to the Base Master Policy's terms and conditions, the terms of this Rider document shall apply when specifically selected by the Master Policyholder. It is the evidence of a contract between Canara HSBC Life Insurance Company Limited ('We'/'Company'/ 'Us') and the Master Policyholder ('You') basis the information given in the Master Proposal Form, along with the required documents, declarations, statements, any response given to medical questionnaire by the Insured Member, applicable medical evidence and other information received by the Company from You. This is a Non-Linked, Non-Participating, Group, Health Rider which enables the Beneficiary/Claimant to receive benefits subject to the terms and conditions stated herein read with Base Master Policy document.

PART B

All terms defined in the Base Policy and used in this Rider will have the same meaning as defined in the Base Policy. Additionally, relevant definitions have been listed below for your easy reference:

1. **Critical Illness (CI) Sum Assured** means the amount that shall be payable on occurrence of one of the covered Critical Illness Conditions in respect of the Insured Member, subject to Survival Period, Waiting Period and Exclusions under the policy**.**

2. **Critical Illness Conditions** means the first diagnosis of any one of the specified Critical Illnesses or performance of any of the specified medical procedures / surgeries by a specialist Medical Practitioner as detailed in Annexure A.

3. **Base Policy** means the Master Policy terms and conditions to which this Rider is attached.

4. **Lapsed State** means the state of the Rider where You fail to pay due Premium within the Grace Period, and as set out under Part D of this Rider.

5. **Master Policy** means or refers to the Master Policy to which this Rider document is annexed/ attached thereto.

6. **Master Policyholder,** You, you, your **-** means or refers to the Master Policyholder stated in the Rider Schedule.

7. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State of India 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; but excluding a Medical Practitioner who is:

    - Insured Member himself/ herself or an agent of the Insured Member or
    - Insurance Agent, business partner(s) or employer/ employee of the Insured Member or a member of the Insured Member's immediate family

8. **Revival** means restoration of a Rider in Lapsed State to in-force status subject to terms and conditions of the Rider.

9. **Revival Period** means a period as applicable under the Base Policy, during which period You will be entitled to revive the Rider Policy in Lapsed State

10. **Rider** means this Group Critical Illness Rider added to the Base Policy with additional premium.

11. **Rider Document** means the contract of insurance entered between You and Us and includes the terms and conditions of the Rider, the Policy Schedule (stated under the Base Policy) and the endorsements issued by Us.

12. **Rider Cover Term** means a period starting from Rider Policy Commencement Date or Entry Date, whichever is later, and ending on the expiry of this Rider Policy Term.

13. **Rider Premium** means the amount payable by You to Us as specified in the Policy Schedule in return for Our obligation to pay the benefits as per the terms and condition of the Rider and Base

Policy as per the chosen Rider Sum Assured.

14. **Rider Premium Payment Frequency** means the frequency chosen by You and as specified in the Policy Schedule for the payment of Base Policy Premium.

15. **Rider Premium Payment Term** means the term mentioned in the Policy Schedule will be same as the Base Policy Term.

16. **Rider Risk Commencement Date** means the date as specified in the Policy Schedule of Base Policy on which the coverage under this Rider commences.

17. **Rider Term** will be same as the Base product to which this rider is attached.

18. **Surrender** means complete withdrawal or termination of the entire Rider.

19. **Survival Period** of 30 days is defined as the period of time after the date of first diagnosis of covered Critical Illness Condition that the Insured Member has to survive to be eligible for receiving CI Sum Assured.

20. **Waiting Perio**d is defined as a period of 90 days starting from the date the Members becomes an Insured Member or from the date of reinstatement of Insured Member's insurance coverage. No amount shall be payable in case of occurrence of covered Critical Illness Condition within the Waiting Period. Waiting Period shall not be applicable for the Insured Member(s) whose cover is renewed with the Company, provided who have already completed their Waiting Period fully. In cases where at the time of renewal of Member's insurance coverage, partial Waiting Period is exhausted, only the balance Waiting Period shall be applicable at the time or renewal.

PART-C

Benefits

i. Critical Illness Benefit (CI)

Benefits payable are defined below:

Events	How and when Benefits are payable	Size of such benefits/policy monies
Diagnosis of listed Critical Illness	On Insured Member being diagnosed on first occurrence of any of the covered Critical Illnesses provided the Rider is in-force at the time of diagnosis of Critical Illness and Insured Member has survived the Survival Period.	We shall pay 100% of CI Sum Assured to the Claimant. The Rider will terminate upon the payment of the above benefit or at end of the Rider Policy Term, whichever is earlier.
Survival/ Maturity	Upon Survival of the Insured Member during the Rider Team or in case the Rider is in-force at the time of Maturity.	There is no Survival or Maturity Benefit under the Rider.
Termination by Master Policyholder	Both Master Policyholder and member have the option to exist the scheme	If the scheme is terminated by Master Policy Holder, 100% of the unexpired premium shall be refunded.
Termination by member		In case of members exiting the scheme, 100% of the unexpired premium shall be refunded.

If the covered Critical Illness Condition occurs while the Insured Member's CI coverage is in force, but the Survival Period ends after the end of the Insured Member Coverage Term, CI Sum Assured applicable at the time of occurrence of covered Critical Illness Conditions shall be payable. In such a case if the Insured Member's insurance coverage is renewed in the interim, any premium charged at renewal for this benefit will be refunded along with the CI claim.

On payment of the CI Sum Assured, the insurance coverage will continue for the remaining Member Coverage Term with all the other benefits available under the Base Policy other than Rider Benefit.

ii. Rider Premium

a) You must pay the Rider Premium along with the Premium under the Base Policy. We will not accept Rider Premium on a standalone basis. Please refer to the Policy Schedule under the Base Policy for the Rider Premium, the Rider Premium Payment Frequency amongst other details.
b) Please refer to the Base Policy for other terms and conditions in relation to payment of Rider Premium and the consequences for non-payment of Rider Premium by the due dates.
c) If the date of entry of the Insured Member is later than the date of commencement of the Master Policy or the renewal date, a proportionate premium shall be payable from the date of entry, up to the next renewal date or the next premium due date whichever occurs first. However, if Full Term

Cover is chosen, then insurance coverage will be provided for the Base Policy Term from the date of becoming an Insured Member and correspondingly full premium applicable for the Base Policy Term shall be payable.

iii. Grace Period

Grace period will be as per the Base Policy i.e. 30 days for half-yearly and quarterly premium payment modes and 15 days for monthly premium payment mode wherein the Insured Member/Master Policyholder, as applicable, will be allowed to pay the due premium from the due date of premium. There is no grace period applicable for annual premium payment mode.
During the grace period, the Insured Member's insurance coverage is considered to be in-force. If the contingent event of CI occurs during the grace period, benefit shall be payable as per Rider T&C after deducting the due unpaid premium in respect of the Insured Member, subject to the Exclusions.

Part-D

Surrender

If the Base Policy is Surrendered, then the Rider will be automatically Surrendered.

In case of members exiting the scheme or the scheme is terminated by Master Policy Holder, 100% of the unexpired premium shall be refunded.
In case of termination of a Base Policy, the Insured Member will have the option to continue the risk cover on individual basis in both Base Policy and Rider Policy till the termination of risk cover or next annual renewal date whichever is earlier.

Lapse

After the expiry of the Grace Period without payment of the premium in full, the Insurance Coverage under the Rider Policy for the relevant Insured Member(s) shall be deemed to have automatically lapsed and all liability of the Company shall cease and the Company will not be liable to pay any benefit in case of the contingent event of CI of the Insured Member.

Revival

A lapsed Master Policy / Insured Member's cover can be revived within 90 days of the first unpaid premium or up to the scheme renewal date, whichever is earlier, subject to following conditions:

- Revival of Master Policy of the base product to which Rider is attached
- Payment of due premiums along with interest as notified by the Company from time to time.
- Revival shall be as per the Board Approved Underwriting Policy of the Company, and the Company may require Insured Member(s) to furnish satisfactory evidence of health and other requirements in accordance with the Company's Board Approved Underwriting Policy.
- The Company reserves the right to revive the Master Policy / Insured Member's cover at the original terms, revive with modified terms or decline the revival of the Policy / Insured Member's cover, in accordance with the Company's Board Approved Underwriting Policy.
- The Company will not be liable to pay for any relevant benefit while the Master Policy / Insured Member's cover is in lapsed state.

The basis for determining the interest rate is the average of the daily rates of 10-Year G-Sec rate over the last five calendar years ending 31st December every year rounded to the nearest 50 bps plus a margin of 100 bps, and any change in the basis of this interest rate will be subject to prior approval of the Authority. The Company undertakes the review of the Interest rates for revivals on 31st December every year with any changes resulting from the review being effective from the 1st of April of the following year.

Free Look Period

As per Base Policy to which this rider is attached. However, the Rider can be terminated during the Free look period either on its own or along with its Base Policy. In case the Base Policy is cancelled within free-look period, Rider will also be automatically cancelled.

At Master Policy level:
In case the Master Policyholder does not agree with the terms and conditions of the Base/ Rider Master Policy or otherwise and has not made any claim, the Master Policyholder has the option to request for cancellation of the Master Policy by returning the original Master Policy Document of Base/Rider Plan (if issued physically upon request) along with a written request stating the reasons for objection non-acceptance to the insurer Company within free-look period of 30 days (from the date of receipt of Master Policy document, whether received electronically or otherwise (whichever is earlier). Upon the receipt of such a cancellation request, the Company will cancel the Master Policy/Rider policy and refund the premiums received after deducting proportionate risk premium for the period of insurance cover and expenses incurred on medicals, if any and applicable stamp duty. All Insured Members' coverage will cease post the request for free look cancellation by the Master Policyholder. In case the Master Policy of Base Product is cancelled, the Rider Policy automatically gets cancelled.

At Member level:
Where the Insured Member is paying the premium for his / her coverage and the Insured Member does not agree with the terms and conditions of the Base/ Rider Master Policy or otherwise and has not made any claim, he / she has the option to request for cancellation of the insurance coverage with a written request stating the reasons for non-acceptance objection to the insurer Company within free-look period of 30 days from the date of inception of coverage. Upon such cancellation request, the Company will cancel the insurance coverage in respect of the Insured Member and refund the premiums received in respect of Insured Member after deducting proportionate risk premium for the period of insurance cover and expenses incurred on medicals, if any and applicable stamp duty, for that Insured Member. The coverage for the Insured Member will cease post the request for such free look cancellation.

In case the Insured Member opts to cancel the cover under Base policy, the insurance coverage under Rider Policy automatically gets cancelled.

Option to change the Sum Assured
The CI Sum Assured with respect to an Insured Member may be increased or decreased during the term of the Master Policy, subject to below conditions:

- The increase or decrease in the CI Sum Assured shall be within the minimum and maximum limits as per Rider T&C.
- The increase or decrease in CI Sum Assured is applied basis a defined criteria as mutually agreed between the Company and the Master Policyholder.
- Receipt of additional premium / refund of excess premium, calculated on a pro-rata basis for the remaining duration of the coverage term basis the increase / decrease in the CI Sum Assured.
- The acceptance of the change in CI Sum Assured for each Insured Member shall be determined in accordance with the Company's Board Approved Underwriting Policy.
- The Increased CI Sum Assured should not exceed Sum Assured under the Base Policy

Termination

The Rider shall automatically terminate on the earlier occurrence of either of the following:
- If the base policy is terminated by way of cancellation, surrender, lapse, death, maturity or if a claim under this Rider is paid, the Rider coverage will be terminated.
- In case of termination of a Base Policy, the Individual Insured Member(s) will have the option to continue the risk cover on individual basis in both Base Policy and Rider Policy till the termination of

risk cover or next annual renewal date whichever is earlier

- On payment of the Rider Sum Assured
- During the Free look period either on its own or along with its Base Policy. In case the Base Policy is cancelled within free-look period, Rider will also be automatically cancelled.

Part-E

Charges

There are no charges under this Rider.

Part-F

General Conditions - Assignment | Nomination | Amendment | Policy Currency | Misstatement of Age | Compliance with Law | Policy Issuance & Communications | Replacement of Master Policy Document/Certificate of Insurance (where document is issued physically) | Electronic Transactions | Governing Law and Jurisdiction | Fraud, Misstatement and Forfeiture | Travel and Occupation | Claim Procedure

Please refer to the Base Policy for details pertaining to the above-mentioned clauses (General Conditions) which apply to both the Base Policy and this Rider document.

Exclusions

Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions, no Critical Illness benefit will be payable if the Critical Illness Condition(s) occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

1. Congenital Condition: Any external congenital condition or related illness is not covered. In case any Internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per policy terms and conditions.
2. Drug Abuse: Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered Medical Practitioner.
3. Pre-existing disease (PED) means any condition, ailment, injury or disease:

    i. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the coverage by the insurer; or its reinstatement, whichever is later or

    ii. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the coverage or its reinstatement, whichever is later.
4. Self-inflicted Injury: Intentional self-inflicted injury by the Insured Member.
5. Suicide: If the Critical Illness was contracted due to attempted suicide.
6. Criminal Acts: Insured Member involvement in criminal activities with criminal intent.
7. War and Civil Commotion: Exposure to war, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
8. Nuclear Contamination: Exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
9. Aviation: Insured Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
10. Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
11. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event

Further, to the above exclusions, the Suicide exclusion will not be applicable to Insured Members who migrate from an existing scheme of another insurance provider to the scheme provided by the Company. Similarly, this exclusion will not be applicable for Insured Members whose insurance coverage gets renewed upon renewal of the scheme with the Company. The Suicide exclusion shall not apply to schemes with compulsory participation.

PART G

Grievance Redressal Procedure

Please refer to the Base Master Policy for details pertaining to grievance redressal procedure which also applies to this Rider document.

Annexure A - Definitions of Covered Critical Illness 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 leukemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

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. 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:

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

4. MAJOR ORGAN/BONE MARROW TRANSPLANTATION

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:

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

5. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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

6. OPEN CHEST CABG

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

7. 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.

8. 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.

9. 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.

10. COMA OF SPECIFIED SEVERITY

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

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

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

11. 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:

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

12. 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.

13. ALZHEIMER'S DISEASE

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

i. 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
ii. Personality change
iii. Gradual onset and continuing decline of cognitive functions
iv. No disturbance of consciousness
v. Typical neuropsychological and neuroimaging findings (e.g. CT scan, MRI, PET scan of the Brain)

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.

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

For the above definition, the following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric Illnesses;
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia

14. 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.

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:
i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.

17. BENIGN BRAIN TUMOUR

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:
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.

18. APALLIC SYNDROME

Apallic syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact.

A persistent 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:

i. Complete unawareness of the self and the environment
ii. Inability to communicate with others
iii. No evidence of sustained or reproducible behavioural responses to external stimuli
iv. Preserved brain stem functions
v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

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.

19. Major Head Trauma

I. 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.

II. 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.

III. 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.

IV. The following are excluded:

i. Spinal cord injury;

20. 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 are excluded.

21. SYSTEMIC LUPUS ERYTHEMATOUS – WITH LUPUS NEPHRITIS

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

i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) and anti-dsDNA antibodies
ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
iii. Continuous treatment with corticosteroids or other immunosuppressants
iv. Additionally, one of the following organ involvements must be diagnosed:
v. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
vi. Libman-Sacks endocarditis or myocarditis
vii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive abnormalities are specifically excluded.
viii. The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

i. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
ii. Drug-induced lupus erythematosus

22. LOSS OF SPEECH

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

All psychiatric related causes are excluded

23. 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:

i. Bone marrow stimulating agents
ii. Immunosuppressants
iii. Bone marrow transplantation
iv. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

24. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery

pressure above 30 mm of Hg on Cardiac 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.

II. 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.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. 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:

i. Muscle rigidity

ii. Tremor

iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] 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 despite adequate drug treatment.

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. 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.

iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.

iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

v. Getting between rooms – the ability to get from room to room on a level floor.

vi. 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.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

i. Secondary parkinsonism (including drug, trauma - or toxin-induced parkinsonism)

ii. Essential tremor

iii. Parkinsonism related to other neurodegenerative disorders

26. BLINDNESS

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
II. The Blindness is evidenced by:
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.
III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

27. Deafness

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

28. MEDULLARY CYSTIC DISEASE TYPE 1 AND TYPE 2

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

i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

i. Polycystic kidney disease
ii. Multicystic renal dysplasia and medullary sponge kidney
iii. Any other cystic kidney disease

29. MUSCULAR **DYSTROPHY**

A definite diagnosis of one of the following muscular dystrophies:

i. Duchenne Muscular Dystrophy (DMD)
ii. Becker Muscular Dystrophy (BMD)
iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
iv. Limb-Girdle Muscular Dystrophy (LGMD)
v. Facioscapulohumeral Muscular Dystrophy (FSHD)
vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
vii. Oculopharyngeal Muscular Dystrophy (OPMD)

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:

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. 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.

iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.

iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

v. Getting between rooms – the ability to get from room to room on a level floor.

vi. 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.

For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

30. 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:

i. Poliovirus infections without paralysis

ii. Other enterovirus infections

iii. Guillain-Barré syndrome or transverse myelitis

31. FULMINANT VIRAL HEPATITIS

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

i. Typical serological course of acute viral hepatitis

ii. Development of hepatic encephalopathy

iii. Decrease in liver size

iv. Increase in bilirubin levels

v. Coagulopathy with an international normalized ratio (INR) greater than 1.5

vi. Development of liver failure within 7 days of onset of symptoms

vii. No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)

ii. Fulminant viral hepatitis associated with intravenous drug use

32. LOSS OF INDEPENDENT EXISTENCE [BEFORE AGE 65]

A definite diagnosis [before age 65] of 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:

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. 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.

iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.

iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene

by using the toilet or otherwise managing bowel and bladder function.

v. Getting between rooms – the ability to get from room to room on a level floor.

vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

33. ENCEPHALITIS

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

i. Encephalitis caused by bacterial or protozoal infections

ii. Myalgic or paraneoplastic encephalomyelitis

34. SPORADIC CREUTZFELDT-JAKOB DISEASE (SCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as "probable" by all of the following criteria:

i. Progressive dementia

ii. At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism

iii. Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid

iv. No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

i. Iatrogenic or familial Creutzfeldt-Jakob disease

ii. Variant Creutzfeldt-Jakob disease (vCJD)

35. AMYOTROPHIC LATERAL SCLEROSIS (LOU GEHRIG'S DISEASE) - resulting in permanent loss of physical abilities

A definite diagnosis of amyotrophic lateral sclerosis. 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:

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. 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.

iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.

iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

v. Getting between rooms – the ability to get from room to room on a level floor.

vi. 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 nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

i. Other forms of motor neurone disease

ii. Multifocal motor neuropathy (MMN) and inclusion body myositis

iii. Post-polio syndrome

iv. Spinal muscular atrophy

v. Polymyositis and dermatomyositis

36. BACTERIAL MENINGITIS - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

Aseptic, viral, fungal, parasitic or non-infectious meningitis

37. CHRONIC PANCREATITIS – *leading to exocrine and endocrine pancreatic insufficiency*

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea

ii. Endocrine pancreatic insufficiency with pancreatic diabetes

iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

i. Chronic pancreatitis due to alcohol or drug use

ii. Acute pancreatitis

38. CHRONIC ADRENOCORTICAL INSUFFICIENCY (ADDISON'S DISEASE)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

i. ACTH stimulation test

ii. ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood levels

For the above definition, the following are not covered:
Secondary, tertiary and congenital adrenal insufficiency

Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

39. PRIMARY CARDIOMYOPATHY

A definite diagnosis of one of the following primary cardiomyopathies:

i. Dilated Cardiomyopathy

ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)

iii. Restrictive Cardiomyopathy

iv. Arrhythmogenic Right Ventricular Cardiomyopathy

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

i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.

ii. 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.

iii. 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, cardiac MRI or cardiac CT scan findings.
The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy

ii. Transient reduction of left ventricular function due to myocarditis

iii. Cardiomyopathy due to systemic diseases

iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

40. SYSTEMIC SCLEROSIS (SCLERODERMA) – *with organ involvement*

A definite diagnosis of systemic sclerosis evidenced by all of the following:

i. Typical laboratory findings (e.g.anti-Scl-70 antibodies)

ii. Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)

iii. Continuous treatment with corticosteroids or other immunosuppressants

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

i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
iii. Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
iv. Echocardiographic signs of significant Grade III left ventricular diastolic dysfunction

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

For the above definition, the following are not covered:

i. Localized scleroderma without organ involvement
ii. Eosinophilic fasciitis
iii. CREST - Syndrome