CANARA HSBC LIFE INSURANCE

CRITICAL ILLNESS RIDER

A Non-linked Non-participating Individual Health Rider

Canara HSBC LIFE INSURANCE

A PROMISE TO SECURE YOU AGAINST CRITICAL HEALTH EMERGENCIES

Prepare for the unexpected today by choosing the **coverage** for **40 critical illnesses**

Canara HSBC Life Insurance Company Limited
Canara HSBC Life Insurance Linked Critical Illness Benefit Rider

In a world full of uncertainties, the financial burden at the time of a critical illness is the last thing you need. Today with the spiraling costs of medication, the financial burden of getting treated for any major illness or getting a surgery done may drain your savings. While you can't always prevent illnesses, you can protect yourself from its financial impact. Introducing Canara HSBC Life Insurance Linked Critical Illness Benefit Rider, which will help you cover these costs, allowing you to focus on recovery without any worry.

Key Features of Canara HSBC Life Insurance Linked Critical Illness Benefit Rider:

- Protection against specified 40 Critical Illnesses (CI) e.g. Cancer of specified severity, Kidney Failure, Heart Attack etc.
- Flexibility to opt for Rider Premium Payment Term[1] and Rider Policy Term[2] as per your needs for the rider cover
- Receive a lump sum amount when diagnosed with the specified 40 Critical Illnesses covered
- Premium rates guaranteed for the entire policy term

ELIGIBILITY CRITERIA

Entry Age	18 years to 65 years
Premium Payment Term[1]	Limited Pay: 5 to 19 years | Regular Pay: Same as Policy Term
Policy Term[2]	Limited Pay: 6 to 20 years | Regular Pay: 5 to 20 years
Maturity Age	23 years to 70 years
Premium Payment Mode	Annual, Semi-Annual, Quarterly, Monthly
Sum Assured[4]	Minimum: ₹50,000 Maximum: ₹ 50,00,000 or Sum Assured under the Base Policy, whichever is lower.

Note:

1. Rider premium payment term can be less than or equal to premium payment term of the base policy. If the entry age plus base policy premium payment term is beyond age 70 years, the Rider premium payment term would be 70 years less entry age subject to maximum Premium Payment Term of the Rider.
2. Rider term can be less than or equal to the policy term of the base plan, if chosen at commencement of the base policy subject to maximum maturity age of 70 years. If the entry age plus base plan term is beyond age 70 years, the Rider term would be 70 years less entry age subject to maximum Rider Term under the Rider.
3. The Rider can be opted along with base policy at inception only.
4. The Rider Sum Assured will be in addition to the Base Sum Assured. It can be chosen independently from the base policy Sum Assured at inception but cannot be more than the base policy Sum Assured. The Rider Sum Assured will remain constant throughout the Rider Term.
5. The premium payable under this rider shall not exceed 100% of the base premium. This limit shall be governed by extant regulations at the time of opting for this rider.
6. No Critical Illness benefit is payable in case the Rider is in Lapsed State.

Benefits under the Rider:

In case the Life Assured is diagnosed with any one of the specified Critical Illnesses subject to terms and conditions of the Rider, the company shall pay Critical Illness Sum Assured as lump sum provided the Life Assured survives the Survival Period following diagnosis of the said Critical Illness subject to applicable Exclusions and the base policy and Rider being in force.

If the specified critical illness is diagnosed before the end of Rider Term (including the last day of the Rider Term), but the Survival Period ends after the end of the Rider Term, We shall pay the Critical Illness Sum Assured as lump sum provided the Life Assured survives the Survival Period following diagnosis of the said Critical Illness.

Upon payment of the Rider Sum Assured, the Rider will immediately and automatically terminate.

90 Days Waiting Period for Critical Illness:

No benefit shall be paid in case the Life Assured is diagnosed with any of the applicable listed Critical Illnesses within 90 days from the date of commencement or revival of cover, whichever occurs later.

BENEFITS PAYABLE

Events	What and when Benefits are payable	Size of such benefits/ policy monies
Diagnosis of listed Critical Illness	On Life Assured 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 Life Assured has survived the Survival Period of 30 days.	100% of Critical Illness Sum Assured
Survival/Maturity	Upon survival of the Life Assured during the Rider Term/In case the Rider is in-force at the time of Maturity.	There is no Survival/Maturity benefit payable under this Rider.
Lapse	A Rider shall acquire Lapse status at the expiry of grace period if the Policyholder fails to pay due Rider Premiums within the grace period.	In case of Regular Premium riders, once the Rider is in Lapse status, no coverage will be provided. Further, no benefit shall be payable upon request for termination of the Rider or on the expiry of the Revival Period. If a Rider in Lapse status is not revived within the Revival Period, it shall terminate upon expiry of the Revival Period. However, in case of Limited Premium riders, once the Rider is in Lapse status (after having paid all the premiums due for the first 2 consecutive Policy Years), an Early Exit Value shall be payable on the earliest of the following terminations:

Events	What and when Benefits are payable	Size of such benefits/ policy monies
Lapse		• Request for termination of the lapsed Rider; or • End of Revival Period for the lapsed Rider Early Exit Values shall also be payable upon receiving a request for termination of an in-force Rider before all due Premiums have been paid as per the chosen PPT (however, after having paid all the premiums due for the first 2 consecutive Policy Years). The Early Exit Value payable for each life, in respect of each benefit (where the same is in-force) shall be calculated separately as detailed below: **Regular Premium:** Not Applicable **Limited Premium:** 50% x Premiums Paid x [(Unexpired Rider Term/Rider Term) x (Premiums Paid/Total Premiums Payable)] Where, • Premiums Paid shall be the total of all the premiums received for a given benefit (in respect of a given life), excluding the corresponding underwriting extra premiums, modal premiums and taxes. • Unexpired Rider Term shall be calculated as Rider Term less complete number of Years for which premiums have been paid, as applicable for a given benefit (in respect of a given life). • Total Premiums payable shall be the total of all the premiums which are payable during the Rider term excluding loadings for modal premiums, any underwriting extra premium and taxes, if collected explicitly.
Paid-Up	A Rider shall acquire Paid-Up status at the expiry of grace period if the Policyholder fails to pay due Rider Premiums within the grace period after paying premium for first policy year.	This rider does not offer any paid-up value as this is a pure protection rider. In case of paid up of Base Policy, early exit value will be payable for the Rider with Limited Premium Term upon the expiry of the Revival period. No benefit is payable for the Rider with Regular Premium Term.

Events	What and when Benefits are payable	Size of such benefits/ policy monies
Surrender Benefit		In case of Limited Premium Payment Rider, the surrender benefit will be available after payment of all premiums due under the Rider as per the chosen Premium Payment Term. No surrender value is payable in case of Regular Premium riders. The surrender value payable for each life, in respect of each benefit (where the same is in-force), shall be calculated separately as detailed below: **Regular Premium:** Not Applicable **Limited Premium:** 50% x Premiums Paid x [(Unexpired Rider Term/Rider Term)] x Where, • Premiums Paid shall be the total of all the premiums received for a given benefit (in respect of a given life), excluding the corresponding underwriting extra premiums, modal premiums and taxes. • Unexpired Rider Term shall be calculated as the complete number of outstanding within the Rider Term, as applicable for a given benefit (in respect of a given life). Upon payment of Surrender Value in respect of a life, all benefits attached to that life under this Rider will cease.

KEY TERMS & CONDITIONS, EXCLUSIONS AND DEFINITIONS

1. Revival Period:

Revival will be based on Company's Board Approved Underwriting Policy. If a Premium is in default beyond the Grace Period and subject to the Rider not having been surrendered, the Rider may be revived, within the Revival Period applicable to the Base Product after the due date of first unpaid Rider Premium and before the date of maturity of the Rider, subject to:

- Policyholder's written application for revival;
- Production of Life Assured's current health certificate and other evidence of insurability, satisfactory to the Company; and
- Payment of all overdue Rider Premiums with interest

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. Any

change in the basis of this interest rate will be subject to the 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.

If the Base Policy had lapsed and is subsequently being revived, on repayment of all due Premiums for the Rider with interest within the Revival Period, the Rider benefit will also get revived along with the Base Policy. In such a case, the Rider cannot be revived independently and can only be revived along with the revival of the Base Policy.

Any revival shall only cover insured event which occurs after the revival date. Upon revival of the Rider option, all benefits shall be restored and be applicable with effect from the date of revival, subject to any applicable waiting period.

If the Rider is not revived along with the Base Policy, the Rider shall be terminated by paying any Surrender Value or Early Exit Value, as applicable on the date of revival of the Base Policy and revival of such terminated Rider will not be allowed at a later stage.

2. Free-Look Period:

In case the Policyholder does not agree with the terms and conditions of the Rider or otherwise & has not made any claim, they shall have the option to request for cancellation of the Rider by returning the original Rider Document (if issued physically upon request) along with a written request stating the reasons for non-acceptance to the Company within the free-look period of 30 days from the date of receipt of the Rider Document, whether received electronically or otherwise (whichever is earlier) The refund of the premium will be paid subject to deduction of the proportionate risk premium for the period of cover, stamp duty charges and expenses incurred on medicals (if any).

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.

3. Grace Period

The grace period will be same as applicable under the base policy. i.e., 15 days for monthly mode and 30 days for all other modes.

During the Grace Period, the Rider is considered to be in-force with the risk cover. If any of the listed critical illnesses occur during the grace period, the corresponding benefits will be payable for an in-force Rider after deducting the due unpaid Premium.

4. Waiting Period

Waiting Period is defined as a period of 90 days starting from the Risk Commencement Date or the date of Revival, whichever is later. During this period, no benefit shall be paid in case the Life Assured is diagnosed with any of the applicable listed Critical Illnesses.

5. Survival Period

Survival Period means the period of time (30 days) after the date of first diagnosis of covered Critical Illness that the Life Assured has to survive to be eligible for receiving the benefit amount covered under Critical Illness benefit.

6. Other Exclusions and conditions

Critical Illness benefit will not be payable if the Critical Illness occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- Any Pre-existing condition* or physical condition, unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
- Intentional self-inflicted injury, suicide or attempted suicide.
- For any medical conditions suffered by the Life Assured or any medical procedure undergone by the Life Assured, if that medical condition or that medical procedure 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.

- 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;
- Participation in a criminal or unlawful act with criminal intent;
- For any medical condition or any medical procedure arising from 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;
- For any medical condition or any medical procedure 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;
- For any medical condition or any medical procedure arising from participation 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.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder. 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 terms and conditions.

*Pre-existing Disease means any condition, ailment, injury or disease:

That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or;

For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception or at reinstatement.

**Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Life Assured whether he is trained or not.

In case CI benefit is claimed but is not admissible due to any of the exclusion clause(s) applicable for CI, then the CI benefit would not be payable. However, the benefits payable on other events covered under the Policy will continue.

In addition to the above, other exclusions are listed in “Definitions of Covered Critical Illness”.

7. For monthly mode policies, the Company may accept three months premium in advance at policy inception. Collection of advance premium shall be allowed within the same financial year for the premium due in that financial year. However, where the premium due in one financial year is being collected in advance in earlier financial year, the Company may collect the same for a maximum period of three months in advance of the due date of the premium. The premium so collected in advance shall only be adjusted on the due date of the premium.

8. The risk under this policy will commence on the date the Company underwrites the risk, subject to realization of full premium.

9. Goods and Services Tax & applicable cess (es)/levy, if any will be charged over and above the premium as per applicable laws as amended from time to time.

10. Nomination and Assignment:

- Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938, as amended from time to time.
- Assignment should be in accordance with provisions of Section 38 of the Insurance Act, 1938, as amended from time to time.

11. Section 41 of the Insurance Act, 1938 (as amended from time to time):

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

12. Section 45 of the Insurance Act, 1938 (as amended from time to time)

Policy shall not be called into question on the ground of misstatement after three years in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

In case of fraud or misstatement, the policy shall be cancelled immediately by paying the early exit value / surrender value, if any, subject to fraud or misstatement being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

For provisions of this Section, please refer to the policy contract of this product on our website www.canarahsbclife.com

13. Procedure for Grievance Redressal

Grievance Redressal Process In case of any concern you may have, kindly visit any of our branches or call our resolution center. You can also write an email to us or reach us through the online form on our website. We will respond to you maximum within two weeks from the date of receiving your complaint.

Complaint Redressal Unit Canara HSBC Life Insurance Company, 139P, sector 44, Gurugram - 122003, Haryana, India Toll Free- 1800-103-0003/1800-891-0003
Email: cru@canarahsbclife.in
https://www.canarahsbclife.com/customer-service/grievance-redressal#registerComplaint

In case you do not receive a response from us or are not satisfied with the same you may write to our Grievance Redressal Officer at

Grievance Redressal Officer Canara HSBC Life Insurance Company, 139P, sector 44, Gurugram - 122003, Haryana, India Toll Free- 1800-103-0003/1800-891-0003 Email: gro@canarahsbclife.in To locate our branch please visit https://www.canarahsbclife.com/contact-us/locate-a-branch. In case the complaint is not attended to within two weeks of registration of the complaint or the resolution provided by the Insurer/GRO is not satisfactory, the client may complain to Bima Bharosa by visiting: https://bimabharosa.irdai.gov.in

In case you are still not satisfied with the decision/resolution provided by the Company, you may approach the Insurance Ombudsman of your respective State for redressal of your grievance. For more details kindly refer to our website www.canarahsbclife.in or the GBIC website at https://cioins.co.in/Ombudsman for the list of Ombudsman.

Kindly note that you may approach the Insurance ombudsman, if you do not receive response from us within 30 days from the date of filing the complaint or if your complaint is rejected or if you are not satisfied with our response.

14. Definitions of Covered Critical Illness

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, premalignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

2. Myocardial Infarction (First Heart Attack Of Specific Severity)

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. The following are excluded: 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.

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

6. Kidney Failure Requiring Regular Dialysis:

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

7. Stroke Resulting In Permanent Symptoms:

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.

iii. Other causes of neurological damage such as SLE are 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 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.

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 90 decibels 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 ($PaO_2 < 55mmHg$);

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. 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.

18. Loss Of Limbs:

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction.

Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major Head Trauma:

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:

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

The following are excluded: Spinal cord injury;

20. Primary (Idiopathic) Pulmonary Hypertension:

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialistin 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.

21. Third Degree Burns:

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

22. Alzheimer's Disease:

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. iii. Gradual onset and continuing decline of cognitive functions

iv. No disturbance of consciousness

v. 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 conditions.

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. Medullary Cystic Disease:

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

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:

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.

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- or toxin-induced parkinsonism)

ii. Essential tremor.

26. Apallic Syndrome:

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:

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.

vi. 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.

27. Major Surgery of the Aorta:

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.

28. Fulminant Viral Hepatitis - resulting in acute liver failure:

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.

29. 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). About us:

30. 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:

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.

For the above definition, the following are not covered:

Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

31. Poliomyelitis - resulting in paralysis:

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

32. Chronic Recurring Pancreatitis:

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

33. 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, parasitic or non-infectious meningitis

34. Loss of Independent Existence:

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:

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 has to be confirmed by a Specialist.

35. 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.

36. Severe Rheumatoid arthritis:

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

i. Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis

ii. Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies

iii. Continuous treatment with corticosteroids

iv. Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

Reactive arthritis, psoriatic arthritis and activated osteoarthritis.

37. Scleroderma:

A definite diagnosis of scleroderma 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 (MDRDformula)

iv. Echocardiographic signs of significant 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

38. Creutzfeldt-Jakob Disease (CJD):

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 (CJD)

39. 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:

i. Secondary, tertiary and congenital adrenal insufficiency.

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

40. 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) or antidsDNA antibodies.

ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis).

iii. Continuous treatment with corticosteroids or other immunosuppressants.

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

i. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula).

ii. Libman-Sacks endocarditis or myocarditis

iii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal

iv. fluid or EEG findings.

Headaches, cognitive abnormalities are specifically excluded.

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

ABOUT US:

Canara HSBC Life Insurance Company Limited is a company formed jointly by three financial organizations - Canara Bank and Punjab National Bank, and HSBC Insurance (Asia Pacific) Holdings Limited.

The shareholding pattern of the Joint Venture is – Canara Bank: 51%, HSBC Insurance (Asia Pacific) Holdings Limited: 26% and Punjab National Bank: 23%.

Our aim is to provide you with a range of life insurance products backed by customer service and thereby, making your life simpler.

Canara HSBC Life Insurance Linked Critical Illness Benefit Rider is a Non-Linked, Non-Participating, Individual Health Rider.

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