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



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Canara HSBC Life Insurance Linked Critical Illness Benefit Rider
A Non-Linked Non-Participating Individual Health Rider
UIN – 136A018V01

PART – A

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

Rider Preamble

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

1. **Critical Illness Benefit Sum Assured (CI Sum Assured)** means the amount, as mentioned in the Policy Schedule, that is payable on the diagnosis of Critical Illness of the Life Assured.
2. **Critical Illness** condition 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 – Definitions of covered Critical Illness Conditions”.
3. **Base Policy** means the 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. **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 the scope and jurisdiction of his/her license; The Medical practitioner should not be:
 - the policyholder/insured person himself/herself; or
 - an authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or employed by or
 - under contractual engagement with the insurance company; or
 - related to the policyholder/insured person by blood or marriage.
6. **Pre-existing Disease** means any condition, ailment, injury or disease:
 - a. 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
 - b. 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/Working Spouse 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.

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

9. **Rider** means this Linked Critical Illness Benefit Rider added to the Base Policy with additional premium or charge.
10. **Rider Anniversary** means the date corresponding to the Rider Commencement Date occurring after the completion of every Rider Year.
11. **Rider Benefits** means the amount of benefit payable on occurrence of a specified event covered under the Rider and is an additional benefit to the benefit under the Base Policy.
12. **Rider Commencement Date** means the date as specified in the Policy Schedule of Base Policy from which this Rider is effective.
13. **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.
14. **Rider Maturity Date** means the date on which the Rider Policy Term expires unless the Rider has been terminated earlier.
15. **Rider Policy Year** means the 12 consecutive months' period commencing from the Rider Commencement Date and ending on the day immediately preceding the first Rider Anniversary and each subsequent period of 12 consecutive months thereafter during the Rider Policy Term, which may be different from the calendar year.
16. **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, Rider Policy Term and Rider Premium Payment Term.
17. **Rider Premium Payment Frequency** means the frequency chosen by You and as specified in the Policy Schedule for the payment of Rider Premium from yearly, half-yearly, quarterly or monthly frequency options available.
18. **Rider Premium Payment Term (Rider PPT)** means the term mentioned in the Policy Schedule during which the Rider Premiums are to be paid, to avail the Rider Benefit.
19. **Rider Risk Commencement Date** means the date as specified in the Policy Schedule of Base Policy on which the coverage under this Rider commences.
20. **Rider Sum Assured** refers to Linked Critical Illness Benefit Sum Assured as specified in the Policy Schedule of Base Policy.
21. **Rider Term** means the period between the Rider Commencement Date and the Rider Maturity Date.
22. **Surrender** means complete withdrawal or termination of the entire Rider.
23. **Survival Period** means the period of time (30 days) after the date of first diagnosis of covered Critical Illness Condition that the Life Assured has to survive to be eligible for receiving the benefit amount covered under Critical Illness benefit.

24. Total Premiums Paid means total of all the Rider Premiums, excluding loadings for modal premium, any underwriting extra premium and taxes, if collected explicitly.

25. Total Premiums Payable means total of all the Rider Premiums to be paid during Rider Premium Payment Term, excluding loadings for modal premium, any underwriting extra premium and taxes, if collected explicitly.

26. Waiting Period is defined as a period of 90 days starting from the Risk Commencement Date or the date of Revival, whichever is later. No benefit amount under Critical Illness benefit shall be payable in case of occurrence of covered Critical Illness Condition within the Waiting Period.

PART-C

Benefits

You can choose the Rider on or before the Rider Commencement Date along with the Base Policy at the Base Policy inception stage (subject to minimum Rider PPT) and the Rider Benefit shall be payable as specified in the Policy Schedule.

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 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.	We shall pay 100% of CI Sum Assured to the Claimant. The Rider will terminate upon the payment of the above benefit or end of the Rider Policy Term, whichever is earlier.
Survival/ Maturity	Upon Survival of the Life Assured during and till the end of Rider Policy Term Rider.	There is no Survival or Maturity Benefit under the Rider.

Rider Premium

- i. You must pay the Rider Premium along with the Premium under the Base Policy, as per the Rider Premium Payment Frequency for the Rider Premium Payment Term. 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 and the Rider Premium Payment Term, amongst other details.
- ii. 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.

- iii. Change in Rider Premium Payment Mode and Frequency: If the Premium Payment Mode or Frequency under the Base Policy is changed, then the Rider Premium Payment Mode or Frequency will also automatically change.
- iv. Rider Premium would be collected over and above the Base Policy's Premium and it would be based on Rider Sum Assured, Rider Policy Term, Rider Premium Payment Term, Gender and Entry Age of Life Assured.

Grace Period

You are required to pay Rider Premium on or before its Premium payment due date. However, You are provided with a Grace Period, of 15 days for monthly mode and 30 days for all other modes, i.e. annual, half yearly and quarterly modes from Rider Premium due date to pay the due Premium.

During the Grace Period, the Rider is considered to be in-force with the risk cover. If any of the listed critical illnesses occurs during the Grace Period, the corresponding benefits will be payable as mentioned under Clause 1 of Part C for an in-force Rider after deducting the due unpaid Premium.

If the premium for this Rider is not paid before the end of the Grace Period, the Rider cover lapses, and no Rider Benefit will be payable except the benefits mentioned under Part D below as per the Rider terms and conditions.

Part-D

Surrender

The Rider may be Surrendered anytime during the Rider Policy Term with or without the Surrender of the Base Policy. On Surrender of the Rider, all rights and benefits under the Rider will be automatically extinguished and the Rider cannot be attached again to the Base Policy.

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

However, due to some unfavorable circumstances if the Rider cannot be continued with and needs to be Surrendered, the surrender benefit as applicable under the following scenarios will be payable:

In case of Limited Premium Payment Term riders, the surrender benefit will be available after payment of all Rider Premiums due under the Rider as per the chosen Rider Premium Payment Term. No surrender value is payable in case of Regular Premium Payment Term riders.

The surrender value payable for the Life Assured, in respect of each benefit (where the same is in-force), shall be calculated separately as detailed below:

PPT Option	Surrender Value Payable
Limited Premium	50% x Premiums Paid for Rider till Surrender x [(Unexpired Rider Policy Term/Rider Policy Term)]
Regular Premium	Not Applicable

Where,

- The Premiums Paid for Rider, Unexpired Rider Policy Term and Rider Policy Term shall be as applicable

- Unexpired Rider Policy Term shall be calculated as the complete number of outstanding Rider Policy years, as applicable for a given benefit (in respect of the Life Assured).

Upon payment of Surrender Value in respect of Life Assured, all benefits attached to that life under this Rider will cease.

Paid-up benefits

This option does not offer any Paid-Up benefit as this is a pure protection option. In case of Paid-up of Base Policy, early exit value will be payable for the Rider with Single/Limited PPT upon the expiry of the Revival Period.

Lapse

The Rider shall acquire Lapse status at the expiry of Grace Period if You fail to pay due Rider Premiums within the Grace Period.

In case of Regular Premium Payment Term 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 Payment Term Rider, once the Rider is in Lapse status (after having paid all the premiums due for the first 2 consecutive Rider Policy Years), an Early Exit Value shall be payable on the earliest of the following terminations:

- 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 in respect of each life (where the Rider is in-force) shall be calculated separately as detailed below:

PPT Option	Early Exit Value Payable
Limited Premium	50% x Total Premiums Paid for Rider x [(Unexpired Rider Policy Term/Rider Policy Term) x (Total Premiums Paid for Rider/Total Premiums Payable for Rider)]
Regular Premium	Not Applicable

Where,

- The Premiums Paid for Rider, Unexpired Rider Policy Term, Rider Policy Term, and Total Premiums payable for Rider shall be as applicable.
- Unexpired Rider Policy Term shall be calculated as Rider Policy Term *less* complete number of Rider Years for which Premiums have been paid, as applicable for a given benefit (in respect of the Life Assured).

Upon payment of Early Exit Value in respect of Life Assured, all benefits attached to that life under this Rider will cease.

Revival

Revival will be based on Company's Board Approved Underwriting Policy.

If a Rider 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 Policy after the due date of first unpaid Rider Premium and before the Rider Maturity Date, subject to:

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

The interest rate applicable on revival should be the same as that applicable in the Base Policy.

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

Any revival shall only cover an Insured event which occurs after the date of Revival. Upon revival of the Rider, all benefits shall be restored and be applicable with effect from the date of Revival.

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.

Free Look Period

In case You do not agree with the terms and conditions of the Rider or otherwise, You have an option to cancel the Rider by sending a written request to Us, stating the reasons for Your objection, within the Free Look Period of 30 days from the date of receipt of Rider Document (whether received electronically or otherwise, whichever is earlier).

Upon Your request and if no claim has been made under the Rider, We will refund the Rider Premiums paid after deducting proportionate risk Premium for the period of insurance cover, medical expenses incurred by Us on the medical examination of the Life Assured, if any and applicable stamp duty.

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 the Free Look Period, Rider will also be automatically cancelled. In case of cancellation of only Rider within Free Look Period, the Base Policy will continue.

Termination

The Rider shall automatically terminate on the earlier occurrence of either of the following:

- If Premiums are discontinued for the Rider and/or under the Base Policy and not revived within the Revival Period.
- On payment of the Rider Sum Assured as per the Rider.
- On Payment of Death Benefit under the Base Policy.
- On Maturity, Surrender or Termination of the Base Policy per its terms and conditions.
- On cancellation/ Termination of the Rider or Base Policy by Us on grounds of misrepresentation, fraud or non-disclosure as per Section 45 of the Insurance Act, 1938, as amended from time to time.

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 | 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

Critical Illness Benefit

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 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 policy terms and conditions

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

- a. 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
- b. 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.

PART G

Grievance Redressal Procedure

Please refer to the Base 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, 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 ($\text{PaO}_2 < 55\text{mmHg}$);
- 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 specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

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. 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 Erythematosus – 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 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