

# Start Young, Pay Less, Stay Secure with Young Term Plan

#ITSAYOUNGTHING

## Key Benefits



**Life Cover**



**Block Your Premium Rate<sup>1</sup>**



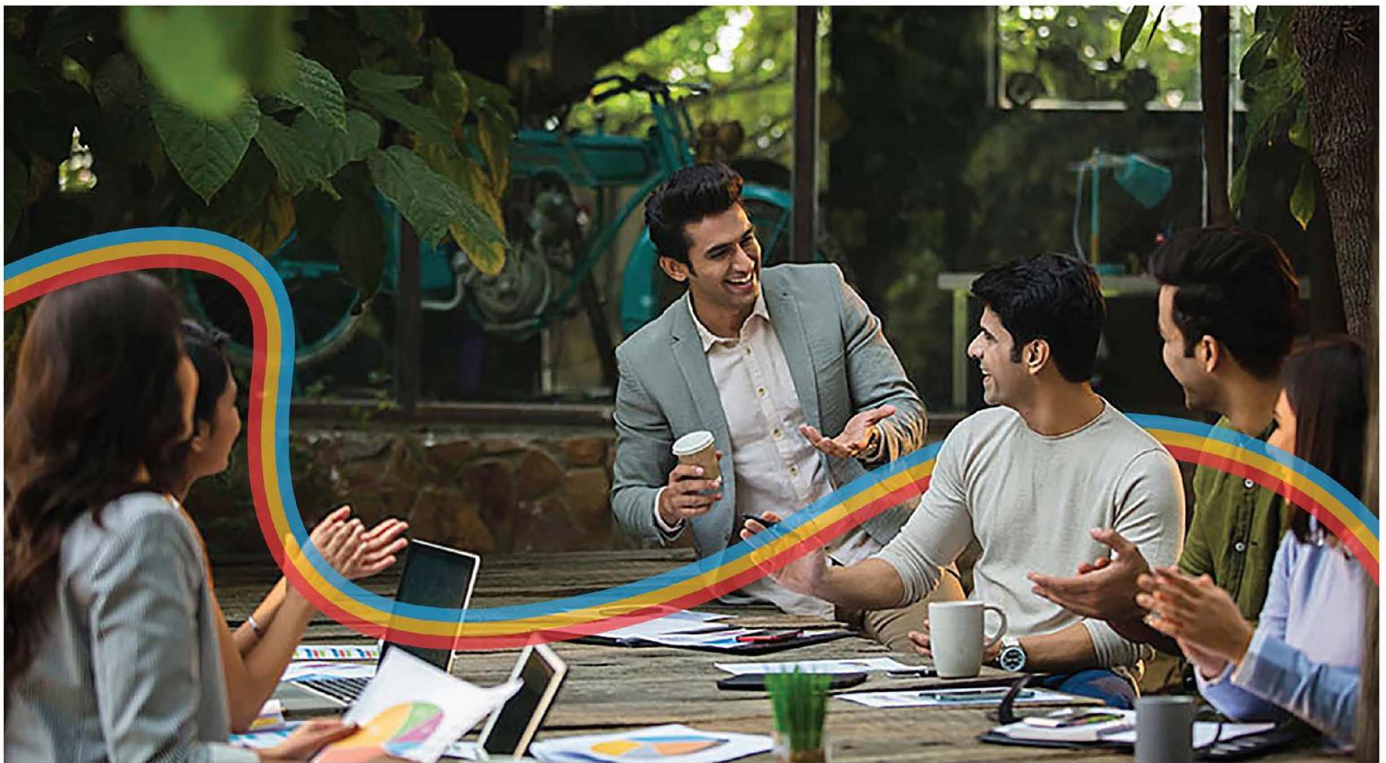
**Return of Premiums<sup>1</sup>**



**Cover against 40 listed critical illnesses<sup>1</sup>**



**Tax Benefits<sup>2</sup>**



**VISIT [WWW.CANARAHSBCCLIFE.COM](http://WWW.CANARAHSBCCLIFE.COM) TO KNOW MORE**

**For more information: ☎ 1800-103-0003/1800-180-0003/1800-891-0003**

**Canara HSBC Life Insurance | Promises ka Partner**

The plan financially secures your loved ones in case of death/diagnosis of covered critical illness or terminal illness or occurrence of Accidental Disability. \*Benefit shall be available as per the plan/coverage option, optional in built covers opted and applicable terms and conditions. \*Tax benefits under this plan will be as per the prevailing Income Tax laws and are subject to amendments from time to time. For tax related queries, contact your independent tax advisor.

**BEWARE OF SPURIOUS/FRAUD PHONE CALLS ! • IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.**

Trade Logo of Canara HSBC Life Insurance Company Limited (formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd) hereinafter referred to as "Insurer" is used under license with Canara Bank and HSBC Group Management Services Limited. The insurance products are offered and underwritten by the Insurer (IRDAI Regn. No. 136) having its head office at 139 P, Sector 44, Gurugram – 122003, Haryana (India). For more details on risk factors, terms and conditions please read the sales brochure carefully before concluding a sale. Corporate Identity No.: U66010DL2007PLC248825. Website: [www.canarahsbclife.com](http://www.canarahsbclife.com) Call: 1800-103-0003 / 1800-180-0003 / 1800-891-0003. SMS: 7039004411. Missed Call: 0120-6927801. Email: [customerservice@canarahsbclife.in](mailto:customerservice@canarahsbclife.in)

**Canara HSBC Life Insurance Young Term Plan**  
A Non-Linked, Non-Participating, Individual, Pure Risk Premium Life Insurance Plan  
UIN 136N087V02

**PART A**

**Date:**

**WELCOME LETTER**

{{OWNER\_NAME}}  
{{FATHERS\_NAME/HUSBAND NAME}}  
{{PO\_M\_ADD\_1}}  
{{PO\_M\_ADD\_2}}  
{{PO\_M\_ADD\_3}}  
{{PO\_M\_ADD\_CITY}} -  
{{PO\_M\_ADD\_STATE}} {{PO\_M\_ADD\_PINCODE}}  
{{PO\_M\_ADD\_COUNTRY}}  
Contact No.: {{OWNER\_CONTACT}}

**Your Policy Details:**

Client ID.	{{OWNER_CLIENT_ID}}
Policy No.	{{POLICY_NUMBER}}
Proposal No.	{{PROPOSAL_NUMBER}}

**Your Representative Details:**

<b>Name</b>	<b>{{AGENT_NAME}}</b>
<b>Code</b>	<b>{{AGENT_CODE}}</b>
<b>Contact No.</b>	<b>{{AGENT_CONTACT}}</b>

Dear {{Policy Owner\_name}},

Welcome to the Canara HSBC Life Insurance family. We would like to congratulate You on purchasing **Canara HSBC Life Insurance Young Term Plan**.

This document is Your Policy Document and We recommend that You read it to ascertain if the details are accurate. If You wish to rectify any of the details provided by You, please get in touch with our **Resolution center: 1800-103-0003 / 1800-180-0003 / 1800-891-0003** or your **representative**. You can also **SMS** Us at **7039004411** or write to Us at [customerservice@canarahsbclife.in](mailto:customerservice@canarahsbclife.in) and our representative will contact You at your convenience.

In case the Policy terms and conditions are not agreeable to You then You can opt for a cancellation of the Policy under Free-look period by sending back this Policy Document along with the reason for non-acceptance to the Company within <<15/30>> days from the date of receipt of this Policy Document. In case You opt for cancellation within the said period, We shall refund the Premium received by Us subject only to deduction of the proportionate risk Premium for the period of insurance cover, stamp duty and medical expenses (if any). This facility can be availed only on receipt of the original Policy Document and not on receipt of duplicate Policy Document(s) issued by the Company on your request.

We also offer an easy-to-navigate online system to manage Your Policy. Log on to our website [www.canarahsbclife.com](http://www.canarahsbclife.com) and register to start using this service.

In case of any claim related or other matters, You or the Beneficiary/Claimant may contact Us at Canara HSBC Life Insurance Company Limited, 139 P, Sector 44, Gurugram – 122003, Haryana, India. You can also get in touch with Us on 1800-103-0003 / 1800-180-0003 / 1800-891-0003 or SMS Us at 7039004411 or write to Us at [customerservice@canarahsbclife.in](mailto:customerservice@canarahsbclife.in)

We request You to pay Your Premiums on due dates to enjoy uninterrupted benefits under the Policy. Thank You for giving Us the opportunity to service Your insurance needs and We will ensure We are here to fulfill all Your Policy servicing needs.

Yours Sincerely,

**Chief Operating Officer**

**Canara HSBC Life Insurance Company Limited**

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**POLICY SCHEDULE**

**Canara HSBC Life Insurance Young Term Plan is a Non-Linked, Non-Participating, Individual, Pure Risk Premium, Life Insurance Plan**

The Company shall pay benefits upon occurrence of one or more events mentioned in this Policy on receipt of proof that is satisfactory to the Company.

	Life Assured Details	Spouse Details	Policyholder Details
<b>Name</b>	{{ ASSURED_NAME }}	{{ SPOUSE_NAME }}	{{ PROPOSER_NAME }}
<b>Date of Birth</b>	{{ ASSURED_BIRTH_DATE }}	{{ SPOUSE_BIRTH_DATE }}	{{ PROPOSER_BIRTH_DATE }}
<b>Age</b>	{{ ASSURED_AGE }}	{{ SPOUSE_AGE }}	{{ PROPOSER_AGE }}
<b>Gender</b>	{{ ASSURED_GENDER }}	{{ SPOUSE_GENDER }}	{{ PROPOSER_GENDER }}
<b>Working Status*</b>	-	{{ SPOUSE_WORKING_STATUS }}	

\*Non- working Spouse is entitled only for a fixed Sum Assured as opted at Policy inception under Life Secure Plan Option .

**Policy Schedule Details**

<b>Policy Number</b>	{{ POLICY_NUMBER }}
<b>Plan Name</b>	{{ PLAN_NAME }}
<b>Plan Type</b>	Life/Individual/ Non-Linked/ Non-Par
<b>Plan Option</b>	{{ PLAN_OPTION }}
<b>Policy Term (Years)</b>	{{ POLICY_TERM }}
<b>Premium Payment Term (Years)</b>	{{ PREMIUM_PAYMENT_TERM }}
<b>Installment Premium (Life Assured/ Spouse)</b>	{{ LIFE_ASSURED_INSTALLMENT_PREMIUM }}/ {{ SPOUSE_INSTALLMENT_PREMIUM }}
<b>Total Instalment Premium<sup>1</sup> (₹)</b>	{{ INSTALLMENT_PREMIUM }}
<b>Age Admitted (Life Assured/ Spouse)</b>	{{ AGE_ADMITTED (LIFE_ASSURED) }}/ {{ AGE_ADMITTED (SPOUSE) }}
<b>Risk Commencement Date</b>	{{ SAME_AS_POLICY_COMMENCEMENT_DATE }}
<b>Policy Commencement Date</b>	{{ POLICY_COMMENCEMENT_DATE }}
<b>Maturity Date</b>	{{ MATURITY_DATE }}
<b>Premium Payment Mode</b>	{{ POLICY_PAYMENT_FREQUENCY }}
<b>Next Premium Due Date</b>	{{ NEXT_PREMIUM_DUE_DATE }}
<b>Last Premium Due Date</b>	{{ LAST_PREMIUM_DUE_DATE }}
<b>Coverage Option</b>	{{ LEVEL/ INCREASING }}
<b>Death Benefit Payout Option (Life Assured/ Spouse)</b>	{{ LIFE_ASSURED - Lump Sum or 25%/ 50%/ 75%/ 100% in equal/increasing (5% /10% simple interest p.a) monthly instalments over 60 months and balance, if any, in lump sum }}/ {{ SPOUSE - Lump Sum or 25%/ 50%/ 75%/ 100% in equal/increasing (5% /10% simple interest p.a) monthly instalments over 60 months and balance, if any, in lump sum }}
<b>Accidental Death Benefit (Life Assured/ Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}
<b>Accidental Death Benefit Policy Term (Years)</b>	{{ Life Assured< ADB Term > }}/ {{ Spouse <ADB Term > }}
<b>Accidental Death Benefit Premium Payment Term (Years)</b>	{{ Life Assured< ADB PPT > }}/ {{ Spouse <ADB PPT > }}
<b>Accidental Total and Permanent Disability Benefit (Premium Protection) (Life Assured/ Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}
<b>Accidental Total and Permanent Disability Benefit (Premium Protection Plus) (Life Assured/Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}
<b>Child Care Benefit (Life Assured/Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}
<b>Child Care Benefit: Policy Term (Years)</b>	{{ Life Assured< CCB Term > }}/ {{ Spouse <CCB Term > }}
<b>Child Care Benefit: Premium Payment Term (Years)</b>	{{ Life Assured< CCB PPT > }}/ {{ Spouse <CCB PPT > }}
<b>Critical Illness (Premium Protection) (Life Assured/Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}
<b>Critical Illness (Premium Protection Plus) (Life Assured/Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}
<b>Critical Illness : Policy Term (Years)</b>	{{ Life Assured< CI Term > }}/ {{ Spouse <CI Term > }}
<b>Critical Illness : Premium Payment Term (Years)</b>	{{ Life Assured< CI PPT > }}/ {{ Spouse <CI PPT > }}
<b>Terminal Illness (Life Assured/Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}
<b>Block Your Premium(Life Assured/Spouse)</b>	{{ Life Assured< Yes/ No > }}/ {{ Spouse <Yes/No > }}

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Benefit Coverage Details		
Sum Assured (₹)	Life Assured <Sum Assured>	Spouse <Sum Assured>
Death Benefit Payout Option	<Lumpsum/ Monthly Income/ Monthly Income+ Lumpsum (if any)>	<Lumpsum/ Monthly Income/ Monthly Income + Lumpsum (if any)>
Fixed proportion Balance (if any)	<25%/50%/75%/100%> <Equal/Increasing> Monthly instalments	<25%/50%/75%/100%> <Equal/Increasing> Monthly instalments
Death Benefit* (₹)	<Lumpsum - <Sum Assured on Death at inception> <25%/ 50%/ 75%/ 100% in equal/increasing (5% p.a./10% p.a.) monthly instalment over 60 months and balance if any in lumpsum< < >% of Sum Assured on Death at inception> as Lumpsum/ Monthly Income of ₹ < Monthly Income at inception > paid over 60 months <Equal/Increasing (5% p.a./10% p.a.) monthly instalment over 60 months - Monthly Income of ₹ < Monthly Income at inception > paid over 60 months>	<Lumpsum - <Sum Assured on Death at inception> <25%/ 50%/ 75%/ 100% in equal/increasing (5% p.a./10% p.a.) monthly instalment over 60 months and balance if any in lumpsum< < >% of Sum Assured on Death at inception> as Lumpsum/ Monthly Income of ₹ < Monthly Income at inception > paid over 60 months <Equal/Increasing (5% p.a./10% p.a.) monthly instalment over 60 months - Monthly Income of ₹ < Monthly Income at inception > paid over 60 months>
Accidental Death Benefit (₹)	<ADB Sum Assured>	<ADB Sum Assured>
Accidental Total and Permanent Disability Benefit (₹) (Premium Protection Plus)	<ATPD Sum Assured>	<ATPD Sum Assured>
Child Care Benefit (₹)	<CCB Sum Assured>	<CCB Sum Assured>
Critical Illness (₹) (Premium Protection Plus)	<CI Sum Assured>	<CI Sum Assured>
Terminal Illness (₹)	<TI Sum Assured>	<TI Sum Assured>
Block Your Premium	<Percentage>	<Percentage>
Maturity Benefit (₹)	<Sum Assured on Maturity>	Not Applicable

\* These figures are assuming happening of event at policy inception.

<sup>1</sup> Goods and Services Tax or any other levy by whatever name called under Goods and Services Tax Scheme as applicable from time to time, will be charged over and above this Premium and will be borne by the Policyholder.

**Nominee Details\***

Name	Gender	Age	Relationship with Li	Percentage Assured
{{NOMINEE_NAME_1}}	{{NOMINEE_GENDER_1}}	{{AGE IN YEARS}}	{{R'SHIP}}	{{PERCENTAGE}}
{{NOMINEE_NAME_2}}	{{NOMINEE_GENDER_2}}	{{AGE IN YEARS}}	{{R'SHIP}}	{{PERCENTAGE}}

\*Nominee details under Section 39 of Insurance Act, 1938, as amended from time to time.

Appointee Name (in case Nominee is minor)	{{APPOINTEE_NAME}}
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"On Examination of the Policy, if the Policyholder notices any mistake, the Policy Document is to be returned for correction to the Company; for electronic policies, the process as prescribed by applicable laws to be followed".

**Canara HSBC Life Insurance Company Limited, IRDAI Registration no: 136,**  
**Registered Office:** 8<sup>th</sup> Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001  
**Head Office:** 139 P, Sector 44, Gurugram – 122003, Haryana, India



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**FIRST PREMIUM RECEIPT**

**Receipt Number:**

**Date of Issue:**

<b>Name of the Company</b>	{{NAME OF THE COMPANY}}
<b>Hub Address</b>	{{HUB ADDRESS}}
<b>Goods and Services Tax Identification Number</b>	{{GOODS AND SERVICES TAX IDENTIFICATION NUMBER OF HUB}}
<b>HSN Code</b>	{{ACCOUNTING SERVICE CODE}}
<b>Plan Name</b>	{{PLAN_NAME}}
<b>Policy Number</b>	{{POLICY_NUMBER}}
<b>Policyholder Name</b>	{{Name of the Policyholder}}
<b>Policyholder Current Residential Address</b>	{{POLICY HOLDER CURRENT RESIDENTIAL ADDRESS}}
<b>Policyholder State/ Union Territory &amp; Code</b>	{{POLICY HOLDER STATE & CODE}}
<b>Goods and Services Tax Identification Number</b>	{{GOODS AND SERVICES TAX IDENTIFICATION NUMBER}}
<b>Life Assured Name</b>	{{Name of Life Assured}}
<b>Spouse Name (where applicable)</b>	{{Name of Spouse}}
<b>Premium Payment Mode</b>	{{Premium payment frequency}}
<b>Sum Assured ( Life Assured/ Spouse)</b>	{{Sum Assured (Life Assured)}}/ {{Sum Assured (Spouse)}}

**Payment Related Information**

Base Premium Payable (₹)  
Optional In-Built Cover Premium Payable (₹)  
Underwriting Extra Premiums, if any (₹)  
Goods and Services Tax \* (₹)  
Total Amount Payable (₹)  
Total Amount Received (₹)  
Balance Amount (₹)  
Next Premium Due Date

*Break-up of Goods and Services Tax on Base Premium and Underwriting Extra Premiums , If any	(%) Rate	(₹) Amount
Central Goods and Services Tax		
State Goods and Services Tax/ Union Territory Goods and Services Tax		
Integrated Goods and Services Tax		
Cess (es)/Other levy		

Total Amount Payable for the Policy is equal to sum of Base Premium Payable, Premium payable for Optional In-Built Covers chosen, underwriting extra Premium, if any and applicable Goods and Services Tax or any other levy by whatever name called under Goods and Services Tax Scheme. You and your Working Spouse may be entitled to tax benefits under Section 80C/80D (as applicable) as per the Income Tax Act, 1961. Tax benefits under the Policy will be as per the prevailing Income Tax laws and are subject to amendments from time to time. For tax related queries, please contact Your independent tax advisor.

The excess amount, if any, indicated as Balance Amount above will not earn any interest and will be adjusted towards future Premiums on the due date subject to applicable laws. Advance premiums paid, if any, will be appropriated towards Premium on the respective due dates.

"Goods and Services Tax as above is not payable on reverse charge basis"

"Address of Delivery is same as that of place of supply"

Company's Permanent Account Number AADCC1881F

**The commencement of risk in the Policy is subject to realization of Premium by the Company.**

<Digital Signature>

**Chief Operating Officer**

## ENDORSEMENTS

**Total Stamp Value (₹) / {{STAMP\_DUTY}}**

“The appropriate stamp duty towards this Policy is paid vide <<CRN Number>>

## Terms and Conditions

**Preamble:** This Policy evidences a contract between the Policyholder and the Company which has been issued on the basis of Your statements and declarations in the Proposal Form and other documents evidencing insurability of the Life Assured. This is a non-linked, non-participating, individual, pure risk premium, life insurance plan which enables the Beneficiary/Claimant to receive benefits subject to the terms and conditions stated herein. This Policy Document is divided into numbered clauses for ease of reference and reading. The Clause headings do not limit the Policy or its interpretation in any way. Reference to any legislation, Act, regulation, guideline, etc includes subsequent changes or amendments to the same. The terms 'You', 'Your' used in this document refer to the Policyholder and 'We', 'Us', 'Company', 'Our' refer to Canara HSBC Life Insurance Company Limited. The word "Authority" refers to the Insurance Regulatory and Development Authority of India.

## PART B

### Glossary of Important Terms

**Accident** means a sudden, unforeseen and involuntary event caused by external, violent and visible means which occurs after the Risk Commencement Date of the Policy and before the termination of the Policy.

**Accidental Bodily Injury** means Bodily Injury of the insured caused solely and directly from an Accident and independently of any other intervening causes and which occurs within 180 days of the date of Accident.

**Accidental Death** means death of the insured caused by Bodily Injury resulting directly and solely from an Accident and independently of any other causes and which occurs within 180 days of the date of the Accident.

**Accidental Total and Permanent Disability (ATPD)** shall mean the occurrence of any of the following conditions as a result of Accidental Bodily Injury:

- Loss of use or loss by severance of two or more limbs at or above wrists or ankles. Limb means the whole hand at or above the wrist or the whole foot at or above the ankle. The diagnosis has to be confirmed by a specialist.

- Loss of sight shall mean total, permanent and irrecoverable loss of sight of both eyes. The blindness must be confirmed by an Ophthalmologist; loss of sight means total, permanent and irreversible loss of all vision in both eyes as a result of an 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 aides or surgical procedures.

The above disabilities must have persisted for at least 6 consecutive months and must, in the opinion of a registered Medical Practitioner appointed by the Company, be deemed total and permanent. The above mentioned 180 days period will not be applicable for disabilities due to Loss by severance.

**Age** means Life Assured's / Spouse's (as applicable) completed age at his / her last birthday, as on Policy Commencement Date.

**Annualized Premium** is the Premium payable in a year for the base Death Benefit for Life Assured / Spouse (if applicable), excluding the corresponding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

**Appointee** means the person named in the Policy Schedule, to receive the benefit and give a valid discharge to Us on behalf of the minor Nominee, in the event of death of the Life Assured / Spouse (as applicable).

**Assignee** means the person to whom the rights and benefits of the Policy are transferred/assigned by You.

**Bodily Injury** means Injury which must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury

**Beneficiary/Claimant** means the Policyholder, Assignee or Nominee for the purposes of payment of benefit applicable as per the terms and conditions of the Policy. However for the purposes of payment of benefit upon the death of the Life Assured/ Spouse (as applicable), Beneficiary/Claimant means the following person(s):

- i. Where the Policyholder and Life Assured/Spouse (as applicable) are different, Beneficiary/Claimant will be the Policyholder;
- ii. Where Policyholder and Life Assured are same, Beneficiary/Claimant will be the Nominee(s);
- iii. Where Policyholder and Life Assured are same and there is no Nominee(s), then Beneficiary/Claimant shall be the Policyholder's legal heir or legal representative or the holder of a succession certificate.

**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 5**.

**Death Benefit Payout Option** means the payout option opted by the Policyholder/ Working Spouse (as applicable) at inception of the Policy and as specified in the Policy Schedule. The Death Benefit Payout Option once opted for a particular life cannot be subsequently changed during the Policy Term. The applicable Death Benefit Payout Options are given below:

- i. Lumpsum: The Death Benefit will be payable as a lumpsum.
- ii. Monthly Income plus balance if any, in Lumpsum: Monthly instalments (25% / 50% / 75% / 100% as per the proportion



chosen) + balance if any, in lumpsum. Under this option, a fixed portion of the Death Benefit will be payable in equal/increasing monthly instalments and balance, if any, in lumpsum, as specified in the Policy Schedule commencing from the Monthly Policy Anniversary immediately succeeding the date of death of the Life Assured/Working Spouse and shall be payable over 60 months. The monthly instalment for 60 months will be based on the following conversion factors :

Death Benefit Monthly Income Payout option chosen	Conversion factors Expressed as per Rs 1,000 of Sum Assured on Death
Equal	18.38
Increasing annually @ 5% p.a. simple interest	16.77
Increasing annually @ 10% p.a. simple interest	15.42

Sum Assured paid under different Optional In-built Covers, as opted, will only be paid as lumpsum.

**Effective Date of Conversion** shall be the Policy Anniversary coinciding with or following the date on which the Policyholder's request to change the Premium Payment Term (PPT) Option has been accepted by the Company.

**Financial Year** means a period of 12 months commencing from April 1st every year.

**Grace Period** means the time granted by Us (more specifically defined in Part C) from the due date for payment of Premium without any penalty / late fee, during which time the Policy is considered to be in-force with risk cover as per the terms and conditions of the Policy.

**Injury** means accidental physical bodily harm excluding illness or disease, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**Lapsed State** means the state of the Policy where You fail to pay due Premium within the Grace Period and as set out under Clause 2.4 under Part C

**Life Assured** means the person named in the Policy Schedule whose life is insured under the Policy and also includes Spouse (if opted) as mentioned in the Policy Schedule.

**Limited Premium:** Limited Premium means the option where the Premium Payment Term is lower than the Policy Term as mentioned in the Policy Schedule.

**Maturity Age** is Age on the Maturity Date.

**Maturity Date** means the end of the Policy Term on the date as specified in the Policy Schedule.

**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; but excluding a Medical Practitioner who is:

- Life Assured / Spouse himself / herself or an agent of the Life Assured / Spouse or
- Insurance Agent, business partner(s) or employer/ employee of the Life Assured / Spouse or
- A member of the Life Assured's / Spouse's immediate family.

**Monthly Policy Anniversary** means the date corresponding to the Policy Commencement Date occurring after the completion of every Policy month.

**Nominee(s)** means the person(s) named in the Policy Schedule who is/are entitled to receive the benefits upon the death of the Life Assured / Spouse.

**Non Working Spouse** means the Spouse of the Life Assured, whose life is covered under this Policy, as named in the Policy Schedule, who is not a Working Spouse.

**Paid-Up State** means the state of the Policy where You fail to pay due Premiums within the Grace Period after payment of Premiums for at least first 2 consecutive Policy Years (applicable only under Life Secure with Return of Premium Option).

**Paid-up ADB Sum Assured** is defined as Reduced Paid-up Factor multiplied by the ADB Sum Assured.

**Paid-up ATPD Sum Assured** is defined as Reduced Paid-up Factor multiplied by the ATPD Sum Assured.

**Paid-up CI Sum Assured** is defined as Reduced Paid-up Factor multiplied by the CI Sum Assured (as applicable at the time of Policy acquiring Paid-up status).

**Paid-up Sum Assured on Death** is defined as Reduced Paid-up Factor *multiplied by the higher of (11 times the Annualized Premium or Sum Assured as on the date the Policy becomes Paid-up).*

**Paid-up Sum Assured on Maturity** is defined as Reduced Paid-up Factor *multiplied by the Sum Assured on Maturity.*

**Paid-up TI Sum Assured** is defined as Reduced Paid-up Factor multiplied by the TI Sum Assured.

**Policyholder** means the person named in the Policy Schedule who is the owner of the Policy.

**Policy Anniversary** means the date corresponding to the Policy Commencement Date occurring after the completion of every Policy Year.

**Policy Document** means and includes terms and conditions, the Policy Schedule, the Proposal Form and all endorsements issued by Us from time to time.

**Policy Schedule** means the schedule to this Policy Document and any endorsements forming part of this Policy and if any updated Policy Schedule is issued, the Policy Schedule latest in time.

**Policy Year** means a period of 12 consecutive months commencing from the Policy Commencement Date and each subsequent period of 12 consecutive months thereafter during the Policy Term, which may be different from the calendar year/ Financial Year.

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

- a. That is/are diagnosed by a physician within 48 months prior to the Policy Commencement Date under the Policy issued by Us or latest date of Revival, whichever is later; or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the Policy Commencement Date under the Policy or its latest date of Revival/reinstatement, whichever is later.

**Premium** means the amount payable by You to Us, as specified in the Policy Schedule under "Total Instalment Premium" comprising of the respective Instalment Premium(s) for Life Assured and Spouse (if applicable), in exchange for Our obligation to pay the respective benefits under the Policy. Premium excludes any applicable Goods and Services Tax or any other levy by whatever name called under Goods and Services Tax Scheme .

**Proposal Form** means an application form along with any other statements or declarations required by Us which is duly completed and submitted to Us by the proposer for issuance of the Policy.

**Reduced Paid-up Factor** means the Total period for which Premiums have already been paid *divided by* Total period for which Premiums are payable during the Policy Term.

**Revival** means restoration of a Policy in Lapsed State/Paid-Up State to in-force status subject to terms and conditions of the Policy.

**Revival Period** means a period of 5 consecutive years from the due date of first unpaid Premium, during which period You can revive the Policy in Lapsed State/Paid-Up State.

**Spouse** means the legally married wife or husband of the Life Assured whose life is covered under the Policy (in case of Plan Option "Life Secure") subject to the Board Approved Underwriting Policy of the Company.

**Sum Assured** is the amount of insurance cover chosen at inception of the policy for the Life Assured / Spouse (exclusive of any Optional In-Built Covers) and the same may vary over the Policy Term as per the Coverage Option chosen by You.

**Sum Assured on Death-** means the amount payable on death of the Life Assured / Spouse and shall be defined as the highest of:

- 11 times the Annualized Premium;
- 105% of Total Premiums Paid as on date of death, excluding the Premiums paid for the Life Assured's/Spouse's respective Optional In-Built Covers, if any;
- Sum Assured, where the same varies over the Policy Term as per the Coverage Option chosen.

**Sum Assured on Maturity** is defined as 100% of the total Premiums payable, excluding underwriting extra premiums, if any, rider premiums and taxes.

**Surrender Value** means the amount payable to You in the event of surrender of the Policy and as set out under Clause 5.

**Survival Period** means the period of time after the date of first diagnosis of covered Critical Illness Condition that the Life Assured / Working Spouse has to survive to be eligible for receiving the benefit amount covered under Critical Illness benefit (where opted). There will be a minimum Survival Period of 30 days applicable. There may be a longer Survival Period for specific illnesses (Please refer **Annexure 5**)

**Terminal Illness** is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two appropriate independent Medical Practitioners, life expectancy is no greater than six (6) months from the date of notification of claim. The insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The Terminal Illness must be diagnosed and confirmed by two Medical Practitioners. The Medical Practitioner should be a specialist from that field of medicine for which the Terminal Illness Benefit is being claimed. The Company reserves the right for an independent assessment by a different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided by the Policyholder.

**Total Premiums Paid** means total of all the Premiums received for Life Assured / Spouse, excluding its corresponding underwriting extra premiums, if any, rider premiums and taxes.

**Underwriting** means the process of evaluating risks for insurance and determining on what terms We will accept the risk as per the Company's Board Approved Underwriting Policy (BAUP).

**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 will be payable if there is diagnosis of any Critical Illness or any signs or symptoms related to any Critical Illness Condition that occurs within the Waiting Period.

**Working Spouse** means the Spouse of the Life Assured covered under this Policy as named in the Policy Schedule, who satisfies the specific eligibility/ conditions in relation to his/ her employment, etc, as determined by the Company's Board Approved Underwriting Policy.

The terms "**Policy Commencement Date**", "**Maturity Date**", "**Policy Term**", "**Premium Payment Term**" and "**Risk Commencement Date**" will derive their meaning from the Policy Schedule.

The singular includes the plural and references to the one gender include the other genders, where the context so permits.

## PART C

### 1.BENEFITS

Subject to terms and conditions herein, We agree to pay to the Claimant, the following benefits based upon the Plan Option, Coverage Option, Death Benefit Payout Option and Optional In-built Cover(s) chosen by You and/or the Spouse (if applicable) at Policy inception. These options, once chosen at proposal stage, cannot be changed during the Policy Term.

There are two Plan Options available under this Policy:

- i. Life Secure
- ii. Life Secure with Return of Premium

#### A. Death Benefit

Plan Option	Events	When Benefits are payable	Size of such Benefits / Policy Monies
Life Secure	Death	On death of the Life Assured during the Policy Term, where the Life Assured's insurance coverage and the Policy is in-force at time of death.	<p>We shall pay the Sum Assured on Death, in accordance with the Death Benefit Payout Option opted at inception of the Policy and as specified in the Policy Schedule.</p> <p>Where Spouse Coverage is opted and the Spouse is still alive at the occurrence of the above event, the insurance coverage for the Spouse will continue, subject to the receipt of Premiums in respect of the Spouse. The Premiums, once reduced after occurrence of Death of Life Assured, shall be level throughout the remaining Premium Payment Term for Spouse. The Policy will terminate on earlier of the following:</p> <ol style="list-style-type: none"> <li>a. Date of death of the Spouse;</li> <li>b. End of the Policy Term.</li> </ol> <p>In case death of Life Assured occurs post the death of Spouse, where Spouse coverage has been opted for, the Policy will terminate immediately.</p>
		On death of the Spouse during the Policy Term, where the Spouse's insurance coverage and the Policy is in-force at the time of death.	<p><b>Working Spouse:</b> We shall pay the Sum Assured on Death, in respect of the Spouse in accordance with the Death Benefit Payout Option opted at inception of the Policy and as specified in the Policy Schedule.</p> <p><b>Non-Working Spouse:</b> We shall pay Sum Assured on Death as lump sum as specified in the Policy Schedule.</p> <p>Where the Life Assured is still alive at the occurrence of the above event, the insurance coverage for the Life Assured will continue, subject to the receipt of Premiums in respect of the Life Assured. The Premiums once reduced, after occurrence of death of Spouse, shall be level throughout the remaining Premium Payment Term. The Policy will terminate on earlier of the following:</p> <ol style="list-style-type: none"> <li>a. Date of death of the Life Assured;</li> <li>b. End of the Policy Term.</li> </ol> <p>In case death of Spouse occurs post the death of the Life Assured, the Policy will terminate immediately.</p>
Life Secure with Return of Premium	Death	On death of the Life Assured during the Policy Term, where the Policy is in-force at the time of death.	We shall pay the Sum Assured on Death, in accordance with the Death Benefit Payout Option opted at inception of the Policy and as specified in the Policy Schedule, and the insurance coverage in respect of the Life Assured under the Policy will immediately and automatically terminate.
		On death of the Life Assured during the Policy Term, where the Policy is in Paid-Up State at the time of death.	<p>We shall pay the Paid-Up Sum Assured on Death as a lumpsum irrespective of selection of a different Death Benefit Payout Option at inception of Policy.</p> <p>Upon payment of this benefit, the Policy will immediately and automatically terminate and no other benefits will be payable under the Policy.</p>

#### Maturity Benefit

Upon survival of the Life Assured till the end of the Policy Term, the following benefits will be payable. Maturity Benefit is not payable under Life Secure Plan Option.

Plan Option	Events	When Benefits are payable	Size of such Benefits / Policy Monies
Life Secure with Return of Premium	Maturity	Upon survival of the Life Assured till the end of Policy Term, where the Policy is in-force.	We shall pay the Sum Assured on Maturity. Upon payment of this benefit, the Policy will immediately and automatically terminate and no other benefits will be payable under the Policy.
		Upon survival of the Life Assured till the end of Policy Term, where the Policy is in Paid-Up State.	We shall pay the Paid-Up Sum Assured on Maturity. Upon payment of this benefit, the Policy will immediately and automatically terminate and no other benefits will be payable under the Policy.

### 1.1. Coverage Options

Coverage Options (as mentioned below) can be chosen only at the inception of the Policy. Once opted, the Coverage Option cannot be subsequently altered during the Policy Term.

#### A. Level Cover

Under this option, the Sum Assured remains constant throughout the Policy Term. However, Life Assured/Working Spouse can opt for Life Stage Enhancement option where they can increase their respective Sums Assured upto three times during the Policy Term on the occurrence of any of the below listed life events, subject to additional underwriting. The request for increase in Sum Assured along with targeted increase should be made within one year of the occurrence of the event with the increase in Sum Assured being applicable from the next Policy Anniversary following the acceptance of the request by the Company for the same:

- On marriage
- On birth/legal adoption of a child
- On house purchase

The Sum Assured may be increased subject to the following conditions-

- The increase in the Sum Assured can be requested only after the first Policy Anniversary and before the Policy Anniversary on which the Life Assured attains Age of 46 years (last birthday).
- This option is only available if Plan Option "Life Secure" and Regular Pay option has been chosen.
- The increase in Sum Assured can be requested only when the Policy is in-force.
- The maximum increase in Sum Assured during the entire Policy Term shall not exceed the Sum Assured at the policy inception or ₹1Crore whichever is less on per life basis.
- The increase in Sum Assured at the time of exercising Life Stage Enhancement option shall be subject to medical and financial underwriting.
- This option cannot be exercised if a claim for Accidental Total & Permanent Disability or Critical Illness has been previously accepted.
- The option to increase the Sum Assured is not applicable for any of the Optional In-Built Covers in force under the Policy.
- Premium payable with respect to the increase in Sum Assured shall correspond to the Age and outstanding Policy Term at the Policy Anniversary of the increase becoming effective using the same premium rate table applicable at inception (as used for calculating the Premium) of the Policy. The Premium shall be payable for the outstanding Policy Term.
- The acceptance of the request by the Company will be subject to validation of relevant information / documents as requested by the Company and at the sole discretion of the Company.

#### B. Increasing Cover

Under this option, the Sum Assured contingent on the Life Assured / Working Spouse (where applicable) uniformly increases by 10% (simple interest) after completion of every Policy Year, provided the Policy is in-force subject to a maximum of 100% of the original Sum Assured (i.e. the last increase in Sum Assured would be effected on completion of 10<sup>th</sup> Policy Year) and the Sum Assured thereafter would remain the same for the remaining Policy Term.

The option to increase the Sum Assured is not applicable for the Sum Assured in respect of Optional In-Built covers in force

under the Policy and in respect of the Sum Assured of a Non-Working Spouse.

### 1.2. Optional In-built Covers:

Any one or more of the following Optional In-Built Covers can be chosen at inception of the Policy as detailed below, upon payment of additional Premium:

- Accidental Death Benefit (ADB)
- Accidental Total and Permanent Disability (ATPD):
  - Premium Protection
  - Premium Protection Plus
- Critical Illness (CI):
  - Premium Protection
  - Premium Protection Plus
- Terminal Illness (TI)
- Child Care Benefit (CCB) (available only under Plan Option "Life Secure")
- Block Your Premium (BYP) (available only under Plan Option "Life Secure")

The Optional In-Built Covers once chosen cannot be altered during the Policy Term. The Sum Assured paid under different Optional In-built Covers, as opted, will only be paid as a lump sum.

#### A. Accidental Death Benefit (ADB)

Subject to applicable Exclusions specified in Part F and the Policy remaining in force, if the Life Assured / Working Spouse dies on account of an Accident, where such Accident occurs during the Policy Term and his /her insurance coverage is in-force at the time of such event, We shall pay ADB Sum Assured in respect of the life on whom the contingent event has occurred as specified in the Policy Schedule as lump sum over and above the Death Benefit payable under the Policy. If the Policy is in Paid-Up State at the time of death, the Paid-up ADB Sum Assured shall be payable as lump sum, over and above the Paid-up Sum Assured on Death.

If the Accident occurs before the end of Policy Term (including the last day of the Policy Term), but the death caused by the Accident occurs after the end of the Policy Term and within 180 days of the Accident, We shall pay the ADB Sum Assured/ Paid-Up ADB Sum Assured, as applicable in respect of the life on whom the contingent event has occurred. Upon such payment, the Policy will immediately and automatically terminate. No Death Benefit is paid in this scenario.

#### This Benefit can be availed and will be payable subject to the following:

- ADB Cover option can be chosen only at inception by Policyholder / Working Spouse. The ADB Sum Assured can be chosen independently from the Sum Assured at inception but cannot be more than the Sum Assured at inception for respective live(s).
- Irrespective of "Level Cover" or "Increasing Cover" Coverage Options opted under the Policy, the ADB Sum Assured will remain constant throughout the Policy Term.
- No ADB benefit is payable in case Policy/insurance coverage is in Lapsed State.
- Where TI Benefit is chosen, upon diagnosis of TI, ADB, if any, on that life will automatically cease.

#### B. Accidental Total and Permanent Disability (ATPD) Benefit

Subject to applicable Exclusions specified in Part F and the Policy remaining in-force, if the Life Assured / Working Spouse suffers a ATPD due to an Accident, anytime during the Policy Term and at the time of such an event, his / her insurance coverage is in-force, the Benefit available shall be based on the option in force under the Policy as specified in the Policy Schedule:

- **ATPD Premium Protection Option:** Under this option, on occurrence of ATPD, all future Premiums payable for the life on whom the contingent event has occurred shall be waived off and all other coverages on this life shall continue as applicable for an in-force Policy. No ATPD benefit will be available if the Policy is in Paid-Up State.
- **ATPD Premium Protection Plus Option:** Under this option, on occurrence of ATPD, We shall pay the ATPD Sum Assured in respect of the life on whom the contingent event has occurred and all future Premiums payable for this life shall be waived off and all other coverages on this life shall continue as applicable for an in-force Policy. If the Policy is in Paid-Up State at the time of occurrence of an ATPD, the Paid-up ATPD Sum Assured shall be payable as lump sum, however, benefit of waiver of all future Premiums will not be available under such condition.

If the Accident occurs before the end of Policy Term (including the last day of the Policy Term), but the ATPD caused by such Accident occurs after the end of the Policy Term but within 180 days of the Accident, We shall pay the ATPD Sum Assured/ Paid-Up ATPD Sum Assured, as applicable in respect of the life on whom the contingent event has occurred.

#### This Benefit can be availed and will be payable subject to the following:

- ATPD Cover option can be chosen only at inception by Policyholder / Working Spouse. The ATPD Sum Assured can be chosen independently from the Sum Assured at inception but cannot be more than the Sum Assured at inception for the respective live(s).

- Only one of the two ATPD Optional In-Built Covers can be chosen.
- Where CI Benefit is opted, the ATPD Benefit option cannot be co-opted on the same life.
- The ATPD Sum Assured will remain constant throughout the Policy Term.
- No ATPD benefit is available in case Policy/insurance coverage is in Lapsed State.
- ATPD benefit is available only once during the Policy Term on a covered life.
- In case ATPD Cover option is chosen and the Sum Assured has been increased subsequently on (i) any of the Life Stage Events post Risk Commencement Date under the Policy, or (ii) Optional In-Built Covers such as Block Your Premium and/or Child Care Benefit are exercised, apart from increase in the Premium for base policy cover or increase in Premium for these additional coverages, Premium applicable for this in-built cover (ATPD Cover) will also increase as higher Premium will now be exposed to being waived-off upon occurrence of ATPD.
- Once future Premiums have been waived under this benefit, Block Your Premium benefit cannot be exercised, if opted, and the CCB benefit cannot be opted, on the life on whom the contingent event of ATPD has occurred.
- Where TI benefit is chosen, upon diagnosis of TI, the ATPD benefit, if any, on that life will automatically cease.

### C. Critical Illness (CI)

Subject to applicable Exclusions specified in Part F and the Policy remaining in-force, if the Life Assured / Working Spouse is diagnosed with covered Critical Illness Condition anytime during the Policy Term but post completion of the Waiting Period and his/her insurance coverage is in-force and the life on whom the contingent event has occurred is alive at the expiry of the Survival Period, the CI Benefit payable shall be based on the option chosen at the time of inception of the Policy and as specified in the Policy Schedule:

- **CI Premium Protection Option:** Under this option, on diagnosis of CI, all future Premiums payable for this life shall be waived off and all other coverages on this life shall continue as applicable for an in-force Policy. No CI benefit will be available if the Policy is in Paid-Up State.
- **CI Premium Protection Plus Option:** Under this option, on diagnosis of covered Critical Illness, We shall pay the CI Sum Assured in respect of the life on whom the contingent event has occurred and all future Premiums payable for this life shall be waived off and all other coverages on this life shall continue as applicable for an in-force Policy. If the Policy is in Paid-Up State at the time of such event, the Paid-up CI Sum Assured shall be payable as lump sum subject to the Waiting Period and Survival Period, however, the benefit of waiver of all future Premiums option will not be available under such condition.

If the Life Assured or the Working Spouse is diagnosed with covered Critical Illness Condition while the Policy is in-force/Paid-Up State but the Survival Period ends after the end of Policy Term, We shall pay the CI Sum Assured / Paid-up CI Sum Assured, as applicable in respect of that life on whom the contingent event has occurred, if the life on whom the contingent event has occurred is alive at the expiry of the Survival Period.

### Rate Reviewability Conditions applicable on Critical Illness cover:

The Premium in respect of CI benefit shall remain unchanged for an initial period of 5 Policy Years starting from the Risk Commencement Date and thereafter the Company may revise the Premium and such revised Premium will remain unchanged for a period of subsequent 5 Policy Years from the date of revision. The Company will inform the Policyholder about the Premium revision, if any, at least 3 months in advance of the Premium due date from which the new rate will be applicable. In case of any change in Premium, the revised Premium shall be applicable based on Age at entry and original Premium payment term and the Policy Term chosen. Any revision in Premium will be subject to prior approval of the Authority. The guarantee / revision will be applicable in the following manner:

1. For CI Premium Protection Plus Option, where outstanding PPT of the CI benefit, as at the effective date of revision, is less than 5 Policy Years, the following options will be available to the Policyholder/Working Spouse at the time of Premium revision:
  - a. Accept the revised CI Sum Assured and continue with the benefit till the Policy Term.
  - b. Terminate the CI benefit and receive the applicable Early Exit Value / Surrender Value.

Option (b) can be exercised only within 15 days of the effective date of benefit revision for monthly mode policies and within 30 days in case of non-monthly mode policies. If none of the foregoing option is exercised by You from the date of intimation by the Company to Premium due date, option (a) will automatically be applicable and CI benefit will continue with a revised CI Sum Assured.

2. Where the outstanding PPT of the CI benefit, as at the effective date of revision, is equal to or more than 5 Policy Years, following options will be available to the Policyholder/Working Spouse at the time of Premium revision:
  - a. Accept and pay the revised CI Premium in full and continue the risk cover under this benefit with existing level of CI Sum Assured (if any).
  - b. Accept the revised CI Sum Assured and continue with the benefit. (Applicable only for CI Premium Protection Plus Option).
  - c. Terminate the CI benefit and receive the applicable Early Exit Value / Surrender Value

Option (c) can be exercised only within 15 days of the effective date of benefit revision for monthly mode policies and within 30 days in case of non-monthly mode policies. If none of the above options is exercised by You from the date of intimation by



the Company to Premium due date, option (b) will be automatically applicable for CI Premium Protection Plus option and CI benefit will continue with the revised CI Sum Assured. Further, for CI Premium Protection option, option (a) will be applicable and CI benefit will continue.

For policies with CI Premium Protection Option where the outstanding PPT of the CI benefit as on effective date of revision is less than 5 Policy Years, no revision in CI premium will be available.

#### **Conditions that apply for CI Covers**

- CI Cover option can be chosen only at inception by Policyholder / Working Spouse. The CI Sum Assured can be chosen independently from the Sum Assured but cannot be more than 50% of the Sum Assured as at Policy inception for the respective live(s).
- Only one of the two CI Optional In-Built Covers can be chosen.
- Where ATPD benefit option is opted, then CI benefit option cannot be co-opted on the same life.
- The CI Sum Assured will remain constant throughout the Policy Term. The CI benefit is payable only once during the Policy Term on a given life.
- In case CI Cover option is chosen and Sum Assured has been increased subsequently on (i) any of the Life Stage Events post Risk Commencement Date under the Policy, or (ii) Optional In-Built Covers such as Block Your Premium and/or Child Care Benefit are exercised, apart from increase in the Premium for base policy cover in case of increase in Sum Assured or the Premium for these additional coverages, Premium applicable for this in-built cover (CI Cover) will also increase as higher Premium will now be exposed to being waved-off upon occurrence of Critical Illness Condition.
- No CI benefit is payable in case the Policy/insurance coverage is in Lapsed State.
- Once future Premiums have been waived under this benefit, Block Your Premium benefit cannot be exercised, if opted and the CCB benefit cannot be opted, on the life on whom the contingent event of CI has occurred.
- Where TI benefit is chosen, upon diagnosis of TI, CI benefit Cover, if any, on that life will automatically cease.

#### **D. Terminal Illness (TI)**

TI Benefit is a 100% accelerated benefit.

For Life Assured / Working Spouse, on whose life this benefit option is in force under the Policy, upon diagnosis of Terminal Illness during the Policy Term, provided his / her insurance coverage is in-force at the time of the diagnosis, We shall pay the TI Sum Assured as a lump sum. If the Policy is in Paid-Up State at the time of diagnosis, the Paid-up TI Sum Assured shall be payable as lump sum.

Upon diagnosis of TI, all the other Optional In-Built Covers will cease (i.e. no benefit will be payable under the other Optional In-Built covers) for the life who is diagnosed with TI and the corresponding Premiums for those Optional In-Built covers will not be required to be paid. The Death benefit i.e. Sum Assured on Death/Paid-Up Sum Assured on Death payable under the base Policy as applicable for Life Assured / Working Spouse will reduce by the amount of the TI Sum Assured payable on the date of diagnosis.

The Policy thereafter will only continue where the balance Death benefit i.e. Sum Assured on Death/Paid-Up Sum Assured on Death is not exhausted post payment of TI Sum Assured for the respective life on whom TI Sum Assured was paid or if the coverage on the other life (if applicable) covered under the Policy is not in Lapsed State. Additionally, in case the Death Benefit i.e. Sum Assured on Death/Paid-Up Sum Assured on Death gets exhausted post payment of TI on whom TI Sum Assured was paid and the coverage on the other life (if applicable) is in Lapsed State, the policy shall terminate.

#### **This Benefit can be availed and will be payable subject to the following:**

- TI Cover option can be chosen only at inception by Policyholder / Working Spouse.
- The TI Sum Assured will be same as the Sum Assured under the Policy and as mentioned in the Policy Schedule subject to being capped at Rs.2,00,00,000 at Policy inception for respective live(s). i.e. for Life Assured/Working Spouse opting for Sum Assured greater than ₹2,00,00,000 shall have the TI Sum Assured (if opted) equal to ₹2,00,00,000 for respective lives.
- The TI Sum Assured will remain constant throughout the Policy Term.
- No TI benefit is payable in case Policy/insurance coverage is in Lapsed State.
- The Company must be notified of the diagnosis within thirty (30) days of the same being made.

#### **E. Child Care Benefit (CCB)**

Child Care Benefit (CCB) is an additional benefit payable on death of the Life Assured / Working Spouse when Age of the Life Assured's / Working Spouse's child on happening of such an event is between 0 to 21 years (last birthday). Child is necessary, for being able to opt for this benefit. CCB Cover, if not added at inception, can also be opted subsequently within one year from the date of the birth/legal adoption of the Life Assured's/Working Spouse's first child, provided Life Assured / Working Spouse did not have any children at the Policy Commencement Date.

Subject to applicable Exclusions specified in Part F, upon Death of the Life Assured / Working Spouse during the Policy Term, provided his/her insurance coverage is in-force, We shall pay the CCB Sum Assured as lump sum in addition to the Sum Assured on Death payable, as applicable.

**This Benefit can be availed and will be payable subject to the following:**

- CCB Cover option can be chosen only at inception by Policyholder / Working Spouse, except on the birth/legal adoption of his / her first child post Risk Commencement Date and within one year from the date of the birth/legal adoption of the first child, provided Life Assured / Working Spouse did not have any children at the Risk Commencement Date.
- CCB Benefit will only be available with Plan Option "Life Secure".
- The CCB Sum Assured can be chosen independently from the Sum Assured at inception but cannot be more than the Sum Assured opted and in force at inception of the Policy for the respective live(s).
- Where CCB is opted later on in the Policy Term, the cover will commence from the Policy Anniversary immediately following or coinciding with the acceptance of the request for adding the CCB, as per BAUP, subject to realisation of Premium payable in respect of the same.
- The Policy Term and Premium Payment Term for this benefit at the time of this benefit becoming effective shall be as below:

Policy Term (PT)/Premium Payment Term (PPT)	Plan Option – Life Secure
Policy Term for CCB Benefit	Lower of : Outstanding PT of base Death Benefit or [21 - Age at Entry of the Child]  Minimum Policy Term for this benefit shall be subject to minimum Policy Term conditions applicable for the Plan Option "Life Secure"
Premium Payment Term for CCB Benefit	Capped at lower of outstanding PPT of the base Death Benefit and PT of the CCB benefit, subject to PPT Option being same as that for the base Death Benefit.  The PPT Option of CCB shall be same as PPT option chosen for base Policy at policy inception. If the PPT Option chosen for base Death Benefit is Limited Premium, the PPT option for CCB benefit will also be Limited Premium

The above mentioned conditions shall be in respect of the Life Assured/Working Spouse on whom this benefit is getting added.

- The CCB Sum Assured will remain constant throughout the Policy Term and can be paid in the form of lump sum only.
- At the time of commencement of CCB benefit, the Life Assured / Working Spouse shall be less than or equal to Age 65 years (last birthday). Further, the insurance coverage shall be in-force, future Premiums should not have been waived-off (on account of ATPD or CI benefit being triggered) and TI should not have been diagnosed on the life on whom CCB is getting effected.
- No CCB benefit is payable in case Policy / insurance coverage is in Lapsed State.

**F. Block Your Premium**

Under this benefit, the premium rate applicable for the base Death Benefit of the Life Assured / Working Spouse at the Policy Inception will be blocked / fixed. The Policyholder / Working Spouse will have the option to increase their respective Sum Assured anytime during the first five Policy Years at the blocked premium rate, without any additional Underwriting and irrespective of the attained Age of the Life Assured / Working Spouse at the time of such increase.

The Sum Assured under this benefit can be increased by 25% / 50% / 75% / 100% of the Sum Assured as at Policy inception, for the respective live(s) and this percentage shall be chosen at Policy Inception.

Subject to Exclusions mentioned under Part F, once the coverage under this benefit has commenced, the BYP Sum Assured as applicable for Life Assured / Working Spouse will be payable as a lumpsum upon death of the Life Assured / Working Spouse during the Policy Term, provided his / her insurance coverage is in-force. The BYP Sum Assured payment is in addition to the payment of the Sum Assured on Death, as applicable.

**This Benefit can be availed and will be payable subject to the following:**

- Block Your Premium option can be chosen only at inception by the Policyholder / Working Spouse.
- This benefit is available under Plan Option "Life Secure" only, provided the PPT option chosen is Regular Premium and Coverage Option chosen is "Level Cover".
- Life Assured / Working Spouse should have been accepted as a standard life at Policy inception to be able to opt for this benefit.
- Under this benefit, the extra Premium charged to block / fix the premium rate applicable at Policy inception, is payable for the full PPT as specified in the Policy Schedule in cases where BYP benefit become effective. Where this feature is not effective by the beginning of 6<sup>th</sup> Policy Year, then extra Premium charged in respect of this benefit will stop from the commencement of 6<sup>th</sup> Policy Year, for the life on whom this feature has been opted but not been exercised.
- The increase in Sum Assured under this benefit shall be effective from the Policy Anniversary coinciding or immediately

following the date on which the request to increase the Sum Assured has been accepted by the Company, subject to realisation of Premium payable in respect of the same.

- At the time of commencement of BYP benefit, the insurance coverage shall be in-force, future Premiums should not have been waived-off (on account of ATPD or CI benefit being triggered) and TI should not have been diagnosed on the life on whom BYP is getting effected.
- The Policy Term of the Base Death Benefit should be more than or equal to 10 years.
- Both PT and PPT of BYP benefit shall be same as the outstanding PT and PPT of the base death benefit.
- The Premium payable in respect of additional benefit amount (i.e. BYP Sum Assured) shall be calculated basis the blocked premium rate and shall be payable over the PPT applicable for the BYP benefit.
- The premium rate under this benefit cannot be blocked for any of the Optional In-Built Covers.

## 2. Premiums –

**2.1 Payment of Premiums:** The premium payment modes allowed are Annual, Half-Yearly, Quarterly and Monthly. For administrative purposes, in case of monthly mode policies, the Company may accept/collect three months' Premiums in advance at Policy inception 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.

**2.2 Change in Premium Payment Mode:** The Policyholder may change the premium payment mode anytime during the PPT, however, the same shall be effective from the subsequent Policy Anniversary date, subject to application of modal factors. The request should be made at least 60 days prior to the Policy Anniversary from which the change will be effective. There is no fee on such alteration. The option to change the premium payment mode is only available under Plan Option "Life Secure".

**2.3 Change in PPT Option from Regular Premium to Limited Premium:** The Policyholder has an option to convert the outstanding Regular Premiums into any Limited Premium option available under the Plan without any charge / fee such that the outstanding PPT post exercising this option is lower than the outstanding PPT before exercising this option. This change shall be effective from the Policy Anniversary coinciding with or following the date on which the Policyholder's request to change the PPT Option has been accepted by the Company per its Board Approved Underwriting Policy and per the terms and conditions of the Policy. This option is only available under Plan Option "Life Secure" and shall be subject to no extra mortality rate-up being applicable on any benefit as on the Effective Date of Conversion. This option cannot be made effective in the first five Policy Years. Further, this option is not available where CCB, ATPD and/or CI Benefit Cover has been chosen under the Policy.

### 2.4 Non-payment of Premium under both the Plan Options:

#### a. Plan Option: Life Secure:

Where future Premiums are not waived-off for any of the live(s) covered under the Policy, a Policy shall acquire Lapsed State at the expiry of Grace Period if the Policyholder fails to pay due Premiums within the Grace Period. In case future Premiums have been waived-off for a particular life, all insurance coverage for this life will continue, as applicable for an in-force Policy, however, the insurance coverage of the other life, where applicable, will continue subject to payment of due Premiums in respect of this life. In case the due Premiums for the other life is not received within the Grace Period, all insurance coverage for this life will be in Lapsed State at the expiry of the Grace Period.

In case of Regular Premium policies, no coverage will be provided once the Policy is in Lapsed State in respect of a life insured for whom Premiums have not been received in full. Further, once the insurance coverage is lapsed for a life insured under the Policy, no benefit shall be payable upon request for termination of insurance coverage, or on the expiry of the Revival Period. If a Policy is in Lapsed State and the insurance coverage is not revived within the Revival Period, the insurance coverage shall terminate upon expiry of the Revival Period.

However, in case of a Limited Premium Policy, once the Policy is in Lapsed State (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 respectively:

- Request for termination of lapsed Policy/insurance coverage; or
- Death of the Life Assured / Spouse; or
- End of Revival Period for the lapsed Policy/ insurance coverage.

Under this Option, Early Exit Values shall also be payable upon receiving a request for termination of an in-force Policy

before all due Premiums have been received as per the chosen Premium Payment Term specified in the Policy Schedule (however, after having received the Premiums due for the first 2 consecutive Policy Years). However, termination of insurance coverage in respect of the life for whom future Premiums have been waived, cannot be requested.

The Early Exit Value payable for each life, in respect of each benefit (where the same is in-force) shall be calculated separately as follows –

$A * [\text{Premiums paid} * \text{Unexpired Term/Policy Term}]$

Where:

- Premiums Paid, Unexpired Term and Policy Term shall be as applicable for a given benefit for a given life.
- Factor “A” is detailed in **Annexure 6** Factor “A” may be revised in future with the prior approval of the Authority.
- Unexpired Term is the Policy Term *less* complete number of Policy Years, as applicable for a given benefit (in respect of a given life) for which Premiums have been received in full.
- 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 and taxes
- Where the PPT Option has been changed from Regular Premium to Limited Premium, the Premiums Paid, as applicable for a given benefit (in respect of a given life), will only include Premiums paid from the Effective Date of Conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the Effective Date of Conversion and Unexpired Term will be calculated basis this revised outstanding policy term and complete number of Policy Years for which limited Premiums have been paid, as applicable for a given benefit (in respect of a given life).

Early Exit Value will be applicable under the Policy except in the following cases:

- Early Exit Value of benefits cannot be requested in respect of the life for whom future Premiums have been waived off.
- In case the Spouse of the Life Assured is covered and they are subsequently divorced and the Policyholder chooses to stop the benefits contingent on the life of the Spouse, subject to submission of adequate documentation of divorce requested by the Company, the Premium payable in respect of Spouse benefit would stop, any cover pertaining to the life of the Spouse will cease to exist and the corresponding Early Exit Value, if any, would be payable to the Policyholder. The benefits available on the life of the Life Assured will continue, provided due Premiums applicable for Life Assured are received by the Company. Once reduced, the Premium shall be level throughout the remaining Premium Payment Term.

Early Exit Values are not available for Regular Premium Policy.

Upon payment of Early Exit Value in respect of a life, all benefits for that life under this Policy will cease.

- b. Plan Option: Life Secure with Return of Premium:
- Policy shall acquire Lapsed State at the expiry of Grace Period if the Policyholder fails to pay due Premiums within the Grace Period in the first 2 consecutive Policy Years. Once the Policy is in Lapsed State, no benefit shall be payable upon death or upon request for termination of the Policy by the Policyholder or on the expiry of the Revival Period. If a Policy in Lapsed State is not revived within the Revival Period, it shall terminate upon expiry of the Revival Period.

### **Special Exit Value**

#### **a. Life Secure**

Under “Life Secure” Plan Option, a Special Exit Value benefit is available wherein the Total Premiums Paid, excluding the Premiums paid for the Optional In-Built Covers (if any), will be returned to the Policyholder, if the Policyholder surrenders his/her Policy at the earlier of the following:

- the Policy Year when the attained Age of the Life Assured on Policy Anniversary is 65 years (Age *last birthday*); or
- ‘x’ Policy Year (where x is defined as the 25<sup>th</sup> Policy Year for Policy Term from 40 years to 44 years and the 30<sup>th</sup> Policy Year for Policy Terms greater than 44 years).

The following Conditions are applicable for Special Exit Value benefit:

- The Policy has to be in-force at the time of availing this benefit.
- This benefit is not available for Policy Terms less than 40 years or where the Maturity Attained Age is more than 85 years.
- This benefit is not available on the Policy where Spouse cover is applicable.
- This benefit cannot be availed post occurrence of the contingent event applicable under Optional In-Built Covers where in future Premiums have been waived-off.
- The Policy will terminate after payment of this benefit. If any Optional In-Built Covers have been chosen, their Early Exit Value or Surrender Value (as applicable), will be paid and their risk cover will terminate.

**b. Life Secure with Return of Premium**

No Special Exit Value is available under this Plan Option.

- 3. Grace Period:** You are required to pay Premium on or before the Premium payment due date. However, You are provided with a Grace Period, which is 30 days (15 days if You have opted to pay Premium monthly) from Premium due date to pay due Premium. During the Grace Period, You will be entitled to all benefit under the Policy. In the event of claim during the Grace Period, the Company will deduct any due unpaid Premium(s), along with applicable Goods and Services Tax or any other levy by whatever name called under Goods and Services Tax Scheme before paying the benefits to the Claimant subject to the terms and conditions mentioned herein. During the Grace Period, the Policy is considered to be in-force.

## PART D

### 4. Paid –Up

#### A. Plan Options: Life Secure

This Plan Option does not offer any paid-up value as this is a pure protection Plan Option.

#### B. Plan Option: Life Secure with Return of Premium

After payment of at least first 2 consecutive Policy Years' Premiums, if any subsequent due Premium is not paid within the Grace Period, the Policy shall acquire a Paid-Up State. Once the Policy is in Paid-Up State and provided the Policy is not surrendered, the Policyholder will receive the Benefit as applicable in the contingent event covered, survival or maturity corresponding to the Paid-Up State, as defined in Benefit Section above.

### 5. Surrender:

#### A. Plan Option: Life Secure

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

The surrender value payable shall be calculated as below:

PPT Option	Surrender Value Payable
Limited Premium	$A \times \text{Premiums paid} \times [\text{Unexpired Term} / \text{Policy Term}]$
Regular Premium	Not Applicable

Where:

- The surrender value shall be calculated individually for each benefit surrender under the Policy separately for each life that is insured under the Policy.
- Factor "A" varies by PPT and the Policy Year of Surrender as detailed in **Annexure 6**. Factor A may be revised in future with the prior approval of the Authority.
- Premiums Paid, Unexpired Term and Policy Term shall be as applicable for a given benefit for a given life.
- Further, Unexpired Term is the complete number of outstanding Policy Years as applicable for a given benefit, (in respect of a given life).
- 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 and taxes.
- Where the PPT Option has been changed from Regular Premium to Limited Premium, the Premiums paid, as applicable for a given benefit (in respect of a given life), will only include Premiums paid from the Effective Date of Conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the Effective Date of Conversion and Unexpired Term will be calculated basis this revised outstanding policy term, as applicable for a given benefit (in respect of a given life).

Where future Premiums have been waived-off under the policy for a specific life, i.e. Life Assured or Working Spouse, the Policy cannot be surrender for such life.

In case the Spouse of the Life Assured is covered and they are subsequently divorced, the Policyholder can choose to stop the benefits contingent on the life of the Spouse (by providing adequate documentation of divorce as requested by the Company) in which case the Premium payable in respect of Spouse benefit would stop, any cover pertaining to the life of the Spouse will cease to exist and the corresponding Surrender Value, if any, would be payable to the Policyholder. However, benefits available on the life of the Life Assured will continue, provided due Premiums applicable for Life Assured are paid. Once reduced, the Premium shall be level throughout the remaining Premium Payment Term.

Upon payment of Surrender Value in respect of a life, all benefits attaching to that life under this Policy will cease.

#### B. Plan Option: Life Secure with Return of Premium

The Policy acquires Guaranteed Surrender Value (as defined below) and Special Surrender Value (as defined below) after receipt of at least first 2 consecutive Policy Years' Premiums in full. The Surrender Value payable shall be higher of



Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV).

Guaranteed Surrender Value (GSV) = B \* Total Premiums Paid.

Where Factor B is as provided in **Annexure 7** and is guaranteed for the entire Policy Term.

Special Surrender Value (SSV) = C \* Sum Assured on Maturity \* Reduced Paid-up Factor

Where factors C is as provided in **Annexure 7** and may be revised in future with the prior approval of the Authority.

Reduced Paid-up Factor = Total period for which Premiums have already been paid divided by total period for which Premiums are payable during the Policy Term.

## **6. Revival**

You may revive the Policy in Lapsed State or Paid-Up State by giving Us a request and paying all due unpaid installments of Premium with interest at the rate specified by Us subject to completing other requirements as may be stipulated by Us, within the Revival Period of five (5) years and during the Policy Term provided no claim has arisen under the Policy due to the death of the Life Assured/ Spouse. You shall provide the evidence of insurability and health of the Life Assured/ Spouse to Our satisfaction. We reserve the right to Revive the Policy either on its original terms or on modified terms as per Board Approved Underwriting Policy, which decision will be final and binding on You. The Revival will be effective from the date when We communicate the same to You. In case the request for Revival is rejected, the Premium including interest paid for the Revival would be refunded to You. On Revival, the benefits under the Policy, would be reinstated as per the terms & conditions of the Policy.

The basis for determining the interest rate, on simple interest basis, 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, where 1 bps is equal to 0.01%. Any change in the basis of this interest rate will be subject to prior approval of the Authority. The applicable interest rate for the Financial Year 2023-24 is 8.0% per annum. The Company undertakes the review of the interest rates for revivals on 31st December every year. Any changes resulting from the review shall be effective from 1st of April of the following year.

## **7. Policy Loan**

There are no loans available in this Policy.

## **8. Termination of Policy - The policy will be terminated:**

- In case Premiums due have not been paid during Revival Period.
- Upon payment of Death Benefit/ Terminal Illness Benefit (if same is equal to Sum Assured on Death)/ CCB Benefit/ ADB Benefit.
- In case the Policy includes Spouse life, upon payment of Death Benefit/ Terminal Illness benefit (if same is equal to Sum Assured on Death)/ CCB Benefit/ ADB Benefit for the surviving Life Assured.
- In case of misstatement of Age, fraud, misrepresentation or forfeiture.
- On maturity of the Policy.
- On payment of Surrender Value/ Early Exit Value/Special Exit Value.
- On the date when the Company receives a valid free-look cancellation request.
- On the date of intimation of repudiation of the Death claim in accordance with the terms and conditions of the Policy.

## **9. Ownership**

All options, rights and obligations under the Policy vest with You and will be discharged by You. Where Spouse cover is opted:

- (i) You will get the Spouse cover benefit on the death of the Spouse during the Policy Term.
- (ii) If You die during the Policy Term, when the Spouse is alive, then the benefit shall be as detailed in Part C.
- (iii) If both You and Spouse die simultaneously, payment shall be made to the Claimant.

- 10. Free-look period:** In case the Policyholder does not agree with the terms and conditions of the Policy, he / she shall have the option to request for cancellation of the Policy by returning the original Policy Document along with a written request stating the reasons for his / her objection to the Company within 15 days (30 days in case the Policy is sourced through distance marketing mode i.e. any means of communication other than in person) from the date of receipt of the Policy Document. If the Policyholder cancels the Policy for non-agreement with any terms of the Policy during free look period, the Company will cancel the Policy and refund the Premiums received after deducting proportionate risk premium for the period of insurance cover and expenses incurred on medicals, if any and applicable stamp duty.

## **PART E**

- 11. Charges:** There are no explicit charges under this Policy.

## PART F- General Conditions

- 12. Assignment:** Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. The entire Section 38 is reproduced and enclosed in **Annexure 2**.
- 13. Nomination:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. The entire Section 39 is reproduced and enclosed in **Annexure 3**.
- 14. Amendment:** We reserve the right to alter or delete any of the terms and conditions of the Policy, including the benefits with prior approval of the Authority. The terms of the Policy will also stand modified from time to time, to the extent of changes in applicable laws or regulations affecting the terms and conditions of the Policy.
- 15. Policy Currency:** All Premiums and benefits payable shall be paid in Indian Rupees only.
- 16. Misstatement of Age:** The Age of the Life Assured and/or Spouse has been admitted on the basis of the Proposal Form and/or in any statement, supporting document/proof provided in this regard. If the date of birth of the Life Assured and/or Spouse has been misstated and as a result if You have paid less Premium(s) than what would have been payable for the correct Age, We will be entitled to charge and You will be obliged to pay for such Premium difference since the Risk Commencement Date without interest. In case of termination of the Policy any unpaid balance will be adjusted from the benefit payout. If the date of birth of the Life Assured has been misstated and as a result if You have paid higher Premium(s) than what would have been payable for the correct Age, We will refund the excess Premiums without any interest. If at the correct Age, the Life Assured was not insurable according to our requirements, We reserve the right to pay the Premiums paid till date post deduction of any relevant cost, expenses or charges as applicable and terminate the Policy in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.
- 17. Compliance with Laws:** It will be Your sole responsibility to ensure compliance with all applicable laws including regulations or taxation laws and payment of all applicable taxes in respect of the Premium, charges and benefits or other payouts made or received under the Policy. We are entitled to make such deductions and/or levy such charges, present and/or future which in Our opinion are necessary and appropriate, from and/or on the Premium(s) payable or charges or benefits under the Policy on account of any income tax, withholding tax, Goods and Services Tax or other tax, cess, duty or other levy which is or may be imposed in relation to the Policy under any applicable law, order, regulation or otherwise upon Us, You or the Claimant. We will not be liable for any taxes on any of Your or Claimant's personal income. You are solely responsible for complying with Your tax obligations (including but not limited to, tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes in all jurisdictions in which Your tax obligations arise and relating to the services provided by Us). We do not provide any tax related advice and You are advised to seek an independent legal and/or taxation advice.
- 18. Communication and Dispatch:** For physical policies, We will dispatch the Policy Document, communications and notices through courier or post (ordinary/registered/speed post) to You at the address for correspondence provided by You in the Proposal Form or updated address provided to Us. In case the Policy Document is returned undelivered, We may attempt to have the same delivered to You through alternative means. If You change Your address, or if the address of the Claimant changes, it must be notified to Us immediately. Issuance of electronic policies shall be governed by applicable laws.
- 19. Replacement of Policy Document:** We will replace a lost Policy Document if We are satisfied that it is lost, but We reserve the right to make investigations and to call for evidence of the loss of the Policy Document. If We issue a Policy Document to replace the lost Policy Document, then: (i) the original Policy Document will cease to be applicable and You agree to indemnify Us from any and all losses, claims, demands or damages arising from or in connection with the original Policy Document. (ii) You will not be entitled to any free-look period cancellation on the duplicate Policy Document issued. However, We may permit free- look period cancellation in cases where after investigation, it is evident that You did not receive the original Policy Document. (iii) No charge/fee will be levied for replacement of Policy Document.
- 20. Exclusions:**
- A. Suicide Clause:** In case of death of Life Assured / Spouse due to suicide within 12 months from the Risk Commencement Date under the Policy or from the date of revival of the Policy, as applicable, the nominee of the Policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death for their respective cover or their respective Early Exit Value/Surrender Value available as on the date of death, whichever is higher, provided the Policy is in-force / Paid -up.
- B. Exclusions for Accidental Death Benefit Cover:** Accidental Death arising directly or indirectly from any of the following are specifically excluded:
- Any condition that is Pre-existing Disease as at the Policy Commencement Date under the Policy or at the time of reinstatement of the Policy. This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by the Company at inception or at reinstatement.
  - The Life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot.
  - The Life Assured flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.

- d. Self-inflicted injury, suicide or attempted suicide-whether sane or insane
  - e. Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered Medical Practitioner.
  - f. Service in any military, air force, naval or paramilitary organization.
  - g. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
  - h. The Life Assured taking part in any strike, industrial dispute and riot.
  - i. The Life Assured taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
  - j. Exposure to Nuclear reaction, Biological radiation or nuclear or chemical contamination.
- C. Exclusions for ATPD Benefit Cover:** No benefit will be payable in respect of any of the conditions covered under the ATPD Cover, arising directly or indirectly from, through or in consequence of the following exclusions:
- a. Any condition that is Pre-existing Disease as at the Policy Commencement Date of the Policy issued or at the time of reinstatement of the Policy. This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by the Company at inception or at reinstatement.
  - b. The Life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot.
  - c. The Life Assured flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
  - d. Self-inflicted injury, suicide or attempted suicide-whether sane or insane.
  - e. Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered Medical Practitioner.
  - f. Service in any military, air force, naval or paramilitary organization.
  - g. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
  - h. The Life Assured taking part in any strike, industrial dispute, riot.
  - i. The Life Assured taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
  - j. Exposure to Nuclear reaction, Biological, radiation or nuclear, biological or chemical contamination.

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

**D. Exclusions for Critical Illness Benefit Cover -**

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:

- a. Any condition that is Pre-existing Disease as at the Policy Commencement Date of the Policy issued or at the time of reinstatement of the Policy. This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by the Company at inception or at reinstatement.
- b. Intentional self-inflicted injury, suicide or attempted suicide.
- c. For any medical conditions suffered by the Life Assured/Working Spouse or any medical procedure undergone by the Life Assured/Working Spouse, 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.
- d. 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. 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;
- e. Participation in a criminal or unlawful act with criminal intent;
- f. 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;
- g. 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;
- h. 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.
- i. Any External Congenital Anomaly which is not as a consequence of Genetic disorder.

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.

## **21. Claim Procedures:**

### **A. Death Claim Procedure:**

In the event of death of the Life Assured/Spouse, other than due to Accident, to register the claim, the Claimant shall endeavor to inform in writing immediately within a period of 90 days of such death through the Claim Form along with the following documents:

- Death certificate;
- Attested copy of photo identity and address proof of the Claimant;
- Company Specific Claim formats duly completed and signed – Claim Form, Physician's Statement, Treating Hospital Certificate in case of hospitalization, Employer Certificate;
- Hospital records/other medical records in case of hospitalization;
- Post-mortem/ chemical viscera report (if conducted);
- Police Records - First Information Report, Panchnama, Police Investigation Report, and Final Police Report (if conducted).

### **B. Maturity Benefit Claim Procedure:**

In case of Maturity Benefit payout, following documents are required by us to process the claim:

- a) Bank Account details for money transfer (in case the same are not updated),
- b) With respect to NRI/NR customers, documentation on FEMA compliance or such applicable law,
- c) Any other documents including KYC as may be required.

### **C. ATPD Claim Procedure:**

In the event of the ATPD of the Life Assured/Spouse to register the claim under the Policy, the Claimant will endeavor to inform Us in writing immediately within a period of 90 days of such incident through the Claim Form along with the following documents:

- i) Original Policy Document;
- ii) Death certificate;
- iii) Attested copy of photo identity and address proof of the Claimant;
- iv) Company Specific Claim formats duly completed and signed – Claim Form, Physician's Statement, Treating Hospital Certificate, Employer Certificate;
- v) Hospital records/other medical records;
- vi) Post-mortem/ chemical viscera report, wherever conducted;
- vii) Police records including First information report, panchnama, police investigation report, and final police report (only in case of unnatural or Accidental Death).

### **D. Accidental Death Benefit Claim Procedure:**

In the event of death of the Life Assured/Spouse due to Accident, to register the claim, the Claimant shall endeavor to inform in writing immediately within a period of 90 days of such death through the Claim Form along with the following documents:

- Death certificate;
- Attested copy of photo identity and address proof of the Claimant;
- Company Specific Claim formats duly completed and signed – Claim Form, Physician's Statement, Treating Hospital Certificate, Employer Certificate;
- Hospital records/other medical records;
- Post-mortem/ chemical viscera report;
- Police Records – First Information Report, Panchnama, Police Investigation Report, and Final Police Report for the Accidental Deaths.

### **E. Terminal Illness Claim Procedure:**

In the event of the Terminal Illness of the Life Assured/Spouse to register the claim under the Policy, the Claimant will endeavor to inform in writing immediately within a period of 30 days of such incident through the Claim Form along with the following documents:

- i) Attested copy of photo identity and address proof of the Claimant;

- ii) Company Specific Claim formats duly completed and signed – Claim Form, Physician's Statement, Treating Hospital Policy Document

Certificate, Employer Certificate;

iii) Hospital records/other medical records.

**F. Critical Illness Claim Procedure:**

On the occurrence of the Insured Event, in order to register a claim under the Policy, the Claimant will endeavor to inform Us in writing immediately and in any event within a period of 90 days of the occurrence of the Insured Event through the Claim Form along with the following necessary documents:

- a) Hospital Bills for the confinement;
- b) Attested True Copy of Indoor Case Papers of the Hospital;
- c) Discharge Summary of Present and Past Hospitalizations;
- d) Photo Identity of Insured with Age and address proof;
- e) Bank Details of the Claimant – Cancelled cheque (with printed name and account number)/bank passbook and NEFT Form;
- f) Certificate of Diagnosis;
- g) Medical Examination Certificate (First Consultation Notes Follow- up consultation notes);
- h) Employer Certificate;
- i) Leave Records, Medical Certificate & Medclaim details;
- j) All related clinical Reports pertaining to the claim Insured Event-
  - Laboratory test reports;
  - X-Ray / CT Scan / MRI Reports & Plates;
  - Ultrasonography Report;
  - Histopathology Report;
  - Clinical / Hospital Reports;
  - Angiography Reports & Plates;
  - Chemotherapy, Radiotherapy etc;
  - Others, as may be required.

If We do not receive the notification of the above – mentioned claim category(s) within 90 days, We may condone the delay if We are satisfied that the delay was for reasons beyond the Claimant's control and pay the claim specified under the Policy to the Claimant.

We reserve the right to call for such documents or information, including documents/ information concerning the title of the Claimant, to Our satisfaction for processing the claim.

Any claim intimation to Us must be made in writing and delivered to the nearest bank branch/ hub office or head office address, which is currently as follows: **Claims Unit:** Canara HSBC Life Insurance Company Limited, 139 P, Sector 44, Gurugram – 122003, Haryana, India; **Resolution Centre:** 1800-103-0003 / 1800-180-0003 / 1800-891-0003 **Email id:** claims.unit@canarahsbclife.in.

Any change in the address or details above will be communicated by Us to You in writing. For further details on the process, please visit our claims section on our website [www.canarahsbclife.com](http://www.canarahsbclife.com). Our liability under the Policy will be automatically discharged on payment to the Claimant as per the terms and conditions of the Policy.

- 22. Electronic transactions:** In conducting electronic transactions, in respect of this Policy, You will comply with all such terms and conditions as prescribed by Us. Such electronic transactions are legally valid when executed in adherence to such terms and conditions and will be binding on You.
- 23. Governing Law and Jurisdiction:** The Policy and all disputes arising under or in relation to the Policy will be governed by and interpreted in accordance with Indian law and by the Indian courts.
- 24. Fraud and Mis-statement:** Fraud and mis-statement would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. The entire Section 45 is reproduced and enclosed in **Annexure 4**.
- 25. Travel And Occupation:** There are no restrictions on travel or occupation under this Policy.



## PART G

### 1. Grievance Redressal Procedure

1.1 In case You wish to register a complaint with Us, You may visit our website, approach our resolution centre or Hub locations or may write to Us at the following address. We will respond to You within two weeks from the date of our receiving Your complaint. Kindly note that in case We do not receive a revert from You within eight weeks from the date of Your receipt of our response, We will treat Your complaint as closed. **Complaint Redressal Unit:** Canara HSBC Life Insurance Company Limited; 139 P, Sector 44, Gurugram – 122003, Haryana, India Toll Free: 1800-103-0003 / 1800-180-0003 / 1800-891-0003 Email: [cru@canarahsbclife.in](mailto:cru@canarahsbclife.in)

1.2 If You do not receive a satisfactory response from Us within the above timelines, You may write to our Grievance Redressal Officer at: **Grievance Redressal Officer:** Canara HSBC Life Insurance Company Limited; 139 P, Sector 44, Gurugram – 122003, Haryana, India Toll Free: 1800-103-0003 / 1800-180-0003 / 1800-891-0003 Email: [gro@canarahsbclife.in](mailto:gro@canarahsbclife.in)

1.3 If You are not satisfied with Our response or do not receive a response from Us within 15 days, You may approach the Grievance Cell of the Authority at:

**Insurance Regulatory and Development Authority of India; Grievance Call Centre (IGCC)-** Bima Bharosa Shikayat Nivaran Kendra, Toll Free No: 18004254732 / 18004254732 Email ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in).

Website Address for registering the complaint online: <http://www.igms.irda.gov.in> **Consumer Affairs Department Insurance Regulatory and Development Authority of India** ; Survey.No.115/1, Financial District, Nanakramguda, Gachibowali, Telangana, PIN – 500032

1.4 In case You are not satisfied with the resolution or there is no response within a period of 1 month, You/complainant may approach the Insurance Ombudsman for Your State at the address mentioned at **Annexure 1** below or on the Authority's website [www.irdai.gov.in](http://www.irdai.gov.in), if the grievance pertains to the matters as mentioned below or an appropriate judicial/quasi-judicial authority having jurisdiction over the matter for redressal of Your grievance. You may also refer to the website at <http://www.cioins.co.in/> for updated list of Ombudsman.

The Ombudsman may receive complaints under Rule 13 of Insurance Ombudsman Rules, 2017; as amended from time to time ("Rules") on any of the following grounds: a) for any partial or total repudiation of claim by Us; b) for any dispute over Premium paid or payable under the policy; c) for any dispute on the legal construction of the Policy document in so far as such dispute relate to claim; d) for delay in settlement of claim; e) for non-issue of any insurance document after receipt of Premium. f) misrepresentation of policy terms and conditions; g) policy servicing related grievances against Us and Our agents and intermediaries; h) issuance of policy which is not in conformity with the proposal form submitted by Proposer; and i) any other matter resulting from the violation of provisions of Insurance Act, 1938 or regulations, circulars, guidelines or instructions issued by Authority from time to time or terms and conditions of the policy in so far as they relate to issues mentioned above.

1.5 As per provision 14(3) of the Ombudsman Rules, 2017:- No complaint to the Insurance Ombudsman shall lie unless—(a) the complainant makes a written representation to the insurer named in the complaint and—(i) either the insurer had rejected the complaint; or (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or (iii) the complainant is not satisfied with the reply given to him by the insurer; (b) The complaint is made within one year—(i) after the order of the insurer rejecting the representation is received; or (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant; (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant .

As per provision 14(5) of the Rule:- No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

## LIST OF INSURANCE OMBUDSMAN\*

- 1. Ahmedabad:** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in **Jurisdiction:** Gujarat, Dadra & Nagar Haveli, Daman and Diu;
- 2. Bengaluru:** Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652049 / 26652048 Email: bimalokpal.bengaluru@cioins.co.in **Jurisdiction:** Karnataka;
- 3. Bhopal:** Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, (Opp Gayatri Mandir) Bhopal 462011. Tel.: 0755-2769201 / 2769202, Email: bimalokpal.bhopal@cioins.co.in **Jurisdiction:** Madhya Pradesh & Chhattisgarh;
- 4. Bhubaneswar:** Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.: 0674-2596461/ 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in **Jurisdiction:** Odisha;
- 5. Chandigarh:** Office of the Insurance Ombudsman, S.C.O. No.101, 102,103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.: 0172- 2706196/ 2706468, Email: bimalokpal.chandigarh@cioins.co.in **Jurisdiction:** Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh;
- 6. Chennai:** Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600018. Tel.: 044-24333668/ 24333678, Email: bimalokpal.chennai@cioins.co.in **Jurisdiction:** Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry);
- 7. New Delhi:** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002 Tel.: 011-23237539, Email: bimalokpal.delhi@cioins.co.in **Jurisdiction:** Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh;
- 8. Guwahati:** Office of the Insurance Ombudsman, Jeevan Nivesh, 5<sup>th</sup> Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781001(Assam). Tel.: 0361-2632204/ 2602205, Email: bimalokpal.guwahati@cioins.co.in **Jurisdiction:** Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura;
- 9. Hyderabad:** Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500004. Tel.: 040 - 23312122, Email: bimalokpal.hyderabad@cioins.co.in **Jurisdiction:** Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
- 10. Jaipur:** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/ 2740798, Email: bimalokpal.jaipur@cioins.co.in . **Jurisdiction:** Rajasthan;
- 11. Ernakulam:** Office of the Insurance Ombudsman, 10<sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Ernakulam- 682011. Tel: 0484-2358759, Email: bimalokpal.ernakulam@cioins.co.in **Jurisdiction:** Kerala, Lakshadweep, Mahe – a part of Union Territory of Puducherry;
- 12. Kolkata:** Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7<sup>th</sup> Floor, 4, C.R. Avenue, Kolkata – 700072. Tel: 033- 22124339/ 22124341, Email: bimalokpal.kolkata@cioins.co.in **Jurisdiction:** West Bengal, Sikkim, Andaman & Nicobar Islands;
- 13. Lucknow:** Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226001. Tel: 0522 – 4002082/ 3500613, Email: bimalokpal.lucknow@cioins.co.in **Jurisdiction:** Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gaziipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar;
- 14. Mumbai:** Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (W), Mumbai- 400054. Tel: 022-69038800/27//29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in **Jurisdiction:** Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane);
- 15. Pune:** Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.:020 – 24471175; Email: bimalokpal.pune@cioins.co.in **Jurisdiction:** Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region);
- 16. Noida:** Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt. Gautam Buddh Nagar, U.P- 201301 Tel.: 0120-2514252/ 53 Email: bimalokpal.noida@cioins.co.in **Jurisdiction:** State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur;
- 17. Patna:** Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, Lalit Bhawan, Bailey Road, Patna 800001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in **Jurisdiction:** Bihar, Jharkhand

\*For updated list of Ombudsman please refer to the website at <http://www.cioins.co.in/Ombudsman>

**Section 38 of Insurance Act, 1938 (as amended from time to time)- “Assignment and Transfer of Insurance Policies” is reproduced below**

**38. 1.** A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

**2.** An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policy-holder or in public interest or is for the purpose of trading of insurance policy.

**3.** The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policy-holder not later than thirty days from the date of the policy-holder giving notice of such transfer or assignment.

**4.** Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

**5.** Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:

Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

**6.** The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:

Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

**7.** Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.

**8.** Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation.— Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of sub-section (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

**9.** Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.

**10.** Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that —

(a) the proceeds under the policy shall become payable to the policy-holder or the nominee or nominees in the event of either the assignee/or transferee predeceasing the insured; or

(b) the insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

**11.** In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policy-holder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

**Section 39 of Insurance Act, 1938 (as amended from time to time)- “Nomination by Policyholder” is reproduced below**

**39. 1.** The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policy-holder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.

**2.** Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

**3.** The insurer shall furnish to the policyholder a written acknowledgment of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

**4.** A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its re-assignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policy-holder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policy-holder on repayment of loan other than on a security of policy to the insurer.

**5.** Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policy-holder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

**6.** Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

**7.** Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

**8.** Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

**9.** Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

**10.** The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

**11.** Where a policy-holder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

**12.** The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied:

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

**Section 45 of Insurance Act, 1938 (as amended from time to time)- “Policy not to be called in question on ground of misstatement after three years” is reproduced below-**

**1.** No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of Revival of the policy or the date of the rider to the policy, whichever is later.

**2.** A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of Revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression “fraud” means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

a. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;

b. the active concealment of a fact by the insured having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such act or omission as the law specifically declares to be fraudulent.

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

**3.** Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of a or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation –A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

**4.** A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of Revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation- For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

**5.** Nothing in this sections shall prevent the insurer from calling for proof of Age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the Age of the life assured was incorrectly stated in the proposal.

## Definition of 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, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

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

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:

- I. 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.
- II. 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:**

- I. 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.
- II. 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:**

- I. 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.
- II. 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. Neurological damage due to SLE is excluded.

**12. Benign Brain Tumor:**

- I. 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.
- II. 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.
- III. 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:**

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
  - i. corrected visual acuity being 3/60 or less in both eyes or ;
  - ii. the field of vision being less than 10 degrees in both eyes.

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

#### **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 ( $\text{PaO}_2 < 55\text{mmHg}$ ); and
- iv. Dyspnea at rest.

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

I. 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.

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

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

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

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

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

III. The Activities of Daily Living are:

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.

IV. The following are excluded: Spinal cord injury

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

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

of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

**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). 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

Coverage will cease at age sixty five (65) or on Policy Maturity/Termination/Surrender, whichever is earlier.

**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 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

Coverage will cease at age sixty five (65) or on Policy Maturity/Termination/Surrender, whichever is earlier.

## **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)

### **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 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.

Coverage will cease at age sixty five (65) or on Policy Maturity/Termination/Surrender, whichever is earlier.

### **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 (MDRD formula)
- 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 (vCJD):**

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

- i. Progressive dementia
- ii. At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
- iii. Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- iv. No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Iatrogenic or familial Creutzfeldt-Jakob disease
- ii. Variant Creutzfeldt-Jakob disease (vCJD)

### **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 anti-dsDNA 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



**GSV Factors and SSV Factors for Plan Option “Life Secure with Return of Premium” Factor B**

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