

**LIC's
Critical Illness
Health Rider
SALES
BROCHURE**

LIC's Critical Illness Health Rider (UIN: 512B227V01) (An Individual, Non-Linked Health Rider)

LIC's Critical Illness Health Rider is an Individual, Non-Linked, Health rider offering fixed benefits in case the Life Assured is diagnosed as suffering from any of the covered critical illness as per the chosen option. This rider shall only be attached at inception with non-linked life insurance plans and provides an add-on benefit to the base plan.

The policyholders are hereby informed that while making a buying decision reference may be made to the similar available products for informed decision making to choose and select the Options/Product which best suits their needs such as under annuities, ULIPs etc.

1. KEY FEATURES:

- An add on benefit to base policy at affordable premium.
- Flexibility to choose any one of the following two available options:
 - Option 1: 15 Major Critical Illnesses
 - Option 2 : 40 Major Critical Illnesses inclusive of Assisted Living Benefit (ALB)
- Lump sum payout in case diagnosed with any of the covered Critical Illness.
- Under Option 2, if diagnosed for any of the specified 7 CIs, an additional benefit of monthly payouts of 1% of 'Critical Illness Sum Assured' for 36 months.

2. BENEFIT:

The benefits payable under an in-force rider are as follows:

A. Critical Illness Benefit:

i. Option 1 : 15 Major Critical Illnesses

On diagnosis of any one of the covered 15 Critical Illnesses (CI) conditions listed below an amount equal to **Critical Illness Sum Assured** shall be payable as a lump sum subject to fulfilling the CI definitions and other terms and conditions as provided in **Annexure I** and the rider shall terminate.

The list of Critical Illnesses covered under this option is as under:

Sr no	Name of CI / Surgery
1	Cancer of Specified Severity (Malignant Tumor)
2	Open Chest CABG (Coronary Artery Bypass Graft) Surgery
3	Myocardial Infarction (First Heart Attack of Specified Severity)
4	Kidney Failure Requiring Regular Dialysis
5	Major Organ or Bone Marrow transplant (as recipient)
6	Stroke Resulting in Permanent Symptoms
7	Major Surgery of Aorta
8	Open Heart Replacement Or Repair Of Heart Valves
9	Permanent Paralysis of Limbs
10	Blindness
11	Third Degree Burns
12	Multiple Sclerosis with Persisting Symptoms
13	Benign Brain Tumor
14	Primary Pulmonary Hypertension
15	Alzheimer's Disease

ii. **Option 2: 40 Major Critical Illnesses inclusive of Assisted Living Benefit (ALB)**

- a) **Lump Sum Benefit:** On diagnosis of any one of the covered 40 Critical Illnesses (CI) conditions listed below an amount equal to **Critical Illness Sum Assured** shall be payable as a lump sum subject to fulfilling the CI definitions and other terms and conditions as provided in **Annexure I** and the rider shall terminate.

The list of Critical Illnesses covered under this option is as under:

Sr no	Name of CI / Surgery
1	Cancer of Specified Severity (Malignant Tumor)
2	Open Chest CABG (Coronary Artery Bypass Graft) Surgery
3	Myocardial Infarction (First Heart Attack of Specified Severity)

4	Kidney Failure Requiring Regular Dialysis
5	Major Organ or Bone Marrow transplant (as recipient)
6	Stroke Resulting in Permanent Symptoms
7	Major Surgery of Aorta
8	Open Heart Replacement Or Repair Of Heart Valves
9	Permanent Paralysis of Limbs
10	Blindness
11	Third Degree Burns
12	Multiple Sclerosis with Persisting Symptoms
13	Benign Brain Tumor
14	Primary Pulmonary Hypertension
15	Alzheimer's Disease
16	Coma of Specified Severity
17	Motor Neuron Disease with Permanent Symptoms
18	Deafness
19	End Stage Lung Failure
20	End Stage Liver Failure
21	Loss of Speech
22	Loss of Limbs
23	Major Head Trauma
24	Parkinson's Disease
25	Myasthenia Gravis
26	Aplastic Anaemia
27	Loss of Independent Existence
28	Progressive Scleroderma
29	Other Serious Coronary Artery Diseases
30	Severe Rheumatoid Arthritis
31	Cardiomyopathy
32	Infective Endocarditis
33	Medullary Cystic Kidney Disease
34	Apallic Syndrome
35	Creutzfeldt-Jakob Disease
36	Pneumonectomy (Surgical Removal of One Lung)

37	Brain Surgery
38	Severe Ulcerative Colitis
39	Chronic Relapsing Pancreatitis
40	Progressive Supranuclear Palsy - Resulting In Permanent Symptoms

- b) **Assisted Living Benefit (ALB):** Under Option 2, in case the diagnosed CI is from below mentioned 7 CI conditions, in addition to Lump Sum Benefit as mentioned in Para 2.A.ii.a), 1% of Critical Illness Sum Assured shall be payable on each policy month following the payment of lump sum, for a fixed period of next 36 months irrespective of the survival of the Life Insured and even if this period of 36 months goes beyond the policy term. In case of death of the Life Assured while receiving ALB, the remaining instalments, if any, will be paid to his/her nominee/beneficiary as a lump sum.

The list of Critical Illnesses under which ALB shall be payable is as under:

Sr no	Name of CI / Surgery
1	Alzheimer's Disease
2	Loss of Independent Existence
3	Permanent Paralysis of Limbs
4	Loss of Limbs
5	Coma of specified Severity
6	Parkinson's Disease
7	Blindness

The minimum Critical Illness Benefit under the rider shall not be less than 105% of "Total Rider Premiums Paid" up to the date of diagnosis of the specified Critical Illness.

The above benefits shall be payable subject to the definitions of Critical illnesses covered, specific exclusions under the CI, if any, and the general exclusions under the rider, the details of which are provided in **Annexure I**.

- B. Maturity Benefit:** No maturity benefit is payable under this rider.
- C. Death Benefit:** No death benefit is payable under this rider.

3. ELIGIBILITY CONDITIONS AND OTHER RESTRICTIONS:

Minimum age at entry	[18] years (completed)
Maximum age at entry	[65] years (nearer birthday)

Minimum Critical Illness Sum Assured	Rs. 1,00,000
Maximum Critical Illness Sum Assured	An amount equal to the Sum Assured under the Base Plan subject to the maximum as fixed in the Base plan but not exceeding an overall limit of Rs.1,00,00,000 (Rs One Crore). The maximum aggregate limit for Critical Illness Sum Assured shall be based on the Underwriting Policy of the Corporation taking all existing policies of the Life Assured under LIC's New Critical Illness Benefit Rider (UIN: 512A212V01 and 512A212V02) and LIC's Critical Illness Health Rider (UIN: 512BxxxV01) including the Critical Illness Sum Assured under the new proposal into consideration.
Minimum Rider Term	The rider term shall be same as under base plan subject to following minimum rider terms: 5 years- Under regular premium paying policies 10 years- Under limited premium paying policies
Maximum Rider Term	The maximum rider term shall be equal to 25 years subject to a maximum cover ceasing age of 75 years (nearer birthday) or policy term under the base plan, whichever is earlier.
Premium Paying Term of the rider	Same as under the base Plan subject to the following limits- Regular Premium Policies: 5 to 25 years Limited Premium Policies: 5 to (Policy Term -1) years

Maximum Cover ceasing age	The maximum cover ceasing age shall be same as applicable for base plan subject to maximum of 75 years (nearer birthday)
Premium Payment Mode	Same as base plan to which the rider is attached.
Rider Sum Assured Multiple	Rs 5000/-

4. SAMPLE PREMIUM RATES:

The sample illustrative annualized rider premium for Critical Illness Sum Assured of Rs.1,00,000 for standard lives are as under:

Regular Premium Policies: (Amount in Rs)

Age (years)	Annualized Rider Premium for standard lives and Critical Illness Sum Assured of Rs.1,00,000							
	Rider Term and Premium Paying Term- 10 years				Rider Term and Premium Paying Term – 20 years			
	Male		Female		Male		Female	
	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
25	132	159	151	187	181	231	203	260
35	297	385	320	417	435	583	417	558
50	1085	1518	840	1172	1406	2002	1003	1429

Limited Premium Policies: (Amount in Rs)

Age (years)	Annualized Rider Premium for standard lives with Rider Term of 25 years and Critical Illness Sum Assured of Rs.1,00,000							
	Premium Paying Term- 16 years				Premium Paying Term- 20 years			
	Male		Female		Male		Female	
	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2	Option 1	Option 2
25	283	366	303	391	247	319	264	341
35	663	893	601	806	581	783	525	707
50	1914	2684	1357	1930	1699	2403	1197	1711

The above premiums are exclusive of taxes.

Note: “**Annualized Rider Premium**” shall be the premium amount payable in a year under this rider excluding the taxes, underwriting extra premiums & loadings for modal premium.

5. REBATES/ Loading:

i. Mode Rebate/ Loading:

If the mode rebate is applicable under a Base Policy, then the same mode rebate shall apply to Rider's premium.

If modal loading is applicable under a Base Plan, then the same loading shall apply to the annualized Rider Premium.

ii. **High Sum Assured Rebate:** Nil

iii. **Online Rebate:** As specified under the Base Plan.

6. PAYMENT OF PREMIUMS:

The premium for the Rider shall be determined based on the Option and Critical Illness Sum Assured chosen by the policy holder. The rider premium, including the applicable Taxes, if any, from time to time, is payable only along with the premium for the base policy and cannot be paid separately. Premiums are payable either by limited premium payment or regularly during the premium paying term.

7. GRACE PERIOD

Same as under the base plan.

8. PAID-UPVALUE:

This rider shall not acquire any paid-up value and the Rider benefit ceases to apply, if Base policy is in lapsed/paid-up condition.

9. SURRENDER:

No surrender value shall be available under this rider.

However, on surrender of an in-force base policy to which this rider is attached, provided all the due premium in respect of this rider and the base plan have been paid, the additional rider premium charged in respect of cover after premium paying term shall be refunded. The amount to be refunded shall be equal to Unexpired Risk Premium Value as mentioned below :

Regular premium policies: Nothing shall be refunded.

Limited premium paying policies:

- i. Refund shall only be payable if full premiums have been paid for at least:
 - first two consecutive years in case of premium paying term less than 10 years
 - first three consecutive years in case of premium paying term of 10 years or more
- ii. The amount to be refunded shall be 75% of a value calculated based on duration elapsed in completed years as on date of surrender as well as on the Sum Assured, Premium Paying Term and Term of the Rider.

10. REVIVAL:

Revival of this rider will only be considered along with the revival of the base policy. All terms and conditions of revival applicable under the base policy shall be applicable to this rider. The rate of interest applicable for revival shall be as applicable under Base Plan. Waiting periods and Exclusions as described under Para 16 and Annexure I respectively shall be applicable on revival.

No benefit will be paid for an event that has occurred during the lapse period i. e. from the First Unpaid Premium till the Date of Revival.

11. LOAN: No loan is available under this rider.

12. FORFEITURE IN CERTAIN EVENTS:

Same as Base Policy.

13. TERMINATION OF CRITICAL ILLNESS HEALTH RIDER :

The Rider will terminate on the earliest of:

- i. The date on which the claim is paid in respect of this rider; or
- ii. The date of expiry of the rider; or
- iii. The date on which the base policy to which the rider is attached terminates or is converted into a paid up policy or is surrendered; or.
- iv. On diagnosis of a Critical Illness within the waiting period; or
- v. On payment of Free Look cancellation amount for this rider.
- vi. On Cancellation / termination of the cover by the Corporation on grounds of misrepresentation, fraud or non-disclosure subject to Section 45 of the Insurance Act, 1938 as amended from time to time; or
- vii. On death of the Life Assured.

14. TAXES:

Statutory Taxes, if any, imposed on such insurance riders by the Government of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

The amount of applicable Taxes as per the prevailing rates, shall be payable by the policyholder on premiums including extra premiums, if any payable under the rider, which shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of Tax paid shall not be considered for the

calculation of benefits payable under the rider.

Regarding Income tax benefits/implications on premium(s) paid and benefits payable under this rider, please consult your tax advisor for details.

15. FREE LOOK PERIOD:

If the policyholder is not satisfied with the “Terms and Conditions” of the Rider, the Rider Endorsement along with the Base Policy Document may be returned to the Corporation within 30 days from the date of receipt of the electronic or physical mode of policy document, whichever is earlier, stating the reasons of objections. On receipt of the same the Corporation shall cancel the Rider and return the amount of premium deposited for this rider after deducting the proportionate risk premium for Critical Illness Benefit for the period of cover (shall not be applicable during the waiting period) expenses incurred on medical examination, (including special reports, if any, on account of rider inclusion) and charges for stamp duty.

16. WAITING PERIOD:

A waiting period of 90 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the diagnosis of the covered Critical Illness. However, waiting period will not apply to conditions arising directly out of accident.

17. SURVIVAL PERIOD:

A survival period of 30 days is applicable from the date of diagnosis of covered Critical Illness unless a separate Survival Period is specified for any particular disease/condition in the Critical Illness definitions. If death occurs within the survival period, no benefit shall be payable.

18. EXCLUSIONS:

The exclusions applicable under the covered Critical illnesses are as mentioned in Annexure I.

19. Grievance Redressal Mechanism:

Of the Corporation:

The Corporation has Grievance Redressal Officers (GROs) at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. The customers can visit our website (<https://licindia.in/web/guest/grievances>) for names and contact details of the GROs and other information related to grievances.

For ensuring quick redressal of customer grievances the Corporation has introduced Customer friendly Integrated Complaint Management System through our Customer Portal (website) <http://www.licindia.in>, where a registered policy holder can directly register complaint/ grievance and track its status. Customers can also contact at e-mail id co_complaints@licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of death claim repudiation have the option of referring their cases for review to Zonal Office Claims Dispute Redressal Committee or Central Office Claims Dispute Redressal Committee. A retired High Court/ District Court Judge is member of each of the Claims Dispute Redressal Committees.

Of IRDAI:

In case the customer is not satisfied with the response or do not receive the response from us within 15 days, then the customer may approach the Policyholder's Protection and Grievance Redressal Department through any of the following modes:

- i) Calling Toll Free Number 155255/18004254732(i.e. IRDAI Grievance Call Centre-(BIMA BHAROSA SHIKAYAT NIVARAN KENDRA))
- ii) Sending an email to complaints@irdai.gov.in
- iii) Register the complaint online at <https://bimabharosa.irdai.gov.in/>
- iv) Address for sending the complaint through courier/ letter:

General Manager, Policyholders Protection and Grievance Redressal Department, Insurance Regulatory and Development Authority of India, Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032, Telangana.

Of Ombudsman:

For redressal of Claims related grievances, claimants can also approach Insurance Ombudsman who provides for low cost and speedy arbitration to customers.

SECTION 45 OF THE INSURANCE ACT, 1938:

The provision of Section 45 of the Insurance Act 1938 shall be as amended from time to time. The current provision is as under:

(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 specially 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 subsection (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of 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 misstatement 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 the 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 misstatement 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 section 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 insured was incorrectly stated in the proposal.

PROHIBITION OF REBATES (SECTION 41 OF THE INSURANCE ACT, 1938):

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate

of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

Various Sections of the Insurance Act, 1938, applicable to LIC to apply as amended from time to time

This Rider brochure gives only salient features of the rider. For further details please refer to the Rider document on our website www.licindia.in or contact our nearest Branch Office.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI or its officials do not involve in any activities of insurance business like selling insurance policies, announcing bonus or investment of premiums refunds of amount.. Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint.

LIFE INSURANCE CORPORATION OF INDIA

“Life Insurance Corporation of India” was established on 1st September, 1956 under Life Insurance Corporation Act, 1956, with the objective of spreading life insurance more widely, in particular to the rural areas with a view to reaching all insurable persons in the country and providing them adequate financial cover against insured events. LIC continues to be the important life insurer even in the liberalized scenario of Indian insurance and is moving fast on a new growth trajectory surpassing its own past records. In its existence of over six decades, LIC has grown from strength to strength in various areas of operation.

This Annexure lists the following:

- A.** The list of definitions and the specific exclusions of Critical Illness (CI) conditions covered under the rider
- B.** The general exclusions for Critical Illness (CI) conditions covered under the rider.

A. The list of definitions and specific exclusions of Critical Illness (CI) conditions covered under the rider:

1. Cancer of Specified Severity (Malignant Tumor)

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

2. Open Chest CABG (Coronary Artery Bypass Graft) Surgery

- I.** 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 breastbone) 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.

II. The following are excluded:

Angioplasty and/or any other intra-arterial procedures.

3. MYOCARDIAL INFARCTION (First Heart Attack of Specified Severity)

I. 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.

II. 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.

4. Kidney Failure Requiring Regular Dialysis

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

5. Major Organ or Bone Marrow transplant (as recipient)

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.

6. 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.

7. Major Surgery of Aorta

The actual undergoing of medically necessary major surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

- i. Traumatic injury of the aorta is excluded.
- ii. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

8. 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.

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. Blindness

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

The Blindness is evidenced by:

- i. Corrected visual acuity being 3/60 or less in both eyes or ;
- ii. The field of vision being less than 10 degrees in both eyes.

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

11. 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.

12. Multiple Sclerosis with Persisting Symptoms

- I. 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.

- II. Other causes of neurological damage such as SLE are excluded.

13. 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 by 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.

14. Primary 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.

15. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging.

The diagnosis of Alzheimer's Disease must be confirmed by an appropriate consultant and supported by a Medical Practitioner appointed by the Corporation. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

For the purpose of this clause, Activities of Daily Living are defined as:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- iii. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa.
- iv. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- v. Feeding – the ability to feed oneself once food has been prepared and made available.
- vi. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- i. Any other type of irreversible organic disorder/dementia
- ii. Alcohol-related brain damage.

16. 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.

17. 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.

18. 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.

19. End Stage Lung Failure

- I. 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

20. 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.

21. Loss of Speech

- I. 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.
- II. All psychiatric related causes are excluded.

22. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level 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.

23. Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external, and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this Benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
 - iv. Mobility: the ability to move indoors from room to room on level surfaces.
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

1. Spinal cord injury.

24. Parkinson’s Disease

- I The occurrence of Parkinson’s Disease where there is an associated Neurological Deficit that results in permanent inability to perform independently at least three of the Activities of Daily Living, for a continuous period of at least 3 months:
- II For the purpose of this clause, Activities of Daily Living are defined as:

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

III The following is excluded:

Parkinson's Disease accompanied with drug and/or alcohol abuse.

25. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- i. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- ii. The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification is as follows:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

The following are excluded:

- i. Congenital myasthenic syndrome

- ii. Transient neonatal or juvenile myasthenia gravis

26. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- i. Blood product transfusion.
- ii. Marrow stimulating agents.
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

The diagnosis of Aplastic anemia must be confirmed by a bone marrow biopsy. At least two of the following values should be present:

- i. Absolute Neutrophil count of 500 per cubic millimeter or less.
- ii. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
- iii. Platelet count of 20,000 per cubic millimeter or less.

27. Loss of Independent Existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the Activities of Daily Living, with no hope of recovery. For the purpose of this clause, Activities of Daily Living are defined as:

- a. 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.
- b. Dressing – the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs, or other surgical appliances.
- c. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa.
- d. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- e. Feeding – the ability to feed oneself once food has been prepared and made available.
- f. Mobility - the ability to move from room to room without requiring any physical assistance.

This condition must be confirmed by the company's

approved doctor.

This benefit will be available only up to age 75 nearer birthday.

28. Progressive Scleroderma

A systemic collagen-vascular illness causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- i. Localized scleroderma (linear scleroderma or morphea);
- ii. Eosinophilic ascitis; and
- iii. CREST syndrome.

29. Other Serious Coronary Artery Diseases

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

30. Severe Rheumatoid Arthritis

Widespread chronic progressive joint destruction with major deformity, where all of the following criteria are met:

- i. Unequivocal diagnosis of Rheumatoid Arthritis made based on the American College of Rheumatology criteria.
- ii. Damage and deformity of at least 3 (three) of the following joints: hand (Meta phalangeal joints), wrist, elbow, knee, hip, or feet (metatarsophalangeal joints). Such deformity must be confirmed by imaging studies showing such changes; and

Disability resulting in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months. For this purpose of this clause, Activities of Daily Living are defined as:

- a. 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.

- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- d. Mobility: the ability to move indoors from room to room on level surfaces.
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

31. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- i. Positive result of the blood culture proving presence of the infectious organism(s).
- ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- iii. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a

registered Medical Practitioner who is a cardiologist.

33. Medullary Cystic Kidney Disease

Medullary Cystic Disease where the following criteria are met:

- i The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis.
- ii Clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
- iii The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy along with specialist Medical Practitioner opinion.

The following are excluded.

- i Isolated or benign kidney cysts are specifically excluded from this Benefit.
- ii Any condition in which cysts are absent.

34. Apallic Syndrome

Universal non-functioning of the brain cortex, with the brain stem intact. Diagnosis of Apallic Syndrome must be definitely confirmed by a registered Medical Practitioner who is also a neurologist and substantiated by clinical and investigation findings. This condition must be documented for a continuous period of at least one month.

35. Creutzfeldt-Jakob Disease

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist, and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

36. Pneumonectomy (Surgical Removal of One Lung)

Complete surgical removal of the entire right or entire left lung necessitated by an illness or an Accident of the Insured. The surgery must be certified to be Medically Necessary by a Medical Practitioner who is a pulmonologist or thoracic surgeon.

37. Brain Surgery

The actual undergoing of surgery to the brain, under general anesthesia, during which a Craniotomy is

performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

38. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

- i. The entire colon is affected, with severe bloody diarrhea; and
- ii. The necessary treatment is total colectomy and ileostomy; and
- iii. The diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology.

39. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

40. Progressive Supranuclear Palsy - Resulting In Permanent Symptoms

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy.

The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living.

Activities of Daily Living are defined as:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Dressing: the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces,

artificial limbs or other surgical appliances.

- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- iv. Mobility: the ability to move indoors from room to room on level surfaces.
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

B. The general exclusions for Critical Illness (CI) conditions covered under the rider.

The Corporation shall not be liable to pay any of the benefit covered under this rider, if the critical illness has occurred directly or indirectly as a result of any of the following:

- 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider;
- 2. Any Critical Illness manifesting itself within 90 days of the commencement of risk or revival of risk cover, whichever is later.
- 3. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising there from unless disclosed to and accepted by the Corporation prior to the effective date of cover or the date of revival of risk cover.
Pre-existing disease/condition means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician not more than 36 months prior to the effective date of the rider or date of revival of risk cover or
 - b) For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months prior to the effective date of the rider or date of revival of risk cover.(The 'effective date of rider' shall be the same as the 'date of commencement of risk'.)
- 4. Any Critical Illness caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- 5. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner,

6. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide.
7. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
8. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel or caused by nuclear, chemical or biological attack.
9. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
10. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving etc.
11. Any Critical Illness caused by any treatment necessitated due to participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.
12. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
13. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. Any Critical Illness based on certification/diagnosis/ treatment from persons not registered as Medical Practitioners or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.

15. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
16. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
17. Any Critical Illness caused due to surgical treatment of obesity that does not fulfill all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Medical Practitioner.
 - b. The Surgery / Procedure conducted should be supported by clinical protocols.
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions.
20. Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

Note: *A Medical practitioner is a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license but excluding the Practitioner who is:

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



Registered Office:

Life Insurance Corporation of India,

Central Office,

Yogakshema, Jeevan Bima Marg, Mumbai – 400021.

Website: www.licindia.in

Registration Number: 512