



**LIFE INSURANCE CORPORATION OF INDIA**  
**(Established by the Life Insurance Corporation Act, 1956)**  
**Registration Number: 512**

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

**PART – A**

**FORWARDING LETTER**

As per the Base policy.

**PREAMBLE**

This document of LIC's Critical Illness Health Rider details of which are given in the Schedule below, and which shall be deemed as part of the Policy, is an endorsement to the Base Policy.

The premium mentioned in the Schedule and all the terms and conditions and exclusions printed in this Endorsement are specific to this Rider. Terms and conditions of this Rider are to be read in conjunction with the terms and conditions of the Base Policy. The continuance of risk cover under the Base Policy is necessary precondition for continuance of cover under this Rider. The benefits under the Base Plan shall be governed by the terms and conditions of the Base Policy independent of terms and conditions of the Rider mentioned in this Endorsement.

**SCHEDULE**

**DIVISIONAL OFFICE:**

**BRANCH OFFICE:**

Policy Number:  
Name of Proposer:

Date of commencement of  
LIC's Critical Illness Health Rider:

Name of the Life Assured:  
Critical Illness Sum Assured (Rs):

Whether Regular Premium / Limited Premium payment opted for?

Date of commencement of Risk for LIC's Critical Illness Health Rider:

Date of Birth:  
Age:

Whether age admitted:  
Due Date of payment of last  
premium for LIC's Critical Illness  
Health Rider:

Option Chosen:

Critical Illness Health Rider Premium (Rs):

Date of expiry of LIC's Critical Illness Health Rider:

*Unless otherwise stated, all dates described and used in this Schedule are in dd/mm/yyyy formats.*

**Date:**

**Examined by:**

**Form No.:**

LIC's Critical Illness Health Rider (UIN:512B227V01)

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**Chief/ Sr. Branch Manager**

## **PART – B: DEFINITIONS**

The definitions of terms/words used in this Rider Document are as under:

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, violent and visible means.
2. **Age** is the age nearer birthday of the Life Assured at the time of the commencement of the rider.
3. **Base Policy** refers to the Policy to which this Rider Document is attached.
4. **Critical Illness Benefit** means the benefit, which is payable on diagnosis of any one of the Critical Illnesses covered under the rider, as specified in Condition 1 of Part C of this Rider Document.
5. **Critical Illness Health Rider Premium** is the premium payable by the policyholder along with the premium under Base Policy towards the additional cover/benefit opted under the Rider, excluding any extra premiums and taxes, if collected explicitly.
6. **Critical Illness Sum Assured** is the amount specified in the Schedule as opted by the Policyholder at the time of taking the policy.
7. **Date of commencement of LIC's Critical Illness Health Rider** is the start date of this rider.
8. **Date of commencement of risk/effective date of the rider** is the date on which the Corporation, after underwriting the proposal, accepts the risk for insurance (cover) for the Base Policy along with this rider as evidenced in the Schedule of the rider.
9. **Date of Diagnosis/ Date of occurrence of Critical Illness** is the date on which a medical practitioner examines the Life Assured and certifies the diagnosis of any of the illnesses/ conditions covered under this rider.
10. **Due Date** means a fixed date on which the premium under the Rider is due and payable by the policyholder. The premium for the Rider shall be payable along with the premium of the Base policy only.
11. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
12. **Life Assured** is the person on whose life the insurance cover has been accepted for the Base Policy along with this Rider.
13. **Limited Premium Payment Policy** means the non-linked insurance policy other than single premium policy, where the premium payment period is limited compared to the policy term, and premiums are payable at regular intervals like yearly, half yearly, quarterly, monthly or any other intervals as approved by the Authority.
14. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
15. **Medical practitioner** means 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 its 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.
16. **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 rider').
17. **Proposer** is a person who proposes the life insurance proposal for the Base Policy along with this Rider.
18. **Regular Premium Policy** means non-linked insurance policy, where the premium payment is throughout the term of the policy or premium payment term of the policy, and premiums are

payable at regular intervals like yearly, half-yearly, quarterly, monthly or any other interval as approved by the Authority.

19. **Rider** means the insurance cover(s) added to a Base Policy for additional premium.
20. **Rider Benefits** means an amount of benefit payable on occurrence of a specified event covered under this Rider, and is an additional benefit to the benefit under Base Policy.
21. **Rider Term** is the period, in years, as chosen by the policyholder and mentioned in the Schedule, commencing from the Date of commencement of LIC's Critical Illness Health Rider and ending on the Date of expiry of LIC's Critical Illness Health Rider
22. **Schedule** is the part of this Rider document that gives the specific details of your Rider.
23. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, Diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
24. **Survival Period** means the period of time from the date of diagnosis of covered critical illness under consideration that the Life Assured has to survive to become eligible for the benefit under the rider. The survival period includes the date of diagnosis.
25. **Total Rider Premiums Paid** means total of all the premiums paid under this Critical Illness Health Rider, excluding any extra premium, and taxes, if collected explicitly.
26. **UIN** means the Unique Identification Number allotted to this Rider.
27. **Waiting Period** means the period starting from policy inception or date of revival during which no benefits are payable as specified under Para 3 of Part C of this Rider Document.

**Note:** For definitions of other terms/words used anywhere in this endorsement, the definitions given in the Base Policy may be referred to.

### **PART – C : BENEFITS**

1. The following benefits are payable under an in-force rider:

#### **I. Critical Illness Benefit:**

##### **A. 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 Critical Illness (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

##### **B. 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:

<b>Sr no</b>	<b>Name of Critical Illness (CI) /Surgery</b>
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 1.I.B.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 Critical Illness (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 shall not be less than 105% of "Total Rider Premiums Paid" up to the date of diagnosis of the specified Critical Illness.

**II. Maturity Benefit:** No maturity benefit is payable under this rider.

**III. Death Benefit:** No death benefit is payable under this rider.

**2. Payment of premiums –**

- a) The Critical Illness Health 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.
- b) Grace period: Same as mentioned in the Base Policy.
- c) Once a claim under Critical Illness Health Rider has been admitted, no subsequent premium towards this benefit shall be charged from the next policy anniversary.
- d) In case of diagnosis of any specified Critical Illness under an in-force policy wherein all the premiums due till the date of diagnosis have been paid and where the mode of payment of premium is other than yearly, balance premium(s), if any, falling due from the date of diagnosis and before the next policy anniversary shall be deducted from the claim amount.
- e) The additional premium for this Rider will not be required to be paid after all the premiums under the base policy have been paid or on and after the policy anniversary on which the age of the Life Assured is 75 years, whichever is earlier. However, the premiums under the base policy with which this rider is attached shall continue to be paid beyond age 75 years till the end of premium paying term, wherever applicable.

**3. 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 Critical Illness under consideration. This would mean that the benefit covered under this rider is not applicable and the rider shall terminate if there is diagnosis of any Critical Illness or any signs or symptoms related to Critical Illness occurs:

- (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of 90 days reckoned from that date or
- (ii) before the expiry of 90 days from the date of Revival.

However, waiting period will not apply to conditions arising directly out of accident.

4. **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. Signs and symptoms relevant to the claimed CI condition must have been present and documented before death. All investigations must confirm that the diagnosis of claimed CI condition has been done before the death of the insured.
5. **Exclusions**: As provided in Annexure I of the Rider Document.

#### **PART – D: CONDITIONS RELATED TO SERVICING ASPECTS**

1. **Proof of Age**: Same as mentioned in the Base Policy.
2. **Forfeiture and Non-forfeiture Regulations**:

**Forfeiture in Certain Other Events**: Same as under the base policy.

**Non-forfeiture Regulations**: These provisions do not apply to this rider as it does not acquire any paid up value and the rider benefit ceases to apply, if Base policy is in lapsed/paid up condition.

3. **Revival of lapsed Policies**: Revival of this rider will only be considered along with the revival of the base policy and shall be revived in accordance with the Underwriting Policy of the Corporation. 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 policy.

Waiting periods and Exclusions as described in Part C & Annexure I will apply on revival.

4. **Surrender Value**: No surrender value will be available under this rider. However, on surrender of an in-force base policy to which this rider is attached, provided all the due premiums in respect of this rider and base policy have been paid, 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 paying policies**: Nothing shall be refunded.

**Limited premium paying policies**:

- a) 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

- b) Refund during premium paying term shall be:

$$75\% * d * (Pppt - Pn) * (\text{Critical Illness Sum Assured} / 1000)$$

- c) Refund after premium paying term shall be:

$$75\% * Pppt * (\text{Critical Illness Sum Assured} / 1000) * (ppt / n) * (n - t)$$

Where:

Pppt = Tabular annual premium for the limited premium paying term per Rs. 1000/-  
Critical Illness Sum Assured at inception.

$P_n$  = Equivalent tabular annual regular premium per Rs. 1000/- Critical Illness Sum Assured corresponding to the respective Limited Premium payable at inception.

Above premiums excludes service tax and extra premium, if any.

$d$  = Number of full years for which premiums have been paid.

$n$  = Term of the Rider.

$ppt$  = Premium paying term of the Rider.

$t$  = Policy duration elapsed in nearest completed years as on the date of surrender.

**5. Loan:** No loan will be granted under this Rider.

**6. Termination of Critical Illness Health Rider:**

The Rider will terminate on the earliest of:

- a) The date on which the claim is paid in respect of this rider; or
- b) The date of expiry of the rider (as mentioned in the Schedule); or
- c) 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
- d) On diagnosis of Critical Illness within the waiting period; or
- e) On payment of Free Look cancellation amount for this Rider; or
- f) 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
- g) On death of the Life Assured.

Any critical illness manifesting itself during the waiting period is not admissible. The admissible critical illness which is manifested, diagnosed and lodged after the waiting period and during the currency of critical illness cover, once admitted for, shall preclude any further critical illness and therefore the cover will terminate.

**7. Free look period:** If the Policyholder is not satisfied with the Terms or Conditions of the rider, the rider Endorsement may be returned along with Base Policy Document to the Corporation within 30 days from date of receipt of the electronic or physical mode of policy document, whichever is earlier, stating the reason 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), stamp duty charges, expenses incurred on for medical examination (including special reports, if any) on account of rider inclusion.**

**PART E**

Not Applicable.

**PART – F: OTHER TERMS AND CONDITIONS**

**1. Other Conditions and restrictions:**

- A. The Critical Illness Sum Assured shall be payable subject to the following:
  - a. The Base Policy and the Rider are in force for full cover on the date of diagnosis
  - b. Conditions and Restrictions mentioned in the Rider document
  - c. Claim is incurred before the date of termination of Rider
  - d. The claim is proved as admissible to the satisfaction of the Corporation.

- B. Critical Illness benefit shall be payable only after the Corporation is satisfied on the basis of available medical evidence that the specified illness has occurred.
- C. Critical Illness Benefit shall be payable only once during the term of the policy while the base policy is in-force. The Rider ceases to apply once the Critical Illness Health Rider Sum Assured becomes payable. The benefit shall also automatically cease to be available on Surrender of the base policy or if the base policy is converted into a paid-up policy for a reduced Sum Assured.
- D. The list, definitions and exclusions of the Critical Illness conditions covered under this rider as provided under Annexure I of this document.
- E. 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 including the Critical Illness Sum Assured under the new proposal into consideration.

**2. Assignments and Nominations:** Same as mentioned under Base policy.

**3. Tax:** 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 amount if charged under the policy due to underwriting decision, 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.

**4. Normal requirements for a claim:** On occurrence of any of the contingencies covered under this rider, full particulars hereof must be notified in writing to the office of the Corporation where this Policy is serviced together with the then address and whereabouts of the Life Assured. Proof satisfactory to the Corporation of the contingency that has occurred, shall be furnished in the manner required as below:

- I. Claim Form duly signed by the insured along with NEFT mandate from the Claimant for direct credit of the claim amount to the bank account;
- II. Original Policy document;
- III. Treating doctor certificate filled by the doctor treating the Life Assured for the diagnosed ailment. The treating doctor should be a Medical Practitioner registered in India/other country as approved by the Corporation, not being the policyholder, Life Assured or the respective partner or spouse or relatives.
- IV. Hospital certificate/Discharge Summary duly filled by the hospital where Life Assured was admitted.
- V. Confirmatory investigations including, but not limited to, clinical, radiological, histological & laboratory evidence;
- VI. If the insured event requires the surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary;
- VII. The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed/approved by the Corporation;
- VIII. In case of Critical Illness directly arising out of an Accident, claimant is required to submit the following documents:
  - a) Certified copies of First Information Report (FIR) and the Final Police Closure Report
  - b) Any associated newspaper cutting
- IX. Any other document or information as asked for by the Corporation depending on the facts & circumstances of each case;

This would be in addition to the Claim requirements under the Base Policy.

Policyholder or the claimant, as applicable, is required to intimate the Corporation, about the happening of the insured event resulting into a claim under the policy , at the earliest possible time.

In addition to above, any requirement mandated under any statutory provision or as may be required as per law shall also be required to be submitted.

**5. Legislative Changes:**

The Terms and Conditions including the premiums and benefits payable under this Rider are subject to variation in accordance with the relevant Legislation & Regulations

**PART – G: STATUTORY PROVISIONS**

**Section 45 of Insurance Act, 1938:** Same as mentioned under the Base Policy.

**Grievance Redressal Mechanism:** Same as mentioned under Base Policy Document.

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:

- a. Any other type of irreversible organic disorder/dementia
- b. 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:
  1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
  4. 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 28 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:

- Unequivocal diagnosis of Rheumatoid Arthritis made based on the American College of Rheumatology criteria.
- 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:

- 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.

### **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:

- i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider;
- ii. Any Critical Illness manifesting itself within 90 days of the commencement of risk or revival of risk cover, whichever is later.
- iii. 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'.)
- iv. Any Critical Illness caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
  - v. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner,
  - vi. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide.
  - vii. 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;
- viii. 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.
  - ix. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured;
  - x. 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.
  - xi. 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.
  - xii. 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.
  - xiii. 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.
  - xiv. 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.
  - xv. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
  - xvi. 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.
  - xvii. 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
  - xviii. 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.
  - xix. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions.
  - xx. 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:

- In case of dispute in respect of interpretation of terms and conditions mentioned in this Document, the English version shall stand valid.
- The conditions mentioned in this endorsement are not to be read in isolation but in agreement with the conditions mentioned in the Base Policy.

**YOU ARE REQUESTED TO EXAMINE THIS ENDORSEMENT, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.**