

**PART B – DEFINITIONS****GENERAL**

The Company may amend or place endorsement/s to this Policy from time to time for any changes agreed to by the Master Policyholder and the Company or issued by the Company and any such amendments or endorsement/s will form part of this Policy.

In this Policy, the words or terms below that appear in initial capitals will have the specific meaning assigned to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

Please read this Policy Document carefully

1. **"Accident"** means a sudden, unforeseen and involuntary event caused by external visible and violent means.
2. **"Accidental Total & Permanent Disability (ATPD)"** shall include the total and permanent loss of use of both hands, or both feet, or both eyes, or a combination thereof (i.e., any two limbs or one eye and one limb), will also result in the Member being regarded as totally and permanently disabled; or where the Member is unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Work":

Mobility: The ability to walk a distance of 200 meters on flat ground.

Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.

Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

Blindness – permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

3. **"Accelerated Critical Illness Benefit Sum Assured"** means the amount upto Sum Assured on Death, as specified in the Policy Schedule/Certificate of Insurance, subject to a maximum limit as specified by the Company from time to time

4. **"Accelerated Critical Illness Benefit"** means where any one of the following benefit options are in force under the Cover: Essential Critical Illness Cover (Accelerated CI 10) or Super Critical Illness Cover (Accelerated CI 25) or Mega Critical Illness Cover (Accelerated CI 50).

5. **"Accelerated Critical Illness Cover Term (ACI Cover Term)"** means the period for which the Accelerated Critical Illness Cover is provided to individual Member where the Member opts for any one of the three ACI cover package i.e. Essential Critical Illness Cover (Accelerated CI 10) or Super Critical Illness Cover (Accelerated CI 25) or Mega Critical Illness Cover (Accelerated CI 50)

6. **"Accidental Death Benefit Sum Assured"** means the amount upto Sum Assured on Death, as specified in the Policy Schedule/Certificate of Insurance, subject to a maximum limit as specified by the Company from time to time.

7. **"Age"** means that age at last birthday of a Member, in completed years attained as on the Coverage Effective Date.

- 8. "Assignee"** means the person to whom the rights and benefits are transferred by virtue of an Assignment.
- 9. "Assignment"** means a provision wherein the Member can assign or transfer a Policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time.
- 10. "Base Cover"** means death benefit including accelerated Terminal Illness benefit payable under this Policy on occurrence of death or Diagnosis of Terminal Illness as the case may be on the life of the Member.
- 11. "Base Cover Term"** means the period for which the Base Cover is provided to the individual Member under the Master Policy.
- 12. "Beneficiary" or "Nominee"** means the person or persons last nominated by the Member and registered with Master Policyholder to receive the benefits under this Policy in the event of the Member's death while being covered under this Policy.
- 13. "Certificate of Insurance (COI)"** means statement evidencing the Coverage of the Member under the Policy, subject to the terms and conditions of the Policy.
- 14. "Cover"** means the insurance benefits as payable under this Policy on the occurrence of the death, disability or illness as the case may be on the life of the Member. The Certificate of Insurance will specify which insurance benefits are in force for the Member under this Policy.
- 15. "Cover Term"** means the term or period during which the cover under this Policy is effective.
- 16. "Coverage Effective Date"** means the date on which the Cover in respect of a Member commences.
- 17. "Critical Illness"** means the covered critical illness as detailed in Part C
- 18. "Diagnosis / Diagnosed"** means the certified Diagnosis of a Terminal Illness or Critical Illness by a Medical Practitioner.
- 19. "Expiry Date"** means the date specified in the Certificate of Insurance, on which the insurance cover effected under this Policy on the life of a Member expires.
- 20. "Free-look period"** means the period as specified in the Policy Contract, during which You can return the Policy in case You are not satisfied with the terms and conditions of the Policy.
- 21. "Free Cover Limit"** means the Sum Assured limit where the Member is not required to submit evidence of insurability in order to qualify for protection under this plan.
- "Grace Period"** means the time granted by Us from the due date for the payments of Premium, without any penalty or late fee, as per the terms & conditions of the Policy.
- 22. "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.
- 23. "IRDAI"** means the Insurance Regulatory and Development Authority of India.
- 24. "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. This would mean a Medical Practitioner treating the Member must be holding a degree

equivalent to MD/MS or higher in the relevant field to certify the condition. The Medical Practitioner should not be the Master Policyholder or Member himself/herself; or;

- An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with Us; or
- Related to the Master Policyholder or Member by blood or marriage

**25. "Member"** means a person whose cover is in effect under this Master Policy.

**26. "Nominee"** means a person nominated by the Member to receive the Death Benefit under this Policy in case of death of the Member and whose name is mentioned in the Certificate of Insurance.

**27. "Original Sum Assured"** is the Sum Assured on Death specified for the Member at inception.

**28. "Policy"** means the Group Protection Solutions Policy taken by the Master Policyholder for providing Cover to its Members.

**29. "Policy Effective Date"** means the date on which Your rights and benefits under this Policy begin, as shown in the Policy Schedule.

**30. "Policy Issue Date"** means the date on which this Policy is issued by the Company.

**31. "Policy Schedule"** means the policy schedule and any annexures, tables, and/or endorsements attached to it from time to time and forming part of the Policy.

**32. "Policy Year"** means 12 (Twelve) months period commencing from the Policy Effective Date and every Policy Anniversary thereafter.

**33. "Premium"** means the Premium as payable by You during the Premium paying term on the due dates excluding applicable taxes, cesses and levies, if any as specified in the Policy Schedule/Certificate of Insurance, payable by You in respect of each Member for effecting and continuing Cover under the Policy.

**34. "Revival"** means restoration of Cover under a Policy/Certificate of Insurance in lapsed Policy to in-force status subject to terms and conditions of the Policy.

**35. "Revival Period"** means a period of 5 consecutive years from the due date of first unpaid Premium, during which period You will be entitled to revive the COI in lapsed State.

**36. "Rider Cover"** means one or more of the additional covers available under this Policy.

**37. "Sum Assured"** means the amount as specified in the Certificate of Insurance which is payable on the death of a Member or on Diagnosis of any of the covered illness during the Coverage Term;

**38. "Sum Assured at Inception"** means the Sum Assured on Death applicable in the first year of Cover Term.

**39. "Sum Assured on Death"** means, the applicable Sum Assured payable on death in accordance with Part C to this Policy, and at the start of each month as specified in the Certificate of Insurance.

**40. "Surrender"** means complete withdrawal/ termination of the Master Policy or the Certificate of Insurance at the request of the Master Policyholder or the Member

**41. "Surrender Value"** means the amount payable on the surrender of the Certificate of Insurance which is calculated by Us in accordance with the clause mentioned in Part D.

**42. "Terminal Illness"** means an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners specializing in treatment of such illness, certifies that the illness is expected to lead to death of the Member within 6 months of the date of diagnosis of the Terminal Illness.

**43. "Terminal Illness Benefit Sum Assured"** means the amount upto Sum Assured on Death, as specified in the Policy Schedule / Certificate of Insurance, subject to a maximum limit as specified by the Company from time to time.

**44. "Waiting Period"** means the period from the date of commencement of cover till the number of days mentioned in the Policy Schedule, wherein no claim will be paid.

**45. "We" or "Our" or "Us" or "Company"** means Aditya Birla Sun Life Insurance Company Limited.

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**PART C – POLICY FEATURES, BENEFITS AND PREMIUM PAYMENT****1. Sum Assured on Death / Base Cover Options**

Depending upon the Scheme Type specified in the Policy Schedule, the Master Policyholder/Member shall have the option to opt for one of the following Sum Assured on Death/ Base Cover Options applicable in case of Death and Terminal Illness at inception of the Policy:

- a. **Level Cover:** Under this option, the Sum Assured on Death stays at the same level throughout the Base Cover Term.
- b. **Increasing Cover:** Under this option, the Sum Assured on Death will increase by 5% p.a. of the Sum Assured at Inception at each Coverage Effective Date anniversary commencing from the first Coverage Effective Date anniversary. The increase in Sum Assured on Death shall cease to increase once it is equal to 2 times the Original Sum Assured.

**2. Increase in Sum Assured for one year renewable term Policies**

For one year renewable term policies, the Master Policyholder/Member shall have the option to increase the Sum Assured during the Base Cover Term by giving a written request to the Company.

For Employer Employee cases under Compulsory Scheme Type, the Sum Assured can be increased where a Member receives a salary increase and the benefits are determined in relation to salary; or where a Member receives a promotion and the benefits are determined in relation to grade.

The increase in Sum Assured shall be effected only after the Company has approved such request in writing.

**3. Benefits**

Benefits in accordance with the following terms and conditions shall be payable provided that the Benefit Option(s) are in force under the Policy for a Member as specified in the Policy Schedule/Certificate of Insurance.

**3.1 On Death of the Member:**

In the event of death of the Member during the Base Cover Term, and provided that the Cover is in force as on the date of death of the Member, the Sum Assured on Death as specified in the Certificate of Insurance shall be payable to the Nominee/Beneficiary as a lump sum.

Alternatively, Nominee/Beneficiary of the Member may choose to receive benefit payable under Base cover or part thereof in equal periodic instalment in arrears in lieu of lumpsum.

On payment of the Sum Assured on Death, the Cover for the Member under this Policy shall immediately and automatically terminate.

**3.2 On Diagnosis of Terminal Illness**

In the event of the Member being Diagnosed with a Terminal Illness during the Base Cover Term and provided that the Cover is in force as on the date of Diagnosis, the Terminal Illness Benefit as specified in the Policy Schedule/Certificate of Insurance shall be paid as a lump sum and all future premiums for the Member shall be waived.

On payment of the Terminal Illness Benefit Sum Assured, the Cover with respect to Terminal Illness under this Policy shall immediately terminate, and the Cover with respect to death shall continue with the Sum Assured on Death reduced to the extent of the Terminal Illness Benefit Sum Assured already paid. Also, on payment of

Terminal Illness Benefit Sum Assured, if Increasing Cover option has been chosen, then increase in Sum Assured shall cease with immediate effect.

### **3.3 Accidental Death Benefit**

In the event of death of the Member due to an Accident, provided that the Accident has occurred during the Base Cover Term, in addition to the Sum Assured on Death, the Accidental Death Benefit Sum Assured as specified in the Policy Schedule/Certificate of Insurance shall be paid in lump sum.

A claim under this Benefit Option shall be admitted provided that the death:

- a. is caused by Injury resulting from an Accident,
- b. occurs solely and directly due to the Injury, and independent of any other causes,
- c. occurs within 180 days of the occurrence of Accident and
- d. is not a result from any of the causes listed in the exclusions for Accidental Death Benefit specified in Annexure D.

Accidental Death Benefit Sum Assured shall not exceed maximum benefit limit specified for Benefit Options by the Company as per its current Board Approved Underwriting Policy.

### **3.4 Accelerated Critical Illness Benefit**

In the event of the Member being first Diagnosed with a covered Critical Illness during the Accelerated Critical Illness (ACI) Cover Term in accordance with the Benefit Option in force under the Cover, and provided that the Cover is in force as on the date of Diagnosis, Accelerated Critical Illness Benefit Sum Assured as specified in the Policy Schedule/Certificate of Insurance shall be paid in lump sum.

On payment of the Accelerated Critical Illness Benefit Sum Assured, the Cover under this Benefit Option shall immediately and automatically terminate and no claim thereafter shall be admissible.

Where Accelerated Critical Illness Benefit Sum Assured is equal to the Sum Assured on Death, the Member's Cover will automatically terminate along with this Benefit Option. Where Accelerated Critical Illness Benefit Sum Assured is less than the Sum Assured on Death, the Base Cover under the Policy shall continue to the extent reduced by the Accelerated Critical Illness Benefit Sum Assured already paid.

Accelerated Critical Illness Sum Assured shall not exceed maximum benefit limit specified for Benefit Options by the Company as per its current Board Approved Underwriting Policy.

Sr. No.	Illness/Condition	Essential Critical Illness Cover (Accelerated CI 10)	Super Critical Illness Cover (Accelerated CI 25)	Mega Critical Illness Cover (Accelerated CI 50)
1.	Cancer of Specified Severity	✓	✓	✓
2.	Myocardial Infarction (First Heart Attack of specific severity)	✓	✓	✓
3.	Open Chest CABG	✓	✓	✓
4.	Open Heart Replacement Or Repair Of Heart Valves	✓	✓	✓
5.	Kidney Failure Requiring Regular Dialysis		✓	✓
6.	Stroke Resulting in Permanent Symptoms		✓	✓
7.	Major Organ / Bone Marrow Transplant		✓	✓
8.	Permanent Paralysis of Limbs		✓	✓
9.	Multiple Sclerosis with Persisting Symptoms	✓	✓	✓
10.	Coma of Specified Severity	✓	✓	✓
11.	Motor Neuron Disease with Permanent Symptoms		✓	✓
12.	Third Degree Burns		✓	✓
13.	Deafness	✓	✓	✓
14.	Loss of Speech		✓	✓
15.	Aplastic Anaemia		✓	✓
16.	End Stage Liver Failure	✓	✓	✓
17.	End Stage Lung Failure	✓		✓
18.	Bacterial Meningitis			✓
19.	Fulminant Hepatitis		✓	✓
20.	Muscular Dystrophy			✓
21.	Parkinson's disease		✓	✓
22.	Benign Brain Tumor			✓
23.	Alzheimer's Disease		✓	✓
24.	Aorta Graft Surgery		✓	✓
25.	Loss of Limbs		✓	✓
26.	Blindness	✓		✓
27.	Primary (Idiopathic) Pulmonary Hypertension		✓	✓
28.	Apallic Syndrome or Persistent Vegetative State (PVS)			✓
29.	Encephalitis			✓
30.	Chronic Relapsing Pancreatitis		✓	✓

31.	Major Head Trauma		✓	✓
32.	Medullary Cystic Disease			✓
33.	Poliomyelitis			✓
34.	Systemic Lupus Erythematosus			✓
35.	Brain Surgery			✓
36.	Severe Rheumatoid Arthritis			✓
37.	Creutzfeldt-Jacob disease			✓
38.	Hemiplegia			✓
39.	Tuberculosis Meningitis			✓
40.	Dissecting Aortic aneurysm			✓
41.	Progressive Supranuclear Palsy			✓
42.	Myasthenia Gravis			✓
43.	Infective Endocarditis			✓
44.	Pheochromocytoma			✓
45.	Eisenmenger's Syndrome			✓
46.	Chronic Adrenal Insufficiency			✓
47.	Progressive Scleroderma			✓
48.	Elephantiasis			✓
49.	Cardiomyopathy of specified severity			✓
50.	Loss of Independent Existence		✓	✓

For Accelerated Critical Illness Benefit following definitions shall apply.

**1. Cancer of Specified Severity**

- i. A malignant tumour 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 leukaemia, 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 tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
  - ix. All tumours in the presence of HIV infection.

**2. Myocardial Infarction (First Heart Attack of specific severity)**

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:



- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

### **3. Open Chest CABG**

- 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 breast bone) or minimally invasive key hole 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:
  - i. Angioplasty and/or any other intra-arterial procedures

### **4. Open Heart Replacement Or Repair Of Heart Valves**

- i. The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

### **5. Kidney Failure Requiring Regular Dialysis**

- i. 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.

### **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 embolization 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 Organ / Bone Marrow Transplant**

- i. The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- ii. The following are excluded:
  - i. Other stem-cell transplants
  - ii. Where only islets of langerhans are transplanted

### **8. Permanent Paralysis of Limbs**

- i. 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.

**9. 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 and HIV are excluded.

**10. 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.

**11. Motor Neuron Disease with Permanent Symptoms**

- I. 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.

**12. Third Degree Burns**

- I. 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.

**13. Deafness**

- I. 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 90decibels across all frequencies of hearing" in both ears.

**14. 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.

**15. Aplastic Anaemia**

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- a. Blood product transfusion;
- b. Marrow stimulating agents;
- c. Immunosuppressive agents; or
- d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a. Absolute neutrophil count of  $500/\text{mm}^3$  or less
  - b. Platelets count less than  $20,000/\text{mm}^3$  or less
  - c. Absolute Reticulocyte count of  $20,000/\text{mm}^3$  or less
- Temporary or reversible Aplastic Anaemia is excluded.

In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

**16. End Stage Liver Failure**

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
  - i. Permanent jaundice; and
  - ii. Ascites; and
  - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

**17. 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 pressures of 55mmHg or less (PaO<sub>2</sub> <55 mm Hg); and
  - iv. Dyspnea at rest.

**18. Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of Daily Living.

This diagnosis must be confirmed by:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

Activities of Daily Living will be 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.

**19. Fulminant Hepatitis**

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

**20. Muscular Dystrophy**

A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:

- a. Family history of muscular dystrophy;
- b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- c. Characteristic electromyogram; or
- d. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

Activities of Daily Living will be 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.

**21. Parkinson's disease**

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us. The diagnosis must be supported by all of the following conditions:

- a. the disease cannot be controlled with medication;
- b. signs of progressive impairment; and
- c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

**22. 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 specialist Medical Practitioner.
  - 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.

**23. Alzheimer's Disease**

Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more "Activities of Daily Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

Activities of Daily Living will be defined as:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

The following conditions are however not covered:

- a. non-organic diseases such as neurosis and psychiatric illnesses;
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia.

#### **24. Aorta Graft Surgery**

The actual undergoing of thoracotomy or laparotomy to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches. The Insured Person understands and agrees that we shall not cover:

- a. Surgery performed using only minimally invasive or intra-arterial techniques.
- b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

The aorta is the main artery carrying blood from the heart. Aortic graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

#### **25. Loss of Limbs**

- i. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This shall 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.

#### **26. Blindness**

- i. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- ii. The Blindness is evidenced by
  - i. corrected visual acuity being 3/60 or less in both eyes or;
  - ii. the field of vision being less than 10 degrees in both eyes.
- iii. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

#### **27. Primary (Idiopathic) Pulmonary Hypertension**

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

#### **28. Apallic Syndrome or Persistent Vegetative State (PVS)**

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.

The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

**29. Encephalitis**

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit should result in permanent inability to perform three or more Activities of daily Living.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

Exclusions:

Encephalitis in the presence of HIV infection is excluded.

**30. Chronic Relapsing Pancreatitis**

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The Unequivocal Diagnosis must be made by a Medical Practitioner who is a gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

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

**31. 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. 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:
  - i. Spinal cord injury;

**32. Medullary Cystic Disease**

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

**33. Poliomyelitis**

The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.

Exclusions:

- Cases not involving irreversible paralysis shall not be eligible for a claim
- Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

**34. Systemic Lupus Erythematosus**

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us. Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- a. Class I: Minimal change – Negative, normal urine.
- b. Class II: Mesangial – Moderate proteinuria, active sediment.
- c. Class III: Focal Segmental – Proteinuria, active sediment.
- d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

**35. Brain Surgery**

The actual undergoing of Surgery to the brain under general anesthesia during which a craniotomy is performed.

Exclusion:

Burr hole Surgery / brain Surgery on account of an Accident.

**36. Severe Rheumatoid Arthritis**

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least six (6) months.
- Elevated levels of C-reactive protein (CRP), or erythrocyte sedimentation rate (ESR)

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and

made available.

vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

**37. Creutzfeldt-Jacob disease**

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A registered doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

**38. Hemiplegia**

The total and permanent loss of the use of one side of the body through paralysis caused by illness or injury, except when such injury is self-inflicted.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

**39. Tuberculosis Meningitis**

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by 1) and 2) and 3)

- 1) Findings in the cerebrospinal fluid (csf) report
- 2) Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
- 3) Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

Activities of daily living:

- I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

**40. Dissecting Aortic aneurysm**

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

**41. Progressive Supranuclear Palsy**

A degenerative neurological disease characterized by supranuclear gaze palsy, pseudobulbar palsy, axial rigidity and dementia.

The Unequivocal Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Medical Practitioner who is a neurologist

The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

Activities of daily living:



- I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

**42. Myasthenia Gravis**

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

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- 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:

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.

**43. Infective Endocarditis**

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

- Positive result of the blood culture proving presence of the infectious organism(s);
- 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
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist.

**44. Pheochromocytoma**

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

**45. Eisenmenger's Syndrome**

Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

All of the following criteria must be met:

- Presence of permanent physical impairment classified as NYHA IV; and
- · The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist.

**46. Chronic Adrenal Insufficiency**

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered Medical Practitioner who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;

- Plasma Renin Activity (PRA) level measurement.  
Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

**47. Progressive Scleroderma**

A systemic collagen-vascular disease 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:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome

**48. Elephantiasis**

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

**49. Cardiomyopathy of specified severity**

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 echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

**50. 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 (3) of the following Activities of Daily Living

Activities of Daily Living:

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

**3.5 Waiver of Premium on Accelerated Critical Illness and Accidental Total & Permanent Disability Benefit**

In the event of the Member being first Diagnosed or being suffered with either Critical Illness listed as covered as per the Selected accelerated critical illness optional benefit or Accidental Total & Permanent Disability (ATPD) as a result of Accident both arising during the premium paying term, and provided that the Cover is in force, all future due Premiums shall be waived.

A claim for ATPD under this Benefit option shall be admitted subject to the following conditions:

- a. The disability should have lasted for at least 180 days without interruption and must be deemed permanent by Medical Practitioner empanelled with the Company.
- b. Member should have become totally and irreversibly disabled as a result of accident. The Accidental Total & Permanent Disability (ATPD) should have been caused solely and directly due to an Accident, independent of any other means.
- c. The Accident shall result in Injury(ies) to the Member independently of any other means. Such Injury(ies) shall, within 180 days of the occurrence of the Accident, directly and independently of any other means cause the TPD of the Member. In the event of TPD of the Member after 180 days of the occurrence of the Accident, the Company shall not be liable to admit a claim under this Benefit Option.
- d. The Member's Cover must be in-force at the time of Accident.
- e. The Company shall not be liable under this Benefit Option in the event that the Total & Permanent Disability of the Member occurs after the Expiry Date.

On admission of claim under this Benefit Option, the Cover for the member under this Benefit Option shall immediately and automatically terminate.

**Benefit Payout Options:**

Nominee(s)/Beneficiary(ies) shall have the option to receive benefits payable under Base Cover or part thereof in equal periodic instalments in lieu of lumpsum, by submitting a written request to the Company at the time of submitting claim.

Equal periodic instalments can be chosen either in Annual, Semi-Annual, Quarterly or Monthly modes.

The instalment period shall not exceed 5 Policy Years following the admission of claim.

Equal Periodic Instalment(t,f) is the amount of equated benefit payable over period t at regular interval of (12 ÷ f) months.

Equal Periodic Instalment(t,f)= Lumpsum Benefit × Percentage of Base Cover chosen to be annuitised ÷ PV Factor(t,f)

**3.6 Maturity Benefit:**

No maturity benefit is payable under the Policy.

**3.7 Surrender Benefit****3.7.1 Surrender by the Master Policyholder**

In case of surrender of the Master Policy by the Master Policyholder, the Members shall have an option to continue the Cover till the end of the Base Cover Term as an individual Policy, such Cover shall continue with the same terms and conditions as the original Cover and the Company shall continue to be responsible to serve such Members till their Cover is terminated.

Member's cover shall continue until the end of the Cover Term in case the Member exits the Master Policyholder group.

In case the Member elects to discontinue the Cover upon surrender of the Master Policy, Surrender Value, if any shall be paid.

**3.7.2 Surrender by the Member**

**For single pay policies**, the Cover shall acquire Surrender Value immediately after the Coverage Effective Date and shall be equal to:

$$35\% \times \text{Single Premium} \times \frac{\text{Unexpired Base Cover Term}}{\text{Original Base Cover Term}} \times \frac{\text{Current Sum Assured on Death}}{\text{Original Sum Assured on Death}}$$

**For limited pay policies**, the Cover shall acquire Surrender Value immediately after payment of all due Premiums, and shall be equal to:

$$35\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Base Cover Term}}{\text{Original Base Cover Term}} \times \frac{\text{Current Sum Assured on Death}}{\text{Original Sum Assured on Death}}$$

**For one year renewable term policies**, the Cover shall acquire Surrender Value immediately after Coverage Effective Date or date of renewal of Cover, and shall be equal to:

$$50\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Base Cover Term for which premiums are paid}}{\text{Original Base Cover Term for which premiums are paid}}$$

Where, Total Premiums Paid shall mean Premiums paid for Policy Year since inception or renewal of Cover, whichever is later.

The Company may allow renewal of one year renewable term Cover before expiry of the Base Cover Term, and in such cases, the Surrender Value shall be calculated as the Premium collected on pro-rata basis.

**For Regular pay policies**, no Surrender Value shall be payable.

For the purpose of unexpired Base Cover Term, part of the month shall be ignored. Underwriting extra premium and taxes shall not be included for Single Premium/Total Premiums Paid.

Benefit Option/s if any, cannot be surrendered *per se* without surrendering the Base Cover. Surrender shall not be admissible in case any accelerated benefit claim is already settled or Waiver of Premium is in force as specified in the Certificate of Insurance.

Where, Original Sum Assured is the Sum Assured specified for the Member at inception. For Increasing Cover, current Sum Assured is the Sum Assured on Death in the month of surrender. For Level Cover, the current Sum Assured is equal to Original Sum Assured.

No Surrender benefit is payable unless Surrender Value is acquired. Upon surrender, the Member's Cover shall automatically and immediately terminate and no benefits shall be payable thereafter.

### **3.8 Policy Premium**

The Master Policyholder/Member shall ensure that all due Premiums as calculated by the Company for all the lives insured are paid in full, on each Premium Due Date or on Policy Effective Date per the premium paying frequency in force under the Policy, as specified in the Certificate of Insurance. The Master Policyholder shall pay the premium for new Members as per the premium paying frequency selected on Processing Date or shall keep an advance deposit with Us.

The modal loading factors applied to arrive at the Premium is as under

Premium paying frequency	Modal factor
Annual	1.0000
Semi-annual	0.5076
Quarterly	0.2560
Monthly	0.0858

Subject to the Policy discontinuance and Revival provision, We must receive all due Premiums in order for the Cover under the Certificate of insurance with respect to a Member to remain in effect.

The Cover for the Members in respect of whom the Premium has been so calculated would commence on receipt of the full premium in respect of such Members and on acceptance of risk on underwriting, if any, by Us.

**3.9 Grace period**

For one year renewable term policies, a Grace Period of 30 days after expiry for renewal of Cover shall be available. If Premiums are not paid by the premium due date, all the benefits automatically ceases and the Policy lapses with immediate effect.

For other than one year renewable term policies and non-annual modes of one year renewable term policies, a Grace Period of 15 days for monthly premium paying mode and 30 days for all other premium paying modes shall be available. The Cover shall be in-force during the Grace Period in such case. If Premium is not paid within the Grace Period, then all the benefits automatically ceases and the Policy lapses with immediate effect.

The Company shall be responsible to honour any valid claims brought under this Policy in instances wherein the Master Policyholder has collected/ deducted the Premium but has failed to pay the same to the Company within the Grace Period.

In the event of a claim admitted during the Grace Period, the due unpaid Premium will be recovered from the claim amount payable.

SAMPLE

**PART D – POLICY TERMS AND CONDITIONS****1. Free-look Cancellation**

By Master Policyholder:

- 1) In case the Master Policyholder is not satisfied with the terms and conditions specified in the Policy Document, Master Policyholder shall have the option of returning the Policy Document to Us stating the reasons thereof, within 30 days from the date of receipt of the Policy Document, as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.
- 2) On receipt of the letter along with the Policy Document, We shall arrange to refund the Premium paid by the Master Policyholder, subject to deduction of the proportionate risk Premium for period on Cover plus the expenses incurred by Us on stamp duty (if any).

By Member:

- 1) In case the Member is not satisfied with the terms and conditions specified in the Certificate of Insurance, he/she has the option of returning the Certificate of Insurance to Us stating the reasons thereof, within 30 days from the date of receipt of the Certificate of Insurance, as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.
- 2) On receipt of the letter along with the Certificate of Insurance, We shall arrange to refund the Premium received, subject to deduction of the proportionate risk Premium for period on Cover plus the expenses incurred by Us on stamp duty (if any).

For administrative purposes, all Free-Look requests should be registered by Master Policyholder, on behalf of Member.

**2. Policy Discontinuance**

**For Regular and Limited pay policies**, if premiums are discontinued at any time before the completion of the premium paying term the entire cover under this Policy shall cease on expiry of grace period and no benefits shall be payable under the Policy.

**For one year renewable term policies**, where the Premium Mode is other than Annual, if premiums are not received by the end of grace period all the coverage ceases and the Policy lapses with immediate effect.

For Annual Premium Mode, if premiums are not paid by the premium due date all the coverage ceases and the Policy lapses with immediate effect.

For Other Premium Modes, the Policy has a 30 day grace period from the date of first unpaid premium. Any claims arising during the grace period will be considered valid and will be paid immediately. The outstanding premium amount will be recovered from claim amount. If We do not receive the premium by the end of grace period, this Policy will lapse with immediate effect.

**3. Revival**

In case of Regular pay and Limited pay policies, the lapsed Policy can be revived within the Revival Period of 5 years from the date of first unpaid premiums by paying all the outstanding premiums along with interest, as applicable and subject to furnishing of evidence of insurability to the satisfaction of the Company with respect to the Member. The Company may call for additional information/documents to process the revival request. The Company shall communicate its decision of revival of the Policy based on its then prevailing Underwriting norms. The effective date of revival shall be when all the requirements are met and approved by the Company.

In case of one year renewable term policies where Premium Mode is other than Annual, the lapsed Policy can be revived before the expiry of the Policy Year by paying all the outstanding premiums along with interest as applicable. In the event the one year renewable term Policy is not revived before or upon expiry of the Policy Year, the Master Policyholder shall have an option to revive such lapsed Policy later subject to payment of outstanding premiums and furnishing of evidence of insurability to the satisfaction of the Company with respect to the Member.

The monthly interest rate charged on unpaid premiums will be declared by the Company on June 1st of each calendar year and is determined as  $(x+1\%)/12$  rounded to the next 0.5%, where x is the base rate of the State Bank of India (SBI). The current interest rate, as declared on June 1st, 2020, is 1% per month compounded annually. Any change in the determination of interest rate for revival will be subject to approval of IRDAI.

On the effective date of the revival, all the benefits under the Policy shall be restored to their full value.

#### **4. Policy Paid Up**

For Regular and Limited pay policies, if the premiums are discontinued at any time before completion of the premium paying term, all the coverage shall cease on the expiry of the Grace Period and no benefit shall be payable under the Policy.

For Single pay policies, Policy Paid Up provisions shall not be applicable.

#### **5. Termination of Cover**

Cover for the Member shall terminate on earliest of the following:

- death of Member,
- Upon settlement of surrender benefit
- expiry of Base Cover Term
- Date of Payment of Free look cancellation amount
- date of insured event leading to accelerated benefit claim\*

\* However, in case where Accelerated benefit Sum Assured is less than Sum Assured on Death, Cover shall continue for the balance Base Cover Sum Assured.

On termination of Cover under this Policy, all other Benefit Options opted and in force, including Riders attached to the Certificate of Insurance will immediately and automatically terminate.

#### **6. Individual Conversion Option**

The Member has the option to continue their coverage as an individual Policy in the event the Master Policyholder has surrendered the Policy

#### **7. Addition of Member**

The Master Policyholder can choose to add new Members by paying the Premium for the Cover Term for such Member. The Master Policyholder should inform or intimate the Company with the list of new joiners preferably within 45 days from the date of new joiners becoming eligible to be admitted under this policy. The Coverage Effective Date for the new joiners shall be the date of joining of the Member or the date of intimation whichever is earlier. The Company shall communicate its decision on addition of Member based on its then prevailing Underwriting norms. In case of inadequate Premium, the Cover will begin from the date of receipt of the full Premium.

We will have right to discontinue addition of new Members by giving a notice of 30 days to Master Policyholder of this effect.

#### **8. Deletion of Member**

In case a Member leaves the scheme during the Policy Year (due to reasons other than death) the Company will refund the pro-rata premium to the Master Policyholder or Member depending upon who has paid the premium. The Master Policyholder should inform the Company of deletions for Members leaving the scheme. The risk will cease from the date of leaving.

#### **9. Policy Loan**

This Policy does not offer policy loan facility.

**PART E – CHARGES, FUND OPTIONS, ETC**

Not Applicable (as it is not a unit linked plan)

SAMPLE



**PART F – GENERAL PROVISIONS****1. Contract**

Your Contract includes this Policy Document, the proposal for the Policy and any endorsements agreed upon in writing after the Policy is issued. The contract also includes declarations given by the Policyholder and written statements and answers furnished as evidence of insurability. We are bound only by statements that are part of the Contract. Only our authorized officers can agree to any change in the Contract and the same shall become enforceable only when they are given in writing by the authorized officers.

This Contract does not provide for participation in the distribution of profits or surplus declared by Us.

All the communication/ documents including the Policy Document will be sent and issued in electronic form unless a specific request is received from You to issue the Policy Document in physical form.. It shall be Your responsibility to confirm Your address, email ID (contact information) or update any change in such contact information.

**2. Currency and Place of Payment**

All payments to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

Indian Rupee (INR.) is the currency of this Policy. We will make or accept payments relating to this Policy at any of Our offices in India or such other locations as determined by Us from time to time.

**3. Governing Laws**

This Policy shall be interpreted in accordance with and governed by the laws of India and only competent courts at the place of issue of this Policy shall have jurisdiction to entertain legal action.

**4. Underwriting and Place of Medical Examination**

The Member has to complete the requirements necessary for the underwriting process within prescribed timelines set by Us.

The cost of required medical tests will be borne by Us if all the medical tests are carried out through our empaneled medical service providers.

**5. Assignment**

Assignment will be governed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, please refer to **Annexure A**.

**6. Nomination**

Nomination will be governed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to **Annexure B**.

**7. Claim Procedures**

The Master Policyholder should notify the claim with proof of claim to the 'Claims Department' at "[BSLI.Notificationclaims@adityabirlacapital.com](mailto:BSLI.Notificationclaims@adityabirlacapital.com)", and the claim documents to be simultaneously sent at Aditya Birla Sun Life Insurance Company Limited, G- Corp Tech Park, 5<sup>th</sup> & 6<sup>th</sup> Floor, Kasar Vadavali, Near Hypercity Mall, Ghodbunder Road, Thane (West) – 400601.

We will be able to proceed with the claim intimation request only on receipt of the following mandatory claim documents:

For processing a claim under this policy the following documents are required as may be relevant:

**For Death Claim:**

- In force Certificate of Insurance, issued at the inception/renewal of the Cover, as applicable
- Copy of Death Certificate of the Member issued by Municipal Authority / Gram Panchayat attested by the Master Policyholder,

- Death Claim Form filled by the Master Policyholder,
- Claimant's statement to be filled by the nominee of the Member
- Credit Account Statement
- Outstanding Loan Account Statement
- KYC of Beneficiary and KYC establishing relationship with Member
- Cancelled Cheque/Copy of Passbook detailing Account information for Electronic payment of the Nominee,
- Medical Attendant's Certificate, if any

Additional Requirements: (Claims within 3 years from date of issue/Revival)

- Hospital or treatment records, if any (Self attested copy)
- Employer's Certificate, if applicable

In case of Unnatural / Accidental Death following additional requirements shall be called for, copies of which need to be attested with seal and signature of the Policyholder.

- a) Copies of FIR (b) Post Mortem Report (c) Police Inquest Report (d) News Paper Cutting, if any.

**For Terminal Illness:**

- Attending Physician's Certificate for Terminal Illness,
- Terminal Illness Claim Form,
- Terminal Illness Claimant Statement Form,
- Family Physicians Certificate Accelerated Terminal Illness Premier Rider
- Medical records/ Indoor case papers/ Lab tests reports
- Pre-printed cancelled cheque/ Bank passbook copy of the member
- KYC document of member

**For Critical Illness :**

- Attending Physician's Certificate for Critical Illness,
- Critical Illness Claim Form,
- Critical Illness Claimant Statement Form,
- Family Physicians Certificate Accelerated Critical Illness Rider
- Medical records/ Indoor case papers/ Lab tests reports
- Pre-printed cancelled cheque/ Bank passbook copy of the member
- KYC document of member

**For ATPD Claim :**

- Claimants Statement For Disability Claim,
- Continuous Disability Statement,
- Medical Certificate For Disability,
- Cancelled Cheque/Copy of Passbook detailing Account information for Electronic payment of the Nominee
- Medical Records/ Indoor Case papers/ Lab tests reports
- Copy of FIR
- Police report
- News Paper Cutting, if any

The Company may request additional information or requirement to support a proof of claim along with proof of death. If the information or requirements are not provided, benefits under the Policy will not be payable till such information or requirements are received. However, the Company may waive any requirement in its sole discretion on such terms and conditions, as it deems appropriate.

In case you are unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, we may at our own discretion conduct an investigation and subsequently settle the claim.

More details on the Turn Around Time (TAT) for claims settlement and brief procedure can be found on <https://lifeinsurance.adityabirlacapital.com/customer-service/service-tats>. For any further queries, You can call us at our toll free no. 1800 270 7000 or email us at Aditya Birla Capital - Life Insurance [BSLI.Notificationclaims@adityabirlacapital.com](mailto:BSLI.Notificationclaims@adityabirlacapital.com). The link for downloading claim form and list of documents required is <https://lifeinsurance.adityabirlacapital.com/customer-service/claim-procedure/online-claim/claim-forms-and-downloads>.

### **8. Policy Servicing**

All servicing related requests should be in writing and delivered to Us through any of the following modes:

- You can email us at [absli.grouphelpline@adityabirlacapital.com](mailto:absli.grouphelpline@adityabirlacapital.com)
- Visit Our nearest Branch Office

More details on the Turn Around Time (TAT) for processing any servicing related request can be found on <https://lifeinsurance.adityabirlacapital.com/customer-service/service-tats>. The link for downloading applicable forms and list of documents for servicing related request is <https://lifeinsurance.adityabirlacapital.com/group-insurance-policy>. For any further assistance that You may require, You can call us at our toll free no. 1800 270 7000.

### **9. Suicide Exclusions**

In case of death due to suicide within 12 months from the date of commencement of risk or date of Revival of Cover, the Nominee or Beneficiary of the Member shall be entitled to the 100% of the Premiums (excluding underwriting extra premium and applicable taxes) paid with respect to Member as on the date of death, provided the Cover is in force.

#### **Other Exclusions**

- For Members of non-employer-employee groups, Waiting Period of 45 days shall be applicable. The Company will not admit any claims for Base Covers during such Waiting Period. The Waiting Period will not be applicable in case of claims arising due to Accident.
- Exclusions and Waiting Periods applicable to Critical Illness as specified below.
- Exclusions applicable for Accidental Death and ATPD are specified under Annexure D.
- Waiting period shall not be applicable for Cover Term less than one year.

### **10. Actively at work**

The Company, subject to its Board approved underwriting policy, may require the Members of employer-employee groups to not be absent from work for more than 15 days immediately prior to the Coverage Effective Date.

In the event any Member had not been Actively at work as aforesaid and, for any reason the Master Policyholder has not submitted the details of such Member, then the Master Policyholder shall furnish the Company with the details of such Members within 15 days from the proposal date. The Cover for such Members will be subject to underwriting by the Company. If the Master Policyholder fails/omits/neglects to furnish the details as aforesaid, the Company will be entitled to assume and proceed on the basis that all the Members proposed to be covered under the Policy had been Actively at work on the Policy Effective Date.

### **11. Waiting Period**

90 days Waiting Period shall be applicable for Accelerated Critical Illness (ACI) Benefit and Waiver of Premium on Critical Illness or Total Permanent Disability Benefit Options are in force under the Policy, as specified in the Certificate of Insurance.

- a. No benefit shall apply or be payable in respect of any listed conditions for which the symptoms have occurred or for which care, treatment or advice was recommended by or received from a Medical Practitioner, or which first manifested itself or was contracted during the Waiting Period after the Coverage Effective Date of that Member. In the event of occurrence of any of the scenarios mentioned above, the

Company will refund the Premiums for that benefit for the Member and the Member's Cover with respect to that benefit will terminate automatically with immediate effect.

- b. No Waiting Period shall be applicable where the condition manifests due to Accident.

**12. Taxation**

The income tax benefits on Your Policy may be available as per prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. As per the applicable laws and any amendments made thereto from time to time, We reserve the right to:

- deduct or withhold tax as the case may be; and
- recover levies, taxes, cesses and duties including but not limited to Goods & Service Tax (GST) from You or adjust the same from the amounts paid by You or accrued or payable to You under the Policy.

**13. Fraud and Mis-statement**

As per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. For more details on Section 45 of the Insurance Act, 1938 please refer to Annexure C.

**14. Electronic Transactions**

You will comply with all the terms and conditions with respect to all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centre, tele-service operations or by other means of telecommunication established by Us or on Our behalf, for and in respect of the Policy or services, which will constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities.

**15. Legislative Changes**

The terms and conditions under this Policy including the premiums and benefits payable are subject to variation in accordance with the applicable laws and regulations.

### **Grievance or Complaint**

You may register Your grievance or complaint with Our nearest branches or with Our Grievance Officer at Customer Care Unit, Aditya Birla Sun Life Insurance Company Ltd, at G- Corp Tech Park, 5<sup>th</sup> & 6<sup>th</sup> Floor, Kasar Vadavali, Near Hypercity Mall, Ghodbunder Road, Thane (West) – 400601 or at Company's registered address at One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013.

You may also lodge your grievance or complaint with any of our nearest branches or also call our toll free no. 1-800-270-7000 or on Whatsapp no. 8828800040 or email: [care.lifeinsurance@adityabirlacapital.com](mailto:care.lifeinsurance@adityabirlacapital.com)

You can contact the Grievance Redressal Officer on the details provided on <https://lifeinsurance.adityabirlacapital.com/grievance-redressal>

In case You are dissatisfied with the decision of the above office or have not received any response with 07 days, You may contact **Head Service Assurance** at Customer Care Unit, Aditya Birla Sun Life Insurance Company Ltd at G- Corp Tech Park, 5<sup>th</sup> & 6<sup>th</sup> Floor, Kasar Vadavali, Near Hypercity Mall, Ghodbunder Road, Thane (West) – 400601 or at Company's registered address at One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call Our toll free no. 1-800-270-7000 on Whatsapp no. 8828800040 or email: [Grievance.lifeinsurance@adityabirlacapital.com](mailto:Grievance.lifeinsurance@adityabirlacapital.com)

The complaint should be made in writing duly signed or through email by the complainant or by his/her legal heirs with full details of the complaint and the contact information of complainant.

If You are not satisfied with the response or do not receive a response from Us within 14 days, You may approach the IRDAI's Integrated Grievance Management System (IGMS) on the following contact details:

Email ID: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)

You can also register Your complaint online at <https://bimabharosa.irdai.gov.in>

Address for communication for complaints:

By Phone : 155255 or 1800 4254 732

Insurance Regulatory and Development Authority of India,  
Policyholder's protection & Grievance Redressal Department – Grievance Redressal Cell.

4<sup>th</sup> Floor, Sy No. 115/1, Financial District,  
Nanakramguda, Gachibowli, Hyderabad – 500032  
Ph: (040) 20204000

### **Insurance Ombudsman**

In case you are dissatisfied with the decision/resolution of ABSLI, you may approach the Insurance Ombudsman located nearest to You. The details of the existing offices of the Insurance Ombudsman are provided in Appendix-I below. You are requested to visit <http://www.cioins.co.in/Ombudsman> for updated details.

The Ombudsman, as per Insurance Ombudsman Rules, 2017, can receive and consider complaints or disputes relating to the matters such as:

- (a) Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999
- (b) Any partial or total repudiation of claims by the life insurer, General insurer or the health insurer;
- (c) Disputes over premium paid or payable in terms of insurance policy;
- (d) Misstatement of policy terms and conditions at any time in the policy document or policy contract;
- (e) Legal construction of insurance policies insofar as the dispute relates to claim;
- (f) Policy servicing related grievances against insurers and their agents and intermediaries;

- (g) Issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with  
the proposal form submitted by the proposer;
- (h) Non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance;
- And
- (i) Any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time, or the regulations, circulars, guidelines or instructions issued by IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (h).

As per provision 14(3) of the Insurance Ombudsman Rules 2017, the complaint to the Ombudsman can be made only if:

- the complainant has made a representation in writing or through electronic mail or online through website of the insurer named in the complaint and
  - (i) either the insurer had rejected the complaint; or
  - (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or
  - (iii) the complainant is not satisfied with the reply given to him by the insurer;
- The complaint is made within one year
  - (i) after the order of the insurer rejecting the representation is received; or
  - (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;
  - (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

#### **Risk Factors / Disclaimers**

This Policy is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI) and is a Non-Linked Non-Participating Group Term Life Insurance Plan issued in accordance with the IRDAI (Insurance Products) Regulations 2024. All terms & conditions are fully guaranteed throughout the policy term. ABSLI reserves the right to recover levies such as GST levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from You.

Tax benefits are subject to changes in the tax laws.

**NOTWITHSTANDING ANYTHING CONTAINED IN THIS POLICY DOCUMENT, THE PROVISIONS HEREIN SHALL STAND ALTERED, AMENDED, MODIFIED OR SUPERCEDED TO SUCH EXTENT AND IN SUCH MANNER AS MAY BE REQUIRED BY ANY CHANGE IN THE APPLICABLE LAW (INCLUDING BUT NOT LIMITED TO ANY REGULATIONS MADE OR DIRECTIONS / INSTRUCTIONS OR GUIDELINES ISSUED BY THE IRDAI) OR ANY OTHER COMPETENT AUTHORITY OR AS MAY BE NECESSARY UNDER A JUDGEMENT OR ORDER /DIRECTION/ INSTRUCTION OF A COURT OF LAW**

Office Details	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD - Shri Collu Vikas Rao</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU – Mr. Vipin Anand</b> Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
<b>BHOPAL - Shri R. M. Singh</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR – Shri Manoj Kumar Parida</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
<b>CHANDIGARH - Shri Atul Jerath</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<b>CHENNAI - Shri Somnath Ghosh</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
<b>DELHI - Ms Sunita Sharma</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

Office Details	Jurisdiction of Office (Union Territory, District)
<b>GUWAHATI - Shri Somnath Ghosh</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD - Shri N Sankaran</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR - Shri Rajiv Dutt Sharma</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>ERNAKULAM - Shri Girish Radhakrishnan</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>KOLKATA - Ms Kiran Sahdev</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW - Shri. Atul Sahai</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.



Office Details	Jurisdiction of Office (Union Territory, District)
<p><b>MUMBAI - Ms Susmita Mukherjee</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA - Shri Bimbardhar Pradhan</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA - Ms Susmita Mukherjee</b> Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	<p>Bihar, Jharkhand.</p>
<p><b>PUNE - Shri Sunil Jain</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

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

## ANNEXURE A

### ***Section 38 - Assignment and Transfer of Insurance Policies***

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

1. This Policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a Policy by an Endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of Assignment should indicate the fact of transfer or Assignment and the reasons for the Assignment or transfer, antecedents of the Assignee and terms on which Assignment is made.
4. The Assignment must be signed by the transferor or Assignor or duly authorized agent and attested by at least one witness.
5. The transfer of Assignment shall not be operative as against an insurer until a notice in writing of the transfer or Assignment and either the said Endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
6. Fee to be paid for Assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The insurer may accept or decline to act upon any transfer or Assignment or Endorsement, if it has sufficient reasons to believe that it is
  - a. not bonafide or
  - b. not in the interest of the Policyholder or
  - c. not in public interest or
  - d. is for the purpose of trading of the insurance Policy.
10. Before refusing to act upon Endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or Assignment.
11. In case of refusal to act upon the Endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of Assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or Assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every Assignment or transfer shall be deemed to be absolute Assignment or transfer and the Assignee or transferee shall be deemed to be absolute Assignee or transferee, except
  - a. where Assignment or transfer is subject to terms and conditions of transfer or Assignment OR
  - b. where the transfer or Assignment is made upon condition that
    - i. the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of Assignee or transferee dying before the insured OR
    - ii. the insured surviving the term of the Policy. Such conditional Assignee will not be entitled to obtain a loan on Policy or Surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of Assignment, recognize the transferee or Assignee named in the notice as the absolute transferee or Assignee and such person

- a. shall be subject to all liabilities and equities to which the transferor or Assignor was subject to at the date of transfer or Assignment and
  - b. may institute any proceedings in relation to the Policy
  - c. obtain Loan under the Policy or Surrender the Policy without obtaining the consent of the transferor or Assignor or making him a party to the proceedings
15. Any rights and remedies of an Assignee or transferee of a life insurance Policy under an Assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

***[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]***

SAMPLE

## **ANNEXURE B**

### ***Section 39 - Nomination by Policyholder***

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
3. Nomination can be made at any time before the maturity of the policy.
4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
  - a. parents or
  - b. spouse or
  - c. children or
  - d. spouse and children
  - e. or any of themthe nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after the Insurance Laws

(Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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SAMPLE

**Section 45 – Policy shall not be called in question on the ground of mis-statement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by the Insurance Laws (Amendment) Act, 2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
  - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
  - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
  - c. Any other act fitted to deceive; and
  - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call 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 of age of life insured.

So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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SAMPLE

**For Accelerated Critical Illness (ACI) benefit and Waiver of Premium on Critical Illness or Total Permanent Disability –**

No ACI benefit will be payable in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

- Pre-Existing Disease or conditions connected to a Pre-Existing Disease will be excluded. Pre-existing Disease means any condition, ailment, Injury or disease:
  - a) that is/are Diagnosed by a physician not more than 36 months prior to date of the commencement of policy issued by us, or
  - b) for which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy issued by us.
- Existence of any Sexually Transmitted Disease (STD) and its related complications
- Self-inflicted Injury, suicide, insanity and deliberate participation of the Member in an illegal or criminal act with criminal intent.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
- Taking part in any act of a criminal nature with criminal intent.
- Treatment for Injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Radioactive contamination due to nuclear Accident.
- Failure to seek or follow medical advice, the Member has delayed medical treatment in order to circumvent the Waiting Period or other conditions and restriction applying to this policy.
- Any treatment of a donor for the replacement of an organ.
- Any illness due to a congenital defect or disease which has manifested or was Diagnosed before the Insured attains aged 17.

**For Accidental Total and Permanent Disability (ATPD) Benefit and Waiver of Premium on Critical Illness or Total Permanent Disability –**

ATPD should not be caused by the following:

- Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Member is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
- Entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route; or
- Participation of the insured person in a criminal, illegal activity or unlawful act with criminal intent; or
- War, terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion, strikes. War means any war whether declared or not.
- Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

**For Accidental Death Benefit -**

Provided that no Accidental death benefit shall be payable if Accidental death is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:



- Death as a result of any disease or infection other than directly linked with an Accident
- Suicide, attempted suicide or self-inflicted Injury
- Participation of the insured person in a criminal, illegal activity or unlawful act with criminal intent
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed doctor other than Member.
- Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.
- Entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
- Engaging in or taking part in hazardous sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
- War, terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion, strikes. War means any war whether declared or not.
- Service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- Accident occurring while or because the Insured is under the influence of Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.