

Aviva Critical Illness and Disability Rider - Non Linked Rider



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Aviva Critical Illness and Disability Rider - Non Linked Rider

Riders are a cost effective way of reinforcing your insurance plan for complete and all round protection. Riders can be bought with the basic insurance plan at a nominal incremental cost. The rider can only be attached with the base product and cannot be bought in isolation. Aviva Critical Illness and Disability- Non Linked Rider gives you comprehensive protection from 16 critical illnesses and also from Total Permanent Disability, arising due to illness or accident.

Unique Attractions

- Immediate payout to deal with Critical illness or Disability, without any impact on the base policy
- Covers 16 Critical Illnesses
- Covers Permanent Total Disability because of an illness or accident

Eligibility

Entry Age	Minimum: 18 years Maximum: 65 years
Maturity Age	Maximum: 70 years last birthday
Rider Term	Minimum: 5 years Maximum: 52 years The Rider Term should be same as the Premium Payment Term of base plan, subject to maximum maturity age of 70 years
Sum Assured	Minimum: 5 Lacs Maximum: 50 Lacs, not exceeding Sum Assured under the base plan
Premium frequency	Same as base plan

Benefits in Detail:

- This rider pays a lump sum equal to the Rider Sum Assured in case the life insured suffers from any of the critical illnesses covered by this rider or from defined total permanent disability due to an illness or accident
- On payment of Rider benefits, the rider cover will terminate.
- The base cover will continue as per the product plan.
- The rider can only be attached with the base product and cannot be bought in isolation.
- Rider premium rates are reviewable on every 5th policy anniversary subject to prior approval from IRDAI
- The revised premium rates will be guaranteed for next 5 years.

Sample premium rates:

Age	Rider Term			
	10	15	20	25
25	1.00	1.18	1.50	1.92
35	2.36	3.05	3.96	5.05
45	6.67	8.44	10.32	11.86
55	17.05	19.32	-	-

Tabular annual premium per 1000 of Rider sum assured for Male life:

What is covered as Critical Illness

The Critical illnesses covered under the rider

1. MYOCARDIAL INFARCTION (First Heart Attack – of Specified 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:
- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 - new characteristic electrocardiogram changes
 - Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

2. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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.

3. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a Cardiologist.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

4. Major surgery of the Aorta

Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

5. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

6. Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- All tumours 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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;
- All tumours in the presence of HIV infection

7. Kidney failure requiring regular dialysis

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

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

9. Benign brain tumour

Benign brain tumour 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. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

10. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

11. Motor Neurone disease with permanent symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. Multiple Sclerosis with persisting symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis Confirmed and evidenced by all of the following:

- investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and other causes of neurological damage such as SLE and HIV are excluded.

13. Coma of specified severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

14. End stage liver disease

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- permanent jaundice; and
- ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

15. End stage lung failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55mmHg); and
- Dyspnea at rest.

16. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anaemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- Absolute neutrophil count of less than 500/mm³
- Platelets count less than 20,000/mm³
- Reticulocyte count of less than 20,000/mm³

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anemia is excluded and not covered in this policy.

Total Permanent Disability Condition Details:

A Life Insured shall be regarded as Totally and Permanently Disabled only if he suffers as a result of sickness or accidental bodily injury due to any of the following events:

- the loss by physical separation or permanent and irreversible loss of use of two limbs or
- the complete and irremediable loss of sight in both eyes or
- the loss by physical separation or permanent and irreversible loss of use of one limb, accompanied by the complete and irremediable loss of sight in one eye (where limb means the whole hand at or above wrist or whole foot at or above ankle)

Loss of sight means total, permanent and irreversible loss of all vision either one or both eyes as a result of illness or accident (as applicable). The diagnosis must be clinically confirmed by an appropriate consultant. The loss of sight must not be correctable by aids or surgical procedures.

The loss of use of limbs (hands/ feet/s) should last for at least one hundred and eighty (180) days before being eligible for Accidental Permanent Total Disability Benefit.

Loss of independent living

Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. Loss of independent living must be medically documented for an uninterrupted period of at least six months.

Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. The relevant specialist medical practitioner* and the company's appointed Doctor, both must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The company will have the right to evaluate the insured person to confirm total and permanent disability.

The tasks are:

- 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;
- Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility - the ability to move indoors from room to room on level surfaces.

- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding - the ability to feed oneself once food has been prepared and made available.

Total and Permanent Disability due to an injury should occur independently of any other causes within ninety (90) days of such injury.

Accident: An accident is a sudden, unforeseen and involuntary event caused by external and visible means.

Injury: 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.

Medical Practitioner:

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license, provided such Medical Practitioner is not Policyholder's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or Life insured / policyholder under this policy.

Surgical or Surgical procedure:

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Medical Advice:

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Other Benefits:

Death, Surrender or Maturity Benefits: This is a pure health insurance rider and hence nothing is payable in case of death, surrender or maturity under this rider.

Important points you must know

Waiting Period: A waiting period of 180 days from the date of commencement of insurance. No benefit will be payable if any claim occurs within the waiting or any signs or symptoms related to Critical illness has occurred during the waiting period.

i) In case of Revival of the policy happens within 60 days from the date of first unpaid premium, waiting period will not be applicable

ii) In case of Revival of the policy happens after 60 days from the date of first unpaid premium, waiting period will be applicable from date of revival.

In case of claim, an independent medical practitioner will examine the necessary medical records and reports. In case it is certified by the medical practitioner that the 'Sign and Symptoms' related to the reported CI had occurred during the waiting period of 180 days, such claim will not be payable.

The waiting period of 180 days will not be applicable for Total Permanent Disability happening due to an accident.

Free Look Period: There is a survival period of 30 days applicable after diagnosis of the critical illness

Survival Period: The policyholder has the right to review the policy terms and conditions during the free look period which is 15 days (30 days in case the policy is solicited through Distance Marketing) from the date of receipt of the policy document. If the policyholder cancels the policy during the free look period, the company will refund the premium on the date of cancellation, after deducting proportionate risk premium for the period of cover, expenses incurred on medicals and stamp duty.

Grace Period & Revival

As per the base product

Nomination & Assignment Facility

Nomination, in accordance with Section 39 of Insurance Act, 1938, is permitted under this policy.

Assignment, in accordance with Section 38 of Insurance Act, 1938, is permitted under this policy.

Exclusions

The life assured will not be entitled to any benefits if a Covered Critical Illness results either directly or indirectly from any one of the following causes:

- The Life assured will not be entitled to any benefits if the diagnosis of a Covered Critical Illness/ Disability results either directly or indirectly from any one of the following causes and occurring within 180 days of the start of coverage (i.e. during the waiting period).
- Pre-Existing disease
- Pre-Existing disease is defined as any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer)
- Diseases in the presence of an HIV infection
- Intentional self-inflicted injury, attempted suicide while sane or insane.
- 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.
- Active participation in war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed theft, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
- Taking part in any naval, military or air force operation during peace time.
- Participation by the insured life in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the insured life in a criminal or unlawful act with a criminal intent.
- Engaging in or taking part in professional 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.
- Radioactive contamination due to a nuclear accident
- Deliberate Failure to seek or follow medical advice

Acceptance

Aviva will not be liable to any claim until acceptance of risk and receipt of premium in full

Section 41 of Insurance Act 1938

Provisions of Section 41 of Insurance Act 1938, as amended from time to time, shall be applicable.

As per the current provision:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy except any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

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

About Aviva

Aviva Life Insurance Company India Limited is a joint venture between Dabur Invest Corp and Aviva International Holdings Limited, a UK based insurance group, whose association with India goes back to 1834. By choosing Aviva Life Insurance, you benefit from the management experience of one of the world's oldest insurance groups, with a history dating back to 1696. Today, Aviva Group has 33 million customers in 16 countries (as on December 2015)

Queries and Complaints

For additional information, queries or complaints, please contact us at the numbers given below:

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