



Aviva Cancer Cardio Non Linked Rider

UIN: 122B137V02

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 Cancer Cardio Non Linked Rider gives you financial protection in case of diagnosis of critical illnesses covered under the same.

Aviva Cancer Cardio Non Linked Rider at a glance

This Rider can be taken on single life basis at inception of the Base Policy subject to limits specified below:

Parameters	Limit
Minimum Entry Age (last birthday)	18 Years last birthday
Maximum Entry/Maturity Age (last birthday)	65 Years last birthday, with maximum maturity age of 70 years last birthday
Minimum Rider Policy Term	5 years
Maximum Rider Policy term	52 years Rider Policy term will be equal to premium payment term of the base product to which it is attached.
Rider Premium Payment Term	Equal to Rider Policy Term
Minimum Rider Sum Assured	Rs.1,00,000/-
Maximum Rider Sum Assured	Rs.50,00,000/- per life basis

What is the benefit?

If this rider has been opted for and the life insured suffers critical Illness covered by this rider, then on survival of life insured for 30 days from the date of diagnosis of the critical Illness (es), the Rider Sum Assured will be payable as lumpsum.

Rider benefits will cease after the claim payment. However, risk cover under the base plan along with any other rider, if opted for will continue with full Sum Assured subject to their respective terms and conditions.

Proposer can opt for this rider subject to boundary conditions of the base plan as well as of this rider and any limits prescribed by the IRDAI Regulations/Guidelines/Circulars on Health Insurance Rider premiums.



Preventive Wellness Package:

In addition to the above conditions, if Policyholder opt for Aviva Critical Illness Non Linked Rider with Aviva Signature 3D Term Plan (with minimum Rider Sum Assured as 10% of Base SA), Policyholder will also be eligible to get One time Preventive Wellness Package as prescribed below :

Base Plan Sum Assured	Rider Sum Assured	Preventive Wellness Package
Rs.20 Lacs to Less than 75 Lacs	At least 10% of Base Plan, subject to minimum Rs 5 Lacs and maximum of Rs. 50 Lacs (per life)	Healthy Habits -Silver 1) Smart Watch 2) AI powered Nutrition Diet
Rs. 75 Lacs to Less than Rs. 200 Lacs	At least 10% of Base Plan, subject to minimum Rs 5 Lacs maximum of Rs. 50 Lacs (per life)	Healthy Habits -Gold 1) Smart Watch 2) AI powered Nutrition Diet 3) BP Monitor 4) Smart Scale
Greater than or Equal to Rs. 200 Lacs	At least 10% of Base Plan subject to minimum Rs 5 Lacs maximum of Rs. 50 Lacs (per life)	Healthy Habits -Platinum 1) Smart Watch 2) AI powered Nutrition Diet with consultation 3) BP Monitor 4) Smart Scale 5) Genetic Test

The above Preventive Wellness Package will be one time benefit only. The Preventive Wellness Package will be provided post completion of Free Look Period only.

For more information, refer the Policy Document.

What is the Death Benefit under this Rider?

There is no Death Benefit payable under this Rider.

What is the Maturity Benefit under this Rider?

There is no Maturity Benefit payable under this Rider.

What is the Surrender Benefit under this Rider?



There is no Surrender Benefit payable under this Rider.

What are the Premium Payment mode?

Yearly/half-yearly/quarterly/monthly. Mode of premium payment of the rider shall be same as that of the base product.

List Of Critical Illnesses Covered

1. Cancer of Specified Severity

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

The following are excluded –

- 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.
- 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;

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:

- 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.

Is there any survival period before the claim?

The benefit will be payable only on survival for a period of **30 days** from diagnosis of the Critical Illness.



Is there any waiting period?

A waiting period of **90 days** from the date of commencement of risk is applicable. 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. 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 **90 days**, such claim will not be payable.

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

In case of Revival of the policy happens after **60 days** from the date of first unpaid premium, waiting period of **90 days** will be applicable from date of revival.

What is the grace period?

For Yearly, Half-Yearly and Quarterly Modes of premium payment, Grace period of **30 days** is allowed. For monthly mode, **15 days** Grace period is allowed. In case of occurrence of claim during grace period, the due unpaid premium will be deducted from the rider benefit in case the claim is accepted by the company.

What is not covered under this Rider(Exclusions) ?

We shall not be liable to pay any benefit if the Critical Illness is What is caused directly or indirectly by the following:

- Any Pre-Existing Disease. "Pre-existing Disease" means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its latest revival date, whichever is later; OR
- For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its latest revival/reinstatement date, whichever is later.
- This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception;
- Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.
- If the insured dies within 30 days of the diagnosis of the covered Critical Illness.
- Intentional self-inflicted injury, suicide or attempted suicide,
- For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
- Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;
- Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
- Participation by the insured person in a criminal or unlawful act with criminal intent;
- For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
- For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny,



rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;

- For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder.

Any other additional exclusions, under the Company's policy document pertaining to this benefit shall be applicable.



What are other terms & conditions?

Free-look Cancellation:

The policyholder has a free look period of 30 days from the date of receipt of the policy document, to review the terms and conditions of the policy and where the policyholder disagrees to any of those terms and conditions, the policyholder has the option to return the policy to the Company for cancellation, stating the reasons for his objection. The policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the company on medical examination and stamp duty charges

Conditions for reinstatement/ revival of the contract, in case of instalment premiums:

Within 5 years from the from the date of first unpaid installment of regular premium, by submitting the proof of continued insurability of the life insured to the satisfaction of the company as per the underwriting guidelines approved by the Board and making the payment of all due premiums. If a lapsed policy is not revived within the revival period, then the rider coverage will be terminated without any benefit.

Nomination & Assignment: Nomination, as defined under section 39 of Insurance Act 1938 as amended from time to time, and Assignment, as defined under section 38 of Insurance Act 1938 as amended from time to time, is allowed under this policy.

Acceptance

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

Why invest with Aviva?

Aviva Life Insurance 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 Group, with a history dating back to 1696.

Founded in 1884, Dabur is one of India's oldest and largest groups of companies. It is the country's leading producer of traditional healthcare products.

Section 41

In accordance with Section 41 of the Insurance Act, 1938, as amended from time to time.

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

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees”.

Section 45

In case of fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the Company in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time. Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time by 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 policy whichever 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 policy whichever 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.

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

Queries and Complaints

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

1800 1037766 (Toll free for BSNL/MTNL users)or

0124-2709046 or SMS "Aviva" to 5676737

Aviva Life Insurance Company India Ltd.

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UIN: 122B137V02

Aviva Cancer Cardio Non-Linked Rider

Advertisement Number:

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