Aviva New Critical Illness Non-Linked Rider (122B036V02)

Part A

As per the Base Policy Document

Part B- Definitions

B.1 All capitalized terms in the Rider Policy shall be ascribed the meaning as below:

1. Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Base Policy/Policy means the life insurance plan bought by the Policyholder along with this Rider out of the various products offered by the Company.

3. Bodily Injury means Injury must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.

4. Critical Illness means the illness/procedures covered under this Rider Policy as defined in clause B.2 of Part B.

5. 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.

6. Insured Event under this Rider Policy means the Insured to have undergone/diagnosed to be suffering from one of the covered Critical Illness(es) as defined in clause B.2 of Part B on the first occurrence of such Critical Illness subject to definitions and exclusions applicable to such Critical Illness.

7. Medical Practitioner means a person who holds a valid registration from the Medical Council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy setup 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 his license. Medical Practitioner shall not include:

   i. Your spouse, father (including step father), mother (including step mother), son (including step son), son's wife, daughter (including step daughter), daughter's husband, brother (including step brother) and sister (including step sister), or;

   ii. You or the Insured

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

9. Pre-Existing Disease means any condition, ailment or Injury or related condition(s) for which Insured had signs or symptoms, and / or were diagnosed, and / or received Medical Advice / treatment within 36 months to prior to the first policy issued by Us.

10. Proposal Form means the completed and dated proposal form submitted by You to Us, including any declarations and statements annexed to it or submitted to Us in connection with the proposal for obtaining insurance cover under the Base Policy and this Rider Policy.

11. Rider Policy Term means the period between the Rider Commencement Date and the Rider Expiry date.

12. Rider Premium Payment Term means the period specified in the Schedule during which Rider Premium is payable.

13. Rider Commencement Date means the date on which the Rider commenced, as specified in the Schedule

14. Rider Policy Document means the present contract of insurance including the Schedule which has been issued on the basis of the Proposal Form, other representations and documents submitted by You and/or the Insured and the endorsements issued by Us and includes all of the above.

15. Rider Premium means the amount mentioned in the Schedule which is payable by You to Us during the Rider Term. This includes the extra premium but is exclusive of the applicable taxes.

16. Rider means an insurance cover attached to and forming part of the Policy if and to the extent specified in the Schedule of Base Policy.

17. Rider Benefit means the benefit payable under this Rider Policy as per Part C.

18. Rider Sum Assured means the amount specified in the Schedule.

19. Schedule means the schedule (including any endorsements) we have issued in connection with Base Policy and, if more than one, then the latest in time.

20. 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.

21. Survival Period means a period of 30 days commencing from the date of occurrence of Insured Event or the date of renewal of the Rider Policy whichever is later.

22. Waiting Period means period of Ninety (90) days from the Rider Commencement Date or date of revival of the Rider Policy

23. We, Our or Us means the Aviva Life Insurance Company India Limited.

24. You or Your or Policyholder means the person named in the Schedule who has taken this Policy with Us.

B.2 Standard Nomenclature and Procedures for Critical Illnesses

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 –

a) 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.
b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
c) Malignant melanoma that has not caused invasion beyond the epidermis;
d) 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
e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
f) Chronic lymphocytic leukaemia less than RAI stage 3
g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
h) 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:

a) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial (For e.g. typical chest pain)
b) New characteristic electrocardiogram changes
c) 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

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. Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography

and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. 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:

a) no response to external stimuli continuously for at least 96 hours;
b) life support measures are necessary to sustain life; and
c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
d) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. 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 (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. 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:

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

8. Major Organ /Bone Marrow Transplant

a) The actual undergoing of a transplant of:

b) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
c) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

d) The following are excluded:

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

9. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease With Permanent Symptoms

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

11. Multiple Sclerosis With Persisting Symptoms

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

a) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
c) Neurological damage due to SLE is excluded.

12. Benign Brain Tumor

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 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.

a) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
b) 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.

13. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

a) corrected visual acuity being 3/60 or less in both eyes or ;
b) the field of vision being less than 10 degrees in both eyes.

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

14. Deafness

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

15. End Stage Lung Failure

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

a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
c) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
d) Dyspnea at rest.

16. End Stage Liver Failure

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

a) Permanent jaundice; and
b) Ascites; and
c) Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss Of Limbs

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 will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. Major Head Trauma

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.

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.

The Activities of Daily Living are:

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. The following are excluded: Spinal cord injury

19. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

a) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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.

20. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area

21. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

a) Bone marrow stimulating agents
b) Immunosuppressants
c) Bone marrow transplantation
d) The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

22. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

a) Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
b) Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
c) Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

i)Polycystic kidney disease
ii)Multicystic renal dysplasia and medullary sponge kidney
iii)Any other cystic kidney disease

23. Parkinson's Disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

a) Muscle rigidity
b) Tremor
c) Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

a) Activities of Daily Living are:
b) 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.
c) Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
d) Feeding oneself – the ability to feed oneself when food has been prepared and made available.
e) Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
f) Getting between rooms – the ability to get from room to room on a level floor.
g) Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

I. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
II. Essential tremor
III. Parkinsonism related to other neurodegenerative disorders

24. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact.

The definite diagnosis must be evidenced by all of the following:

a) Complete unawareness of the self and the environment
b) Inability to communicate with others
c) No evidence of sustained or reproducible behavioural responses to external stimuli
d) Preserved brain stem functions
e) Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
f) The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

25. Major Surgery of the Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

a) Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
b) Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
c) Surgery following traumatic injury to the aorta

26. Fulminant Viral Hepatitis - resulting in acute liver failure

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

a) Typical serological course of acute viral hepatitis
b) Development of hepatic encephalopathy
c) Decrease in liver size
d) Increase in bilirubin levels
e) Coagulopathy with an international normalized ratio (INR) greater than 1.5
f) Development of liver failure within 7 days of onset of symptoms
g) No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

I. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
II. Fulminant viral hepatitis associated with intravenous drug use

27. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

a) Dilated Cardiomyopathy
b) Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
c) Restrictive Cardiomyopathy
d) Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

I. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
II. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
III. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

a) Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
b) Transient reduction of left ventricular function due to myocarditis
c) Cardiomyopathy due to systemic diseases
d) Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

28. Muscular Dystrophy

A definite diagnosis of one of the following muscular dystrophies:

a) Duchenne Muscular Dystrophy (DMD)
b) Becker Muscular Dystrophy (BMD)
c) Emery-Dreifuss Muscular Dystrophy (EDMD)

d) Limb-Girdle Muscular Dystrophy (LGMD)
e) Facioscapulohumeral Muscular Dystrophy (FSHD)
f) Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
g) Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

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. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
III. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
IV. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
V. Getting between rooms – the ability to get from room to room on a level floor.
VI. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

29. Poliomyelitis - resulting in paralysis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

a) Poliovirus infections without paralysis
b) Other enterovirus infections
c) Guillain-Barré syndrome or transverse myelitis

30. Chronic Recurring Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

a) Exocrine pancreatic insufficiency with weight loss and steatorrhoea
b) Endocrine pancreatic insufficiency with pancreatic diabetes
c) Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

I. Chronic pancreatitis due to alcohol or drug use
II. Acute pancreatitis

31. Bacterial Meningitis - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

Aseptic, viral, parasitic or non-infectious meningitis

32. Loss of Independent Existence

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

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) Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

c) Feeding oneself – the ability to feed oneself when food has been prepared and made available.

d) Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

e) Getting between rooms – the ability to get from room to room on a level floor.

f) Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

g) The diagnosis has to be confirmed by a Specialist.

33. Alzheimer's Disease [before age 65] – *requiring constant supervision*

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

a) Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning

b) Personality change

c) Gradual onset and continuing decline of cognitive functions

d) No disturbance of consciousness

e) Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered: Other forms of dementia due to brain or systemic disorders or conditions

34. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

a) ACTH stimulation test

b) ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood levels

For the above definition, the following are not covered:

a) Secondary, tertiary and congenital adrenal insufficiency

b) Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

35. Sporadic Creutzfeldt-Jakob Disease (sCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as "probable" by all of the following criteria:

a) Progressive dementia

b) At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism

c) Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid

d) No routine investigations indicate an alternative diagnosis

e) The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

a) Iatrogenic or familial Creutzfeldt-Jakob disease

b) Variant Creutzfeldt-Jakob disease (vCJD)

36. Acute Viral Encephalitis - *resulting in persistent symptoms*

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

a) Encephalitis caused by bacterial or protozoal infections

b) Myalgic or paraneoplastic encephalomyelitis

37. Necrotising Fasciiti

A definite diagnosis of necrotising fasciitis evidenced by all of the following:

a) Progressive, rapidly spreading bacterial infection located in the deep fascia, with secondary necrosis of the subcutaneous tissues of the limbs or trunk

b) Fever and rapid increase in C-reactive protein (CRP) levels

c) Surgical resection of all necrotic tissue

Fournier's gangrene is covered under this definition. The diagnosis must be confirmed by a Consultant Surgeon and evidenced by microbiological or histological findings.

For the above definition, the following are not covered:

I. Gas gangrene

II. Gangrene caused by diabetes, neuropathy or vascular diseases

38. Severe Rheumatoid Arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

a) Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis

b) Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies

c) Continuous treatment with corticosteroids

d) Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

I. Reactive arthritis, psoriatic arthritis and activated osteoarthritis

39. Systemic Lupus Erythematosus - *with involvement of heart, kidneys or brain*

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

a) Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies

b) Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)

c) Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

d) Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)

e) Libman-Sacks endocarditis or myocarditis

f) Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

I. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus

40. Systemic Sclerosis (Scleroderma) – *with organ involvement*

A definite diagnosis of systemic sclerosis evidenced by all of the following:

a) Typical laboratory findings (e.g.anti-Scl-70 antibodies)

b) Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)

c) Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted

- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Localized scleroderma without organ involvement
- Eosinophilic fasciitis
- CREST-Syndrome

41. Amputation of Feet Due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist, as the only means to maintain life.

Amputation of toe or toes, or any other causes for amputation shall not be covered.

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:

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

b) 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:

a) Positive result of the blood culture proving presence of the infectious organism(s);

b) 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

c) 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. Severe Ulcerative Colitis

Severe Ulcerative Colitis is a definite diagnosis of Ulcerative Colitis made by a Specialist Gastroenterologist based on histopathological findings and/or the results of endoscopic findings with the below features:

i. the entire colon is affected, with severe bloody diarrhoea; and
ii. Surgical treatment with total colectomy is done.

47. Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

i. Stricture formation causing intestinal obstruction requiring admission to hospital,
ii. Fistula formation between loops of bowel and
iii. At least one bowel segment resection.

The diagnosis must be made by a Consultant Gastroenterologist and be proven histologically on a pathology report and/or the results of Sigmoidoscopy or Colonoscopy.

48. Loss Of Speech

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.

49. Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)

A definite diagnosis of amyotrophic lateral sclerosis. The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

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) Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
c) Feeding oneself – the ability to feed oneself when food has been prepared and made available.
d) Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
e) Getting between rooms – the ability to get from room to room on a level floor.
f) Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

a) Other forms of motor neurone disease

b) Multifocal motor neuropathy (MMN) and inclusion body myositis
c) Post-polio syndrome
d) Spinal muscular atrophy
e) Polymyositis and dermatomyositis

Rider Policy Interpretation

1. Where appropriate, references to the singular include references to the plural, references to a gender include the other gender and reference to any statutory enactment includes any amendment to that enactment and reference to days means calendar days only.
2. Any term used and not defined herein shall have the same meaning as is ascribed to them under the policy document of the Base Policy. In case of any common terms in this Rider Policy and the Base Policy, for the purpose of this Rider Policy the meaning ascribed to such terms in the Rider Policy shall prevail.

Part C – Benefits

1. Rider Benefits

1.1 This is a Rider benefit which is in addition to the benefits under the Base Policy and this Rider is only granted along with the Base Policy and benefits shall be subject to continuation of the Base Policy along with this Rider.

1.2 In case You have opted for 'Waiver of Premium' option under the Rider Policy, upon the occurrence of the Insured Event covered under this Rider Policy, we shall waive all the future Premiums Payable under the Base Policy along with any other rider, if opted for

1.3 In case You have opted for 'Lump Sum' option under the Rider Policy, upon the occurrence of the Insured Event covered under this Rider Policy, we shall pay the Rider Sum Assured

1.4 Rider Benefit as per Article 1.2 and 1.3 above shall only be payable provided that:

1.4.1 the Insured Event occurred after the completion of the Waiting Period the Insured should have survived the Survival Period;

1.4.2 all the due Rider Premiums till the date of Insured Event have been received by Us in full along with the due Regular/Limited Premiums under the Base Policy.

1.4.3 the Insured Event does not result either directly or indirectly from any one of the following causes:

i. Any Pre-Existing Disease. "Pre-existing Disease" means any condition, ailment, injury or disease:

a) 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

b) 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;

ii. Any sickness-related condition manifesting itself within the Waiting Period of 90 days from the Policy Commencement Date or its latest revival/reinstatement date, whichever is later.

iii. If the Insured dies within 30 days of the diagnosis of the covered Critical Illness.

iv. Intentional self-inflicted injury, suicide or attempted suicide,

v. For any medical conditions suffered by the Life Insured or any medical procedure undergone by the Life Insured, 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.

vi. 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;

vii. Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;

viii. Participation by the insured person in a criminal or unlawful act with criminal intent;

ix. 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;

x. 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;

xi. 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.

xii. Any External Congenital Anomaly which is not as a consequence of Genetic disorder

1.5 No benefit will be payable if any claim occurs within the Waiting Period and the Rider Policy shall be terminated immediately.

1.6 We will pay only one claim under this Rider. Upon acceptance of the first claim under this Rider, no further claims shall be accepted by Us.

2. Maturity/Survival Benefit

No benefit other than Rider Benefit is payable under this Rider Policy.

3. Grace Period & Insured Event During Grace Period

During Grace Period If we do not receive the Rider Premium in full on or before the due date then, You can pay the outstanding Rider Premium within the Grace Period. If the Insured Event occurs during this Grace Period, the due unpaid premium till next Policy Anniversary will be deducted from the rider benefit in case the claim is accepted by the company.

Part D

1. Free Look

If You are dissatisfied and wish to cancel the Rider Policy, please send a letter marked to "Customer Services" along with the original Rider Policy Document and premium receipt. You must exercise the option to cancel the Rider Policy within thirty days of receipt of this Rider Policy Document.

On receipt of the aforementioned documents we will refund the Rider Premium received (without interest) after deducting proportionate risk premium, if any for the period of cover and expenses incurred on medical examination (if any) and stamp duty charges.

2. Revision of Rider Premium

Not Applicable

3. Payment of Rider Premium and Grace Period

3.1 The premium frequency of Rider Premium shall be same as of the premium frequency of the Regular Premium as mentioned in the Schedule. The Rider Premium is payable only along with the Regular Premium and cannot be paid separately.

3.2 Rider Premium shall be paid by You to Us on every Policy Anniversary, if Your premium frequency is annual. If Your Premium Frequency is half-yearly, quarterly or monthly, then the Rider Premium shall be paid on the date corresponding with the commencement Date in every half-year, quarter or month respectively. If the corresponding date does not exist in a particular month, then the last day of that month shall be deemed to be the due date. We will not accept any part payment of the Rider Premium due.

3.3 If the due Rider Premium and Regular/Limited Premium remains unpaid in full at the expiry of the Grace Period, then the Rider Policy and Base Policy shall immediately lapse and no amount under this Rider Policy shall be paid.

3.4 If You do not wish to continue the Rider Policy then You can give a written notice to us to discontinue the Rider Policy. If the Rider Policy is discontinued it cannot be reinstated.

3.5 If the Insured Event occurs after the Rider Policy has lapsed and before the Rider Policy has been revived then we shall not be liable to pay any benefit or make any other payment relating to this Rider Policy.

4. Revival

The Rider Policy can be revived along with the revival of the Base Policy as per the provisions relating to revival of the Base Policy as provided under the Base Policy Document.

5. Discontinuance of Rider Policy

In case the Base Policy has lapsed due to non-payment of due Regular/Limited Premium, the Rider Policy shall also lapse and then benefits under the Rider Policy shall cease to exist immediately from the date of such unpaid Regular Premium.

The Rider Policy can be revived subject to the conditions of revival of the Base Policy. If Rider Policy is not revived along with the Base Policy during the Revival Period, then the Rider Policy will be terminated.

6. Surrender Value

No Surrender Value is payable under this Rider Policy.

Part E

1. Applicable Charges

   Not applicable to the Policy

2. Fund Options

   Not applicable to the Policy

3. Fund Name

   Not applicable to the Policy

Part F

General Terms & Conditions

1. Agent's Authority

An insurance agent is not authorized to amend the Policy; accept any notice; accept cash or bearer cheque on Our behalf.

2. Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

A Leaflet containing the simplified version of the provisions of Section 38 is enclosed with the Base Policy Document.

3. Procedure for Payment of Claims

3.1 Before paying the Rider Benefit we need to evaluate the claim. Accordingly, the Claimant will need to furnish the following details/ documents to Our satisfaction we:

a) Receipt of notification of claim.

b) Completed and signed claim form (including NEFT details and bank account proof as specified in the claim form).

c) Original Rider Policy Document.

d) Daily records related to admission to a Hospital/medical facility or consultation with a Medical Practitioner for the treatment.

e) Discharge summary from the Hospital stating the proper diagnosis and date and time of admission and discharge.

f) Declaration by the attending physician on the Insured's current state of health.

g) All laboratory and pathology tests conducted such as blood reports and all investigative tests such as X-Ray, scans and MRI.

h) In case of Surgery: surgical notes.

i) Final hospital bill including details of room charges (ICU/Normal) and OT charges.

j) Employer's questionnaire, if applicable.

k) Valid identification and address proof of the Claimant.

l) If the sickness/ surgery is caused due to un-natural or non– medical reasons, in addition to the above documents the following additional documents also need to be submitted to Us:

(i) Certified copies of First Information Report (FIR), Post Mortem Report (PMR), Final Police Inquest Report (FPIR).

(ii) Newspaper articles/ cutting, if any.

m) Any other documents or information as may be requested by Us to investigate the claim.

3.2 The above documents should be received by Us within ninety days of the occurrence of the Insured Event. We may condone the delay beyond 90 days if the Claimant proves to Our satisfaction that the delay was for reasons beyond his control.

3.3 Subject to applicable laws, if we are unable to process the claim within thirty days from the date of acceptance of the claim then we shall be liable to pay the Claimant an interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is received by Us.

3.4 Upon receipt of a 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 Critical Illness had occurred during the Waiting Period then such claim will not be payable.

4. Entire Contract

This Rider Policy Document constitutes the entire contract of insurance between You and Us. We may amend the Rider Policy if we consider this to be either necessary or desirable (to be evidenced by and effective from the date of an endorsement on the Schedule) but agree not to do so without first having obtained the consent of the IRDAI.

5. Governing Law

This Rider Policy shall be governed by Indian laws. Any disputes or differences arising out of or under this Policy shall be subject to the jurisdiction of Indian Courts.

6. Loss of the Rider Policy

6.1. In case of loss or destruction of this Rider Policy Document, please write to Us. We will issue a duplicate Rider Policy Document upon receipt of an affidavit and indemnity bond along with nominal fee prescribed by Us. Free Look provisions shall not be available in case of issuance a duplicate Rider Policy Document.

7. Fraud

This Rider Policy would be cancelled, and no claim or refund would be due to the Claimant if You and/or the Insured:

a) have not correctly disclosed details about current and past health status and/or financial status; and/or

b) have encouraged or participated in any fraudulent claim

under the Rider Policy.

8. Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

A Leaflet containing the simplified version of the provisions of Section 39 is enclosed with the Base Policy Document.

9. Acceptance of instructions

We will not act upon any instruction; request or notice from You until supporting information and documentation required by Us has been received by Us.

10. Notices & Correspondence

10.1. All notices and correspondence should be sent in writing to Our address specified in the Schedule or at any of Our branch offices.

10.2. We will send You the Rider Policy Document and any other correspondence relating to servicing or administration of the Rider Policy through speed post or courier or any other legally recognized mode of communication (including e-mail), at the address and registered email id provided in the Schedule. You or Your Claimant must inform Us of change in address (including any change in registered email id), failing which we will continue to correspond at the last recorded address and shall not be held liable in any manner for any losses or damages suffered by You or Your Claimant due to the above.

11. Taxation

11.1. You need to pay all applicable taxes, cess or levies (including service tax) over and above the Premium, fees and charges payable by You.

11.2. We will deduct any applicable taxes, cess or levies (including service tax), as may be in force from time to time from any amounts payable by Us to You. We do not offer any tax advice or consultancy and You are advised to seek the opinion from Your tax advisor in relation to the applicable tax benefits and liabilities. We do not hold any responsibility for Your and/or Nominee's claim to any deduction/s under the tax laws in respect of the amount contributed or accrued/received.

12. Termination

This Policy will immediately terminate on the earliest of:

12.1. cancellation of the Rider Policy under the Free Look option; or

12.2. on payment of the Rider Benefit under Part C; or

12.3. on the Insured's death; or

12.4. termination of Base Policy; or

12.5. date of withdrawal of Rider

12.6. on the expiry of the Revival Period, if the lapsed Base Policy and Rider Policy are not revived; or

12.7. on the expiry of the Rider Term.

12.8. On happening of the Insured Event during the Waiting Period

13. Age

We have calculated the Premium under the Policy basis the age of Insured as declared in the Proposal Form. If at any time during the Policy Term the age of Insured is found to be higher than the age declared, we reserve the right to cancel the Policy. However, upon Your specific written request, we may consider continuing the Policy at revised terms, which may include enhanced Premium and/or reduced benefits payable under the Policy. If the age of the Insured is found to be is such that he is not eligible for the Policy we shall cancel the Policy.

14. Territorial Limits & Currency

All premium, taxes, levies and benefits are payable only within India and in Indian Rupees.

PART G

As per the Base Policy Document.