



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

**LIC's Female Critical Illness Benefit Rider (UIN: 512B226V01)**  
**(A Individual, Non-Linked, Health Rider)**

**PART – A****FORWARDING LETTER**

As per the Base policy.

**PREAMBLE**

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

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

**SCHEDULE****DIVISIONAL OFFICE:****BRANCH OFFICE:****Policy Number:****Modules Opted:****Name of the Proposer:****Date of Birth:****Name of the Life Assured:****Age:****Whether age admitted:****Date of commencement of LIC's Female Critical Illness Benefit Rider :****Date of commencement of Risk for LIC's Female Critical Illness Benefit Rider:****Whether Regular Premium / Limited Premium payment opted for?**

Module 1 Sum Assured (Rs.):

Module 1 Premium(Rs.):

Module 2 Sum Assured (Rs.):

Module 2 Premium (Rs.):

Module 3 Sum Assured (Rs.):

Module 3 Premium (Rs.):

**Total LIC's Female Critical Illness Benefit Rider Sum Assured (Rs.):****Total LIC's Female Critical Illness Benefit Rider Premium (Rs):**

(Taxes, if any, as applicable from time to time are charged extra)

**Due Date of payment of last premium for LIC's Female Critical Illness Benefit:****Date of expiry of Cover Period for Module:**

Module 1 :

Module 1 :

Module 2 :

Module 2 :

Module 3 :

Module 3 :

Date:

Examined by:

Form No.:

Chief/ Sr. Branch Manager

## **PART – B: DEFINITIONS**

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

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, violent and visible means.
2. **Age** is the age nearer birthday of the Life Assured at the time of commencement of the Rider except at minimum age at entry which is 18 years completed.
3. **Annualized Rider Premium** for Module shall be the premium amount payable in a year under the Module, opted for by the Life Assured, excluding the taxes, underwriting extra premiums and loadings for modal premiums.
4. **Base Policy** refers to the Policy to which this Rider Document is attached.
5. **Cover Period for Module is the period of time from the date of commencement of risk under the Module to the date on which the cover under the Module expires.**
6. **Date of Commencement of LIC's Female Critical Illness Benefit Rider** is the start date of this rider.
7. **Date of commencement of risk/effective date of the rider** is the date on which the Corporation, after underwriting the proposal, accepts the risk for insurance (cover) for the Base Policy along with this rider as evidenced in the Schedule of the Rider.
8. **Date of Diagnosis/ Date of occurrence of Critical Illness** is the date on which a medical practitioner first examines the Life Assured and certifies the diagnosis of any of the illnesses/ conditions covered under this Rider.
9. **Due Date** means a fixed date on which the premium under the Rider is due and payable by the policyholder. The premium for the Rider shall be payable along with the premium of the Base policy only.
10. **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.
11. **Life Assured** is the person on whose life the insurance cover has been accepted for the Base Policy along with this Rider.
12. **Limited Premium Payment Policy** means the non-linked insurance policy other than single premium policy, where the premium payment period is limited compared to the policy term, and premium are payable at regular intervals like yearly, half yearly, quarterly, monthly or any other intervals as approved by the Authority.
13. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
14. **Medical practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license but excluding the Practitioner who is:
  - Insured/Policyholder himself or an agent of the Insured.
  - Insurance Agent, business partner(s) or employer/employee of the Insured; or
  - A member of Insured's immediate family.
15. **Module Sum Assured** means the Sum Assured chosen for any individual module either Module1, 2 or 3.
16. **Pre existing disease/condition** 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 rider or date of revival of risk cover 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 rider or date of revival of risk cover.(The 'effective date of rider' shall be the same as the 'date of commencement of rider').
17. **Proposer** is a person who proposes the life insurance proposal for the Base Policy along with this Rider.

18. **Rider** means the insurance cover(s) added to a base policy for additional premium or charge.
19. **Rider Benefits** means an amount of benefit payable on occurrence of a specified event covered under this rider, and is an additional benefit to the benefit under Base Policy.
20. **Regular Premium Policy** means non-linked insurance policy, where the premium payment is throughout the term of the policy or premium payment term of the policy, and premiums are payable at regular intervals like yearly, half-yearly, quarterly, monthly or any other interval as approved by the Authority.
21. **Schedule is the part** of this Rider document that gives the specific details of your Rider.
22. **Survival Period** means the period of time from the date of first diagnosis of covered critical illness or first occurrence of event of the Critical Illness under consideration or first diagnosis of a listed pregnancy complications and/or congenital anomalies that the Life Assured has to survive to become eligible for the benefit payment under the opted module. The survival period includes the date of diagnosis.
23. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, Diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
24. **Total LIC's Female Critical Illness Benefit Rider Premium** means the total of all the premiums payable under all the Modules opted by the Life Assured excluding any extra premiums and taxes ,if collected explicitly.
25. **Total LIC's Female Critical Illness Benefit Rider Sum Assured** is the amount specified in the Schedule which is the total of sum assured for all the Modules opted for by the Life Assured.
26. **Total Premiums Paid** for the Module means total of all the premiums paid under such Module, excluding any extra premium, and taxes, if collected explicitly.
27. **UIN** means the Unique Identification Number allotted to this Rider.
28. **Waiting Period** means the period starting from policy inception or date of revival during which no benefits are payable as specified under Para 3 of Part C of this Rider Document.

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

## **PART – C: BENEFITS**

1. The benefits payable under an in-force Rider are as under:

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

The following are the Critical Illness benefits payable under each of the Modules during the Cover Period:

#### **A. Module 1: Early Stage Cancer / CIS(Carcinoma-in-situ) / Major Cancer:**

- I) **Early Stage Cancer / CIS (Carcinoma-in-situ) Benefit:** On first diagnosis of any one of the **Early Stage Cancers/CIS (Carcinoma-in-situ)** as specified in Para B a) and Para B b) of Annexure I of this Rider Document, provided the claim is admissible, 20% of the **Module 1 Sum Assured** shall be payable in a lump sum subject to Exclusions, Conditions and Restrictions as mentioned in this Rider Document and **Annexure I**.
- II) **Major Stage Cancer Benefit:** On first diagnosis of any of the Major Stage Cancers as specified in Para B c) of Annexure I of this Rider Document, provided the claim is admissible, 100% of **Module 1 Sum Assured** less claim paid under **Early Stage Cancer/ CIS (Carcinoma-in-situ) Benefit**, if any, shall be payable in a lump sum subject to the Definitions, Exclusions, Conditions and Restrictions as mentioned in this Rider Document and **Annexure I**.

There can be a maximum of 1 claim under **Early Stage Cancer/ Carcinoma-in-situ Benefit** and/or a maximum of 1 claim under **Major Stage Cancer Benefit**. In case the first claim under this module is for Major Stage Cancer, 100% of the **Module 1 Sum Assured** shall be payable and no further benefit from Module 1 can be claimed. In case the first claim under this module is for Early Stage Cancer/ Carcinoma-in-situ, 20% of the **Module 1 Sum Assured** shall be payable. No further Early Stage Cancer/ Carcinoma-in-situ benefit can be claimed. However, in case of subsequent claim for Major Stage Cancer, the balance 80% of the **Module 1 Sum Assured** shall be payable and then no further benefit from

Module 1 can be claimed. The module will terminate on payment of 100% of **Module 1 Sum Assured**.

**B. Module 2: Common Surgeries / Illnesses in women:**

**I) Minor Surgery/Illnesses Benefit:** On first diagnosis/ occurrence of one of the listed illnesses, conditions or where the Life Assured has proved to have undergone the type of minor surgery as mentioned under Para C.I of **Annexure I** of this Rider Document, provided the claim is admissible, 20% of the **Module 2 Sum Assured** shall be payable in a lump sum subject to the Definitions, Exclusions, Conditions and Restrictions as mentioned in this Rider Document and **Annexure I**.

**II) Major Surgery/Illnesses Benefit:** On first diagnosis/ occurrence of one of the listed illnesses, conditions or where the Life Assured has proved to have undergone the type of major surgery as mentioned under Para C.II of **Annexure I** of this Rider Document, provided the claim is admissible, 100% of the **Module 2 Sum Assured** less **Minor Surgery/Illness Benefit** paid, if any, shall be payable in a lump sum subject to the Definitions, Exclusions, Conditions and Restrictions as mentioned in this Rider Document and **Annexure I**.

There can be a maximum of 1 claim under **Minor Surgery / Illness Benefit** and/or a maximum of 1 claim under **Major Surgery / Illness Benefit**. In case the first claim under this module is for Major Surgery / Illness, 100% of the **Module 2 Sum Assured** shall be payable and no further benefit from Module 2 can be claimed. In case the first claim under this module is for Minor Surgery / Illness, 20% of the **Module 2 Sum Assured** shall be payable. No further Minor Surgery / Illness benefit can be claimed. However, in case of subsequent claim for Major Surgery / Illness, the balance 80% of the Module 2 Sum Assured shall be payable and then no further benefit from Module 2 can be claimed. The module will terminate on payment of 100% of Module 2 Sum Assured.

**C. Module 3: Pregnancy complications and Congenital Anomalies**

**I) Pregnancy Complications Benefit:** Upon the first ever occurrence of one of the listed illnesses, conditions or where the Life Insured, under **Pregnancy Complications Benefit**, has proved to have undergone the type of surgery as mentioned under Para D I of **Annexure I** of this Rider Document, provided the claim is admissible, 100% of the **Module 3 Sum Assured** shall be payable in a lump sum subject to the Definitions, Exclusions, Conditions and Restrictions as mentioned in this Rider Document and **Annexure I**.

**II) Congenital Anomalies Benefit:** Upon the first ever occurrence of one of the listed illnesses, conditions or where a child of Life Insured, under **Congenital Anomalies Benefit**, has proved to have undergone the type of surgery as mentioned under Para D II of **Annexure I** of this Rider Document, provided the claim is admissible, 100% of the **Module 3 Sum Assured** shall be payable in a lump sum subject to the Definitions, Exclusions, Conditions and Restrictions as mentioned in this Rider Document and **Annexure I**. Any of the congenital anomalies covered under this Module must manifest within 3 years of the child's birth for the benefit to become payable.

Cover for both Pregnancy complications and Congenital Anomalies benefit would be offered and there is no option to choose only one of the two. A maximum benefit of 200% of **Module 3 Sum Assured** can be claimed (subject to maximum of 100% applicable to each bucket: Pregnancy complication and Congenital anomalies). There can be a maximum of 1 claim under Pregnancy complication benefit and a maximum of 1 claim under Congenital anomalies benefit. In case of a claim for Pregnancy complication, 100% of **Module 3 Sum Assured** shall be payable. No further Pregnancy complication claims can be made. In case of a claim for Congenital anomalies, 100% of **Module 3 Sum Assured** shall be payable. No further Congenital anomalies claims can be made. The Module will terminate on payment of 200% of Module 3 Sum Assured.

The Module Sum Assured for Critical Illness Benefit under each Module opted by the Life Assured shall be payable subject to the following:

- (i) The Base Policy and the Rider are in force for full cover on the date of diagnosis/surgery/illness.

- (ii) Conditions and Restrictions mentioned in this Para 1. of Part F and Annexure I of this Rider Document.
- (iii) Claim under a Module is incurred before the date of termination of the respective Module.
- (iv) The claim is proved as admissible to the satisfaction of the Corporation.

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

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

2. **Payment of premiums:**

- a) Once a claim has been admitted under any of the Modules and the Module Sum assured is exhausted, no subsequent premiums for that Module shall be charged from the next policy anniversary.
- b) The Female Critical Illness Benefit Rider premium, including the applicable Taxes, if any, from time to time, is payable only along with the premium for the base policy and cannot be paid separately.
- c) **Grace period:** Same as mentioned in the Base Policy.
- d) In case of diagnosis of any specified Critical Illness or in case of undergoing a surgery under an inforce policy wherein all the premiums due till the date of diagnosis/date of surgery have been paid and where the mode of payment of premium is other than yearly, balance premium(s), if any, falling due from the date of diagnosis/date of surgery and before the next policy anniversary shall be deducted from the claim amount.
- e) The additional premium for Module 1 and Module 2 will not be required to be paid after all the premiums under the base policy have been paid or on and after the policy anniversary on which the age of the Life Assured is 75 years; whichever is earlier.
- f) The additional premium for Module 3 will not be required to be paid after all the premiums under the base policy have been paid or on and after the policy anniversary on which the age of the Life Assured is 45 years; whichever is earlier.
- g) However, the premiums under the base policy with which this Rider is attached shall continue to be paid beyond cover ceasing age of 75 years for Module 1 and Module 2 and 45 years for Module 3, till the end of premium paying term, wherever applicable.

3. **Waiting period:**

- a. In respect of Module 1 and Module 2, a waiting period of 180 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of any of the covered Critical Illness/occurrence of one of the listed illnesses/conditions under consideration. This would mean that the benefit covered under this rider is not applicable and the Module shall terminate if any of the contingencies mentioned in Para B and C of Annexure I occurs:
  - (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of waiting period of 180 days reckoned from that date or
  - (ii) before the expiry of waiting period of 180 days from the date of Revival.
- b. In respect of Module 3, a waiting period of 270 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of any of the covered Critical Illness / occurrence of one of the listed illnesses, conditions under consideration. This would mean that the benefit covered under this rider is not applicable and the Module shall terminate if any of the contingencies mentioned under Para D of Annexure I occurs:
  - (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of waiting period of 270 days reckoned from that date or

(ii) before the expiry of waiting period of 270 days from the date of Revival.

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

4. **Survival period:**

If death occurs within the survival period, the policyholder shall not become eligible for benefit payment under this rider and no benefit shall be payable.

- a. In respect of Module 1, a survival period of 7 days is applicable from the date of first diagnosis of Early Stage Cancer / CIS(Carcinoma-in-situ) / Major Cancer.
- b. In respect of Module 2, a survival period of 30 days is applicable from the date of first diagnosis/first occurrence of event of the Critical Illness under consideration.
- c. In respect of Module 3, a survival period of 30 days is applicable from the date of first diagnosis of a listed pregnancy complications and/or congenital anomalies.

5. **Exclusions:** As provided in Annexure I of the Rider Document.

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

1. **Proof of Age:** Same as mentioned in the Base Policy.

2. **Forfeiture and Non-forfeiture Regulations:**

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

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

3. **Revival:** Revival of this rider will only be considered along with the revival of the base policy and shall be revived in accordance with the Underwriting Policy of the Corporation. All terms and conditions applicable under the base policy shall be applicable to this rider. The rate of interest applicable for revival shall be as applicable under the Base Policy.

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

If more than one Module is opted under the policy, the Life Assured has the Option to terminate any Module at the time of Revival. However, once the Module is terminated, the same cannot be opted at a later stage anytime during the term of the Policy.

4. **Surrender Value:**

No surrender value shall be available under this rider.

However, on surrender of an inforce base policy to which this rider is attached, provided all the due premiums in respect of this rider & the base policy have been paid, the additional rider premium charged in respect of cover after premium paying term shall be refunded. The amount to be refunded for each Module shall be equal to Unexpired Risk Premium Value for that Module as mentioned below:

**Under regular premium paying policies:** Nothing shall be refunded.

**Limited premium paying policies:**

- i. Refund shall only be payable if full premiums have been paid for at least:
  - first two consecutive years in case of premium paying term less than 10 years
  - first three consecutive years in case of premium paying term of 10 years or more
- ii. Refund during Premium Paying Term shall be:  
 **$75\% * d * (Pppt - Pn) * (Module\ Sum\ Assured / 1000)$**   
Refund after Premium Paying Term shall be:  
 **$75\% * Pppt * (Module\ Sum\ Assured / 1000) * (ppt / n) * (n - t)$**

Where:

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

Pn = Equivalent tabular annual regular premium per Rs. 1000/- Module Sum Assured  
corresponding to the respective Limited Premium payable at inception.

Above premiums excludes taxes and extra premium, if any.

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

n = Term of the Module.

ppt = Premium paying term of the Module.

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

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

6. **Termination of Rider:**

The Rider/ will terminate on the earliest of:

- a) The date on which the applicable Module Sum Assured under all the opted Modules is exhausted; or
- b) The date of expiry of the cover period of all the opted Modules (as mentioned in the Schedule); or
- c) The date on which the base policy to which the rider is attached terminates or is converted into a paid up policy or is surrendered; or
- d) On termination of all the opted Modules; or
- e) On termination of the opted module due to diagnosis of any of the covered Illnesses within the applicable waiting period for the opted Module and on such termination of all the opted modules; or
- f) On payment of Free Look cancellation amount for this Rider; or
- g) On Cancellation / termination of the cover by the Corporation on grounds of misrepresentation, fraud or non-disclosure subject to Section 45 of the Insurance Act, 1938 as amended from time to time; or
- h) On death of the Life Assured.

7. **Free look period:**

If the policyholder is not satisfied with the "Terms and Conditions" of the Rider, the Rider Endorsement alongwith Base Policy Document may be returned to the Corporation within 30 days from the date of receipt of the electronic or physical mode of policy document, whichever is earlier, stating the reason of objections. On receipt of the same the Corporation shall cancel the rider and return the amount of premium deposited for this rider after deducting the proportionate risk premium for Critical Illness Benefit for the period of cover (shall not be applicable during the waiting period), charges for stamp duty and expenses incurred on medical examination (including special reports, if any) on account of rider inclusion.

8. **Option available under this rider:**

Under an in-force Base Policy, during the Premium Paying Term, the Policyholder shall have an option to terminate any of the opted Module(s). The termination shall be effective from the next policy anniversary following which the premium for such Module(s) shall be discontinued. Once the Module is terminated it cannot be re-opted during the rider term.

**PART E**

Not Applicable.

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

1. **Conditions and Restrictions:**

A. Critical Illness benefit shall be payable

- a. only if the claims fall within the Conditions and Restrictions as specified in Annexure I of this Rider Document.
- b. only after the Corporation is satisfied on the basis of available medical evidence and other requirements as mentioned under Para 4 of Part F of this Rider Document that the specified illness/surgery has occurred. However, waiting period

as given under Para 3 of Part C of this Rider Document applies to establish permanence of the illness covered.

- B.** The benefit shall automatically cease to be available on surrender of the Base policy or if the Base policy is converted into a Paid-up policy.
- C.** Diagnosis of covered illness/condition must be confirmed by a specialist appointed/approved by the Corporation. The date of diagnosis would be considered for processing a claim.
- D.** The "Total LIC's Female Critical Illness Benefit", which is the Sum of Critical Illness Benefit for all the Module(s) opted by the Life Assured shall be an amount equal to 50% of the Sum Assured on Death under the Base plan or total Rs 5 lakhs, whichever is lower.

In any case, the total maximum Critical Illness Benefit for all the Modules taken together shall not exceed Rs 5 lakh subject to the maximum Critical Illness Benefit limits for each Module.

The maximum aggregate limit for "Total LIC's Female Critical Illness Benefit" shall be based on the Underwriting Policy of the Corporation taking all existing policies of the Life Assured under LIC's Female Critical Illness Benefit Rider including the "Total LIC's Female Critical Illness Benefit" under the new proposal into consideration.

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

**3. Tax:**

Statutory Taxes, if any, imposed on such insurance riders by the Government of India or any other constitutional tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

The amount of applicable Taxes as per the prevailing rates, shall be payable by the policyholder on premiums including extra premiums under the rider, which shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of Tax paid shall not be considered for the calculation of benefits payable under the rider.

**4. Normal requirements for a claim:**

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

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

9. Any other document or information as asked for by the Corporation depending on the facts & circumstances of each case;

This would be in addition to the claim requirements under the base policy.

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

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

5. **Legislative Changes:** The Terms and Conditions including the premiums and benefits payable under this Rider are subject to variation in accordance with the relevant Legislation & Regulations

#### **PART – G: STATUTORY PROVISIONS**

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

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

## **Annexure 1 to the Rider Endorsement**

This Annexure lists the following:

- 1) The general exclusions under this Rider.
- 2) The list of definitions for Cancer, Common Surgeries/Illnesses and Congenital anomalies in new born.
- 3) Conditions covered under pregnancy complications
- 4) The specific exclusions for Module 1, Module 2 and Module 3.

Additional exclusions which are disease specific are incorporated into the definitions of the diseases as applicable.

### **A) General Exclusions:**

The following are general exclusions for the rider. The Corporation shall not be liable to pay any of the benefits covered under this Rider upon claims occurring as a result of any of the following:

1. Any Pre-existing disease/condition i.e. any condition, ailment, injury or disease:
  - a) That is/are diagnosed by a physician within 36 months prior to the effective date of the rider or date of revival of risk cover or
  - b) For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the rider or date of revival of risk cover.  
(The 'effective date of rider' shall be the same as the 'date of commencement of risk'.)
2. Intentional self-inflicted injury, attempted suicide, while sane or insane;
3. 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;
4. Unreasonable failure to seek or follow medical advice, the Life Assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy;
5. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
6. Taking part in any naval, military or air force operation during peace time;
7. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable;
8. Participation by the insured person in a criminal or unlawful act;
9. 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;
10. Nuclear contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

### **B) Module 1: Early Stage Cancer/Carcinoma-in-situ/Major Stage Cancer**

#### **a) Early Stage Cancer:**

Early Stage Cancer shall mean the presence of one of the following malignant conditions:

- i. Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
- ii. Chronic lymphocytic Leukemia stage I & II (according to the RAI classification system)
- iii. Any carcinomas of the skin (size no less than 2mm) except Malignant melanoma and metastatic carcinoma
- iv. Hodgkin's Disease, stage 1 (according to the Ann-Arbor classification system)
- v. Micro carcinoma of the bladder stage Tis or pTa

The diagnosis must be based on histopathological features and confirmed by a specialist. The Life insured shall have received appropriate and necessary treatment.

**Exclusions:** Pre-malignant lesions and conditions, unless listed above.

**b) Carcinoma-in-situ (CiS):**

Tis according to the AJCC 7th Edition TNM classification.

Carcinoma-in-situ is defined as a focal autonomous new group of carcinomatous cells which has not yet resulted in the invasion of normal tissue. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane in any one of the following organ groups.

- a) Breast where the tumour is classified as Tis according to the TNM Staging method
- b) Corpus uteri, cervix uteri (including cervical dysplasia CIN-1,CIN-2,CIN-3), vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method.
- c) Ovary -include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0,T1bN0M0 (TNM Staging) or FIGO 1A,FIGO 1B
- d) Colon and rectum
- e) Lung
- f) Liver
- g) Stomach, duodenum and Oesophagus
- h) Kidney
- i) Carcinoma ENT (ear, nose, throat)

For the purpose of this Rider, Carcinoma-in-situ must be confirmed by a biopsy.

\*FIGO refers to the staging method of the federation Internationale de Gynecologie et d'Obstetrique.

**Exclusions:** Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

**c) Major Stage Cancer:**

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

**Exclusions:**

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- vii. 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;

## **C) Module 2: Common Surgeries/ Illnesses**

### **I. Minor Surgeries/Illnesses:**

#### **a. Skin Grafts due to accidental burns or Skin Cancer:**

Skin grafting due to accidental burns or skin cancer resulting in full thickness skin destruction of at least 10% of the body surface area as measured by the Rule of 9 of the Lund and Browder Surface Chart.

**Exclusions:** Correction of facial disfigurement is excluded under this benefit.

#### **b. Facial Surgery due to accidental injury:**

A condition requiring in-patient treatment and undergoing re-constructive surgery for the restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, damaged or misshapen which, in the opinion of a Registered Medical Practitioner appointed by the Corporation, is deemed medically necessary for the treatment of facial disfigurement which is a direct result of an Accident.

**Exclusions:** Reconstructive surgery for cosmetic purposes is specifically excluded.

#### **c. Osteoporotic Surgeries (Osteoporotic fractures of the hip and vertebra requiring surgery or repair):**

Osteoporosis is a condition of reduced bone mass, with decreased cortical thickness and a decrease in the number and size of the trabeculae of cancellous bone (but normal chemical composition), resulting in a pathological fracture of the vertebrae & /or femur .The diagnosis must be supported by & satisfy the World Health Organisation (WHO) definition of osteoporosis with a bone mineral density (BMD) reading T-score of less than -2.5.

The benefit is payable on actual undergoing of the surgery.

**Exclusions:** Any osteoporosis caused by corticosteroid treatment or due to any other disease is excluded.

#### **d. Urinary Incontinence requiring surgical repair:**

Urinary Incontinence requiring surgical repair is a condition where all the following diagnostic conditions are met:

- i. Urinary Incontinence has been diagnosed and under the management of a Registered Medical Practitioner for at least 6 (six) months during which time, there has been a need for continuous incontinence medical treatment; and
- ii. Medically Necessary surgical repair has been undertaken for the sole purpose of correcting the incontinence.

#### **Exclusions:**

This benefit is not payable if Urinary Incontinence was diagnosed before the Benefit Commencement Date of this benefit or date of reinstatement (if any). Surgery that includes treatment for other pathology including a hysterectomy for uterus pathology or dysfunction does not meet this condition.

### **II. Major Surgeries/Illnesses:**

#### **a. End Stage Liver Failure:**

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

- i. Permanent jaundice; and
- ii Ascites; and
- iii. Hepatic encephalopathy.

**Exclusions:** Liver failure secondary to drug or alcohol abuse is excluded.

**b. End Stage Lung Failure:**

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ( $\text{PaO}_2 < 55\text{mmHg}$ ); and
- iv. Dyspnea at rest.

**c. Severe Rheumatoid Arthritis:**

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

- i. Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- ii. Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti citrulline antibodies
- iii. Continuous treatment with corticosteroids
- iv. 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.

**Exclusions:** Reactive arthritis, psoriatic arthritis and activated osteoarthritis are not covered.

**d. 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.

**e. Systemic Lupus Erythematosus:**

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

- i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- iii. Continuous treatment with corticosteroids or other immunosuppressants

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

- i. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- ii. Libman-Sacks endocarditis or myocarditis
- iii. 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.

**Exclusions:** The following are not covered:

- i. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus.
- ii. Drug-induced lupus erythematosus.

**f. Multiple Sclerosis with persisting symptoms:**

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

- i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

**Exclusions:** Other causes of neurological damage such as SLE are excluded.

#### **D) Module 3: Pregnancy Complications and Congenital Anomalies**

##### **I. Pregnancy Complications:**

The following conditions shall be covered under pregnancy complications:

##### **a. Disseminated Intravascular Coagulation (after 28 weeks of pregnancy):**

Disseminated Intravascular Coagulation (DIC) shall mean a serious complication of pregnancy resulting in an imbalance of blood coagulation (clotting) mechanisms leading to thrombosis and severe bleedings (acute or subacute thrombo-haemorrhagic disorder). This situation may result in a life threatening multiple organ failure.

The condition has to be diagnosed by a specialist and has to meet the following criteria:

- i. Pregnancy related (after 28 weeks of gestation)
- ii. Abnormal bleeding (hemorrhage) from different sites of the body and / or development of multiple organ failure
- iii. Typical laboratory test results which would include all of the following findings: low platelets, low fibrinogen levels, increased levels of fibrin degradation products, prolongation of prothrombin time and activated partial thromboplastin time.

##### **Exclusions:**

- i. Bleeding / thrombosis caused by any other blood disorder
- ii. Thrombocytopenic purpura
- iii. DIC caused by infections, cancer, trauma or toxic agents

##### **b. Postpartum Hemorrhage Requiring Hysterectomy:**

Removal of the uterus (hysterectomy) as a result of postpartum hemorrhage. Surgery must be considered necessary by a consultant gynecologist and all other medical interventions to stop the haemorrhage must have failed.

##### **Exclusions:**

- i. Any Hysterectomy not associated with hemorrhage after delivery
- ii. Hysterectomy associated with birth control.

##### **c. Severe Pre-Eclampsia and associated complications:**

A definite diagnosis of severe pre-eclampsia, characterized by all of the below three criteria:

- i. Systolic blood pressure > 160 mm Hg recorded on two successive measurements of at least six hours apart.
- ii. Diastolic blood pressure > 110 mm Hg recorded on two successive measurements of at least six hours apart.
- iii. Proteinuria (24 h – urine containing > 3 g protein)

The following complications associated with pre-eclampsia are covered independent of the above criteria:

- i. Definite diagnosis of HELPP-Syndrome characterized by hemolytic anemia, low platelets, elevated liver enzymes and complicated by coagulation disorders and acute renal failure
- ii. Definite diagnosis of Eclampsia characterized by eclamptic seizures, pulmonary edema, renal or liver failure
- iii. The diagnosis must be confirmed by a consultant Gynecologist and evidenced by

laboratory findings.

**Exclusions:**

Gestational (pregnancy induced) arterial hypertension without proteinuria is not covered under this condition.

**d. Choriocarcinoma:**

The life insured suffers from a malignant (often metastatic) gestational trophoblastic disease following a pregnancy. The disease has to be diagnosed by an obstetrician and must be confirmed by definite histology (result of biopsy).

**Exclusions :**

- i. Benign hydatidiform mole
- ii. any other malignant tumour arising from the urogenital tract

**e. Ectopic pregnancy:**

Ectopic pregnancy is a condition in which implantation occurs outside the uterine cavity, such as in the cervix uteri, ovary, fallopian tube, abdominal or pelvic cavity. The ectopic pregnancy has to be diagnosed by an obstetrician and has to be terminated by laparotomy or laparoscopic surgery.

**f. Molar Pregnancy:**

Complete Hydatiform Mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The Hydatiform Mole must have been diagnosed by a specialist approved by the Corporation, and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed.

**g. Uterine Rupture:**

A condition where a tear affects the complete thickness of the uterine wall. It occurs mostly after a prior caesarian section but may also occur after trauma, in multiple pregnancies or during labour with an unusually large baby. The condition has to be confirmed by a specialist and treated by surgery.

**Exclusions :**

Uterine scar dehiscence

**II. Congenital Anomalies:** Definitions under Congenital anomalies in New Born.

**a. Down's Syndrome:**

Refers to a specific chromosomal abnormality, consisting of a variable constellation of abnormalities caused by triplication or translocation of chromosome 21, and characterized by mental retardation, retarded growth, flat hypoplastic face with short nose, prominent epicanthic skin folds, small low set ears with prominent antihelix, fissured and thickened tongue, laxness of joint ligaments, pelvic dysplasia, broad hands and feet, stubby fingers, and transverse palmar crease. The Diagnosis must be supported by chromosome analysis with the presence of retardation of physical and mental development.

**b. Surgical repair of Atrial Septal Defect :**

A hole in the partition (septum) between the left and right atrium of the heart leading to a significant left-right shunt (irregular blood flow), heart failure and pulmonary hypertension. Only those atrial septal defects are covered which need corrective open heart surgery during the first 3 years of life. The diagnosis must be confirmed by a pediatrician and documented by echocardiography.

The benefit is payable on actual undergoing of the surgery.

**c. Surgical repair of Ventricular Septal Defect:**

A hole in the partition (septum) between the left and right ventricle of the heart leading to a significant left-right shunt (irregular blood flow), heart failure and pulmonary hypertension. Only those ventricular septal defects are covered which need corrective open heart surgery during the first 3 years of life. The diagnosis must be confirmed by a pediatrician and documented by echocardiography.

The benefit is payable on actual undergoing of the surgery.

**d. Surgical repair of Tricuspid Atresia:**

Means a cyanotic heart defect where there is no connection between the right atrium and the right ventricle and which leads to blood being diverted from the right atrium to the left atrium. Corrective surgery will be necessary and performed either shortly after birth or when the child is older. The diagnosis must be confirmed by a pediatrician and supported by echocardiography.

The benefit is payable on actual undergoing of the surgery.

**e. Surgical repair of Spina Bifida:**

Open spine (spina bifida aperta): A congenital malformation in which the vertebral column does not completely enclose the spinal cord. Usually spina bifida aperta is associated with severe neurological deficits. The condition has to be confirmed by a specialist and corrective surgery has to be performed to close the defect and prevent further neurological damage.

**Exclusions:**

Spina bifida occulta is excluded in all cases.

**f. Surgical repair of Tetralogy of fallot:**

A congenital anatomic abnormality producing progressive cyanosis from infancy as a result of the presence of a combination of pulmonary stenosis, a ventricular septal defect, right ventricular hypertrophy, and dextroposition of the aorta. Such a diagnosis must be confirmed by a pediatrician and documented either by cardiac catheterization, angiocardiology or by echocardiography. Fallot's Tetralogy with additional heart abnormalities (e.g Fallot's Pentalogy) are also covered.

The benefit is payable on actual undergoing of the surgery.

**Exclusions:** Specifically excluded are variants without the classical combination of all the above abnormalities.

**g. Surgical repair of Truncus Arteriosus:**

A congenital heart defect in which the aorta and pulmonary artery are not separated vessels, but joined together to one large common artery. This common artery lies above a ventricular septal defect and is therefore connected to both, the right and the left ventricle. Low oxygen blood from the right ventricle is mixed up with oxygen rich blood from the left ventricle in the common artery leading to heart failure and a reduced oxygen supply of the body. Corrective surgery is needed very early in life in all cases.

The diagnosis must be confirmed by a pediatrician and documented either by echocardiography or cardiac catheterization. The benefit is payable on actual undergoing of the surgery.

**h. Surgical repair of Transposition of Great Vessels:**

A congenital heart defect in which the main arteries are transposed (the aorta arises from the right ventricle and the pulmonary trunk from the left ventricle). This separation of the circulatory systems of the lung and the body leads to a severely reduced oxygen supply of

the body and its organs. Corrective surgery will be necessary in most cases. The diagnosis must be confirmed by a pediatrician and documented either by echocardiography or cardiac catheterization.

The benefit is payable on actual undergoing of the surgery.

**i. Surgical repair of Oesophageal Atresia and / or Tracheoesophageal Fistula:**

Esophageal Atresia is a congenital malformation in which the esophagus is not connected to the stomach and ends in a blind pouch. A Tracheoesophageal Fistula is an abnormal connection between the esophagus and trachea (windpipe). Both conditions often occur in combination (approx. 90%) and do cause severe malnutrition and pulmonary complications (pneumonia) in the newborn. Corrective surgery is necessary in all cases.

The diagnosis must be confirmed by a pediatrician and the benefit is payable on actual undergoing of the surgery.

**j. Club Foot:**

A congenital malformation in which one foot or both feet are twisted in towards the other foot. Compared to other and minor foot deformities of the newborn, all joints, tendons and ligaments of the foot are affected. Club foot is treated either by surgery or by non-surgical manipulation (like repeated casting of the affected foot). Only treatment by Surgery is covered under this benefit.

The diagnosis must be confirmed by a pediatrician and the benefit is payable on actual undergoing of the surgery.

**Exclusions :**

Minor deformations of the feet (e.g Metatarsus adductus), which resolve spontaneously or after simple exercise are not covered.

**k. Cleft Lip and / or Cleft Palate requiring surgical repair:**

A congenital deformity which can occur isolated or in combination. A cleft lip is a disruption of the upper lip either limited to the lip alone (incomplete) or including the nasal sill (complete) or the disruption includes the nasal sill (complete). A cleft palate is a disruption in the roof of the mouth because the two sides of the palate did not join together. Either only the soft tissue of the palate is affected (incomplete) or the soft and hard tissues of the palate are affected (complete). Corrective surgery will be necessary in all cases and should be performed during the first 3 months of life. Coverage includes cleft lip, cleft palate or the combination.

The diagnosis must be confirmed by a pediatrician and the benefit is payable on actual undergoing of the surgery.

**Exclusions:** So called microform clefts, which do not need corrective surgery, are excluded.

**l. Infantile Hydrocephalus:**

A congenital malformation resulting in abnormal increase in the amount of cerebrospinal fluid within the ventricles of the brain. The child must have marked neurological deficits and be treated by removal of the obstruction or the insertion of a shunt. The diagnosis must be confirmed by a paediatrician and evidenced by neuroimaging techniques.

**m. Surgical repair of Infantile Hypertrophic Pyloric Stenosis:**

A narrowing (stenosis) of the part of the stomach (pylorus) which occurs because the muscle around the pylorus has grown too large (hypertrophic). This can progress to near-complete obstruction of the stomach outlet leading to repeated vomiting and can result in life threatening dehydration and electrolyte disturbances. Surgical repair (Pyloromyotomy) has to be performed in all cases. The diagnosis must be confirmed by a pediatrician.

The benefit is payable on actual undergoing of the corrective surgery.

**n. Surgical repair of Anal Atresia:**

Congenital absence or abnormal narrowing of the anorectal opening which requires corrective surgery (either anoplasty or colostomy). The diagnosis must be confirmed by a pediatrician.

The benefit is payable on actual undergoing of the surgery.

**o. Osteogenesis Imperfecta:**

A genetic bone disorder leading to a reduced quality or amount of a protein which is important for the stability of bones (collagen). Individuals with Osteogenesis Imperfecta Type II-VII suffer from multiple bone fractures, severe bone deformities, loose joints, short stature and in some cases loss of hearing. In Type II and III life expectancy is markedly reduced, mostly due to severe respiratory problems. The disease is covered, if the diagnosis is made during the first 24 months of life and bone fractures or bone deformities have occurred.

The diagnosis must be confirmed by a pediatrician.

**Exclusions:** Osteogenesis Imperfecta Type I, which is the mild form, is excluded.

**p. Patent ductus Arteriosus**

Failure of the ductus arteriosus, a foetal vessel connecting the left pulmonary artery with the descending aorta thereby bypassing the non-functioning lungs, to close after birth, causing a surgically or medically correctable cardiovascular malformation.

The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the condition.

**E) Specific exclusions :**

**I. Module 1 and Module 2:** The following are specific exclusions for Module 1 and Module 2

1. Diseases occurring within 180 days from the date of commencement of risk or date of revival of risk cover, whichever is later (i.e. during the waiting period). No benefit will be payable and coverage shall terminate for diagnosis and/or hospitalization and / or treatment (availed or advised) within the waiting period for the respective covered benefit.
2. Any external congenital anomaly which is not as a consequence of genetic disorder, unless the life assured has disclosed at the time of proposal and the Corporation has specifically accepted the same.

**II. Module 3:** The following are specific exclusions for Module 3

1. Diseases occurring within 270 days of from the date of commencement of risk or date of revival of risk cover, whichever is later (i.e. during the waiting period). No benefit will be payable and coverage shall terminate for diagnosis and/or hospitalization and / or treatment (availed or advised) within the waiting period for the respective covered benefit.
2. Benefit will not be payable for children born before the policy is taken or within 270 days of Policy commencement.
3. Birth of child with congenital disorder or complication arising when Life Assured is a carrier of surrogacy pregnancy is not covered.
4. Benefit is not payable on any surgeries performed or diagnosed after the age of 3 years for the child.
5. Benefit is not payable if Age of the Life Assured at the time of delivery of the child is more than 45 years age nearest birthday.
6. Benefit will not be applicable on adopted child or child born from a surrogate mother.
7. Any complication arising from fertility treatment including in-vitro fertilizations.

8. In case of cleft lip and / or cleft palate, the benefit shall be paid only once if both present concomitantly.
9. In case of Surgical repair of Tracheo-oesophageal fistula and / or Surgical repair of Oesophageal atresia, the benefit shall be paid only once if both present concomitantly.

Note:

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

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