

## **LIC's Cancer Cover (UIN: 512N314V01)**

### **(A non-linked, non-participating, health insurance plan)**

LIC's Cancer Cover is a regular premium payment health insurance plan which provides financial protection in case the Life Assured is diagnosed with any of the specified Early and/or Major Stage Cancer during the policy term.

The policy can be purchased offline as well as online. To purchase the policy online please log on to [www.licindia.com](http://www.licindia.com).

The plan offers two benefit options wherein you have the flexibility to choose the type of Sum Insured at the inception.

- Option I **Level Sum Insured**: The Basic Sum Insured shall remain unchanged throughout the policy term.
- Option II **Increasing Sum Insured**: The Sum Insured increases by 10% of Basic Sum Insured each year for first five years starting from the first policy anniversary or until the diagnosis of first event of Cancer, whichever is earlier. On diagnosis of any specified Cancer as mentioned in Para 1, all the claims shall be based on the Increased Sum Insured at the policy anniversary coinciding or prior to the diagnosis of the first claim and further increases to this Sum Insured will not be applicable.

The benefits payable under the plan shall be based on the Applicable Sum Insured, where the Applicable Sum Insured shall be equal to-

- The Basic Sum Insured for policies taken under Option I; or
- Basic Sum Insured during first year and Increased Sum Insured thereafter, as per the provisions detailed in Option II.

### **1. BENEFITS:**

**The following benefits are payable during the policy year under an inforce policy:**

**A. Early Stage Cancer:** Benefits payable on first diagnosis of any one of the specified Early Stage Cancers, provided the same is admissible are -

(a) **Lump sum benefit:** 25% of Applicable Sum Insured shall be payable

(b) **Premium Waiver Benefit:** Premiums for next three policy years or balance policy term whichever is lower, shall be waived from the policy anniversary coinciding or following the date of diagnosis.

#### **Early Stage Cancers covered:**

The diagnosis of any of the listed below conditions must be established by histological evidence and be confirmed by a specialist in the relevant field.

- **Carcinoma-in-situ (CIS):**  
Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis of which must be positively established by microscopic examination of fixed tissues.
- **Prostate Cancer – early stage:**  
Early Prostate Cancer that is histologically described using the TNM classification as T1N0M0 with a Gleason Score 2 (two) to 6(six).
- **Thyroid Cancer – early stage:**

All thyroid cancers that are less than 2.0 cm and histologically classified as T1N0M0 according to TNM classification.

- **Bladder Cancer – early stage:**  
All tumors of the urinary bladder histologically classified as TaNoMo according to TNM classification.
- **Chronic Lymphocytic Leukaemia – early stage:**  
Chronic Lymphocytic Leukaemia categorized as stage 0 (zero) to 2 (two) as per the Rai classification.
- **Cervical Intraepithelial Neoplasia:**  
Severe Cervical Dysplasia reported as Cervical Intraepithelial Neoplasia 3 (CIN3) on cone biopsy.

The following are specifically excluded from all early stage cancer benefits (Exclusions):

- All tumors which are histologically described as benign, borderline malignant, or low malignant potential
- Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
- Carcinoma in-situ of skin and Melanoma in-situ
- All tumors in the presence of HIV infection are excluded

**B. Major Stage Cancer:** Benefits payable on first diagnosis of the specified Major Stage Cancer, provided the same is admissible are-

- (a) Lump Sum:** 100% of Applicable Sum Insured less any previously paid claims in respect of Early Stage Cancer shall be payable.
- (b) Income Benefit:** In addition to above lump sum benefit, Income Benefit of 1% of Applicable Sum Insured shall be payable on each policy month following the payment of Lump Sum, for a fixed period of next ten years irrespective of the survival of the Life Insured and even if this period of 10 years goes beyond the policy term. In case of death of the Life Assured while receiving this Income Benefit, the remaining payouts, if any, will be paid to his/her nominee.
- (c) Premium Waiver Benefit:** All the future premiums shall be waived from the next policy anniversary and the policy shall be free from all liabilities except to the extent of Income Benefit as specified above.

**Major Stage Cancers covered:**

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 from major stage cancer benefits (Exclusions):

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3

- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- All tumors in the presence of HIV infection.

### **Benefit Limits and Conditions:**

- Early Stage Cancer Benefit shall be payable only once for the first ever event and Life Assured shall not be entitled to make another claim for the Early Stage Cancer of same or any other cancer. However, the coverage for the Major Stage Cancer under the policy shall continue until the policy terminates.
- Once a Major Stage Cancer Benefit is paid no payment for any future claims under Early Stage Cancer or Major Stage Cancer would be admissible.
- Total benefit under the Policy including Early Stage Cancer Benefit and Major Stage Cancer Benefit as specified above shall not exceed the maximum claim amount of 220% of Applicable Sum Insured.
- If the life assured claims for different stages of the same Cancer at the same time, the benefit shall only be payable for the higher claim admitted under the policy.
- If there is more than one Cancer diagnosed in an event, the Corporation will only pay one benefit. That benefit will be the amount relating to the stage of Cancer which has the highest benefit amount.

### **2. WAITING PERIOD:**

A waiting period of 180 days will apply from the date of issuance of policy or date of revival of risk cover, whichever is later, to the first diagnosis of any stage cancer. **“Any stage” here means all stages of Cancer that occur during the waiting period.**

No benefit shall be payable if any stage of Cancer occur before expiry of 180 days from the date of issuance of policy or date of revival and the policy shall terminate.

### **3. SURVIVAL PERIOD:**

No benefit shall be payable if the Life Assured dies within a period of 7 days from the date of diagnosis of any of the specified Early Stage Cancer or Major Stage Cancer. The 7 days survival period includes the date of diagnosis.

### **4. ELIGIBILITY:**

- |                                |                          |
|--------------------------------|--------------------------|
| (a) Minimum age at entry:      | 20 years (completed)     |
| (b) Maximum age at entry:      | 65 years (last birthday) |
| (c) Minimum Policy Term:       | 10 years                 |
| (d) Maximum Policy Term:       | 30 years                 |
| (e) Minimum age at maturity:   | 50 years                 |
| (f) Maximum age at maturity:   | 75 years                 |
| (g) Minimum Premium:           | Rs. 2400/- for all modes |
| (h) Minimum Basic Sum Insured: | Rs.10,00,000             |
| (i) Maximum Basic Sum Insured: | Rs. 50,00,000            |

The maximum Basic Sum Insured under this plan shall not exceed an overall limit of Rs.50 lakhs taking all existing Critical Illness Cover policies including Cancer Cover and the Cancer Cover Sum Insured under the new proposal into consideration.

The Basic Sum Insured shall be in multiples of Rs. 1,00,000/- only.

## 5. PAYMENT OF PREMIUMS:

Premiums can be paid regularly during the policy term at yearly or half-yearly mode.

A grace period of one month but not less than 30 days will be allowed for both yearly and half-yearly modes.

## 6. SAMPLE PREMIUM RATES:

The premium rates under this plan are guaranteed for a period of first 5 years from the date of issuance of the policy. The Premium rates for future years will be subject to revision based on the Corporation's experience under this plan and prior notice of at least 90 days to the policyholder.

The sample tabular annual premium rates (in Rs.) (excluding applicable taxes, if any) per Rs. 1000/- Sum Insured are as under:

### Option I: Level Sum Insured

Age (years)	Policy Term (years)			
	20		30	
	Male	Female	Male	Female
30	1.19	2.42	1.69	3.09
35	1.67	3.44	2.62	4.22
40	2.58	4.70	4.22	5.61
45	5.09	6.54	7.91	7.66
50	8.42	8.29	-	-

### Option II: Increasing Sum Insured

Age (years)	Policy Term (years)			
	20		30	
	Male	Female	Male	Female
30	1.56	3.35	2.32	4.36
35	2.26	4.79	3.69	5.99
40	3.58	6.57	6.05	7.98
45	7.08	9.01	11.33	10.76
50	11.95	11.48	-	-

## 7. LOADING/REBATE FOR MODE OF PREMIUM PAYMENT & HIGH SUM INSURED:

### Mode Loading:

Yearly mode	-	Nil
Half-yearly mode	-	2% of Tabular Premium

**High Sum Insured Rebate:** - Nil

**Rebate for policies sold Online** - 7% of Tabular Premium

## 8. REVIVAL:

If premiums are not paid by the end of the grace period then the policy will lapse. A lapsed policy can be revived during the lifetime of the Life Assured, but within a period of two consecutive years from the date of the first unpaid premium and before the date of maturity, on submission of proof of continued insurability to the satisfaction of the Corporation and payment of all the arrears of premium(s) together with interest (compounding half-yearly) at such rate as fixed by the Corporation from time to time.

The Corporation however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy. The revival of the discontinued policy shall take effect only after the same is approved by the Corporation and is specifically communicated to the Life Assured.

Waiting period, survival period and Exclusions as mentioned in this brochure will also apply on revival.

**9. PAID-UP VALUE:**

This policy shall not acquire any paid-up value.

**10. SURRENDER VALUE:**

No surrender value will be available under this plan.

**11. POLICY LOAN:**

No loan facility will be allowed under this plan.

**12. TAXES:**

Statutory Taxes, if any, imposed on such insurance plans 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, 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 plan.

**13. FREE LOOK PERIOD:**

If the policyholder is not satisfied with the "Terms and Conditions" of the policy, he/she may return the policy to the Corporation within 15 days (30 days if policy is purchased Online) from the date of receipt of the policy bond stating the reasons of objections. On receipt of the same the Corporation shall cancel the policy and return the amount of premium deposited after deducting the proportionate risk premium for the period on cover, (shall not be applicable during the waiting period) and charges for stamp duty.

**14. EXCLUSIONS:**

The Corporation shall not be liable to pay any of the benefit under this product and the policy will stand cancelled, if the covered conditions resulting directly or indirectly from any of the following causes:

- (a) Any Pre-Existing Condition
- (b) If the diagnosis of a Cancer was made within 180 days from the Date of issuance of policy or date of revival of risk cover whichever is later;
- (c) For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured if that medical condition or that medical procedure was caused directly or indirectly by Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV);
- (d) For any medical condition or any medical procedure arising from the donation of any of the Life Assured's organs;
- (e) For any medical conditions suffered by the Life Assured or any medical procedure undergone by the Life Assured, if that medical condition or that medical procedure was caused directly or indirectly by alcohol or drug (except under the direction of a registered medical practitioner)
- (f) 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.

SECTION 45 OF INSURANCE ACT, 1938:

The provision of Section 45 of the Insurance Act, 1938 shall be as amended from time to time.

The simplified version of this provision is as under:

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

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

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

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

7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

*[Disclaimer: This is not a comprehensive list of Section 45 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the Insurance Laws (Amendment) Act, 2015, for complete and accurate details.]*

**PROHIBITION OF REBATES SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015:**

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Note: “Conditions apply” for which please refer to the Policy document or contact our nearest Branch Office.**

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IRDAI clarifies to public that

- **IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.**
- **IRDAI does not announce any bonus.**

Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

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