

Bajaj Allianz Life Insurance Company Limited
Bajaj Allianz Life Group Accelerated Critical Illness Rider

Part A
FORWARDING LETTER

As per Base Policy

Preamble

The Bajaj Allianz Life Group Accelerated Critical Illness Rider is an accelerated Rider Benefit attached with the base Policy. This document should be read along with the base Policy Document and form part of the base Policy Document. The continuance of risk cover under the base Policy is necessary precondition for continuance of cover under this Rider.

SCHEDULE
As per Base Policy or Policy Endorsement (as applicable)

Part B

DEFINITIONS & ABBREVIATIONS

1) Definitions & abbreviations:

- a) "Critical Illness (CI)" means Cancer of Specified severity; First Heart Attack – of specified severity; Open Chest CABG; Kidney Failure requiring regular dialysis; Stroke resulting in permanent symptoms; Major Organ/ bone marrow transplant; Permanent paralysis of limbs; Multiple Sclerosis with persisting symptoms; Aortic Surgery; Primary Pulmonary Hypertension; Alzheimer's Disease, all as defined in Section 4 below and subject to exclusions mentioned in Section 9 below.
- b) "Date of Commencement of Rider" means the date specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the Rider Benefit commences under the Rider.
- c) "Rider Benefit" has the meaning as in Section 3 below.
- d) "Rider" means the arrangements established by the Rider Policy Document.
- e) "Rider Maturity Benefit" has the meaning as in Section 3ii) below
- f) "Rider Sum Assured" means the Sum Assured as mentioned in the Schedule.
- g) "Rider Surrender Benefit" has the meaning as in Section 3iii) below

Part C

2) Policy Description

- a) This is a non-participating, non-linked, group health rider offering accelerated Rider to be attached to a base traditional group plan on one year platform.
- b) The Rider Sum Assured to be opted by the Member and can be up to 100% of the Sum Assured chosen under the base group plan. The Rider has to be chosen at inception or any Annual Renewal Date.
- c) If this Rider is opted for and if the Member or the first of the joint Members is diagnosed as suffering from any of these Critical Illnesses after the waiting period of 90 days, then, the Rider Sum Assured chosen is payable immediately.
This payment will only be made on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence. No subsequent death benefit is payable for the Member or any of the joint life member (if joint life coverage is opted) after the payment of the Rider Benefit.
- d) If Rider Sum Assured is equal to Sum assured under the base Policy, then the risk-cover for the Member and joint Member, if any, under the base Policy, including the Rider, will terminate after the Rider benefit is paid
- e) If Rider Sum Assured is less than the Sum Assured under the base Policy, then, the Rider cover will terminate but the risk cover for the Member and joint Member, if any, under the base Policy will continue for the balance Sum Assured.
- f) The Company should be informed of the Critical Illness within 30 days of diagnosis of the Critical Illness. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.

3) Rider Benefit

- i. Critical Illness Benefit
On first diagnosis of any of the 11 Critical Illnesses on the life of the Member or joint Member, in case of joint life coverage is opted, during the term of the base Policy, provided the Rider is not terminated as per Section 10 below, then, the Company, subject to Section 7, Section 8 and Section 9 below, shall pay the Rider Sum Assured to the Member.
- ii. Maturity Benefit
No Rider Maturity Benefit is available under the Rider.
- iii. Surrender Benefit
No Rider Surrender Benefit is available under the Rider.

4) Critical Illness

The diagnosis of the Critical Illness needs to be confirmed by a registered Medical Practitioner appointed by the Company and has to be supported by acceptable clinical, radiological, histological and laboratory evidence. The Company should be informed of the Critical Illness within 30 days of diagnosis of the Critical Illness.

Critical Illnesses covered

The Definitions, Conditions and Exclusions under Eleven (11) Critical Illnesses covered are as under:

a) **CANCER OF SPECIFIED SEVERITY**

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

The following are excluded – (I)

(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 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; (v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; (vi) Chronic lymphocytic leukaemia less than RAI stage 3; (vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification; (viii) 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; (ix) All tumors in the presence of HIV infection.

b) **FIRST HEART ATTACK – OF SPECIFIED SEVERITY**

The first occurrence of myocardial infarction which means the first occurrence of heart attack or myocardial infarction, which means the of a death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria

(i) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain); (ii) new characteristic electrocardiogram changes; (iii) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded: (a).Other acute Coronary Syndromes (b).Any type of angina pectoris (c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

c) **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:

I. Angioplasty and/or any other intra-arterial procedures

d) **KIDNEY FAILURE REQUIRING REGULAR DIALYSIS**

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

e) **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 extra-cranial 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: (i) Transient ischemic attacks (TIA); (ii) Traumatic injury of the brain; (iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

f) **MAJOR ORGAN /BONE MARROW TRANSPLANT**

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

The following are excluded: (i) Other stem-cell transplants; (ii) Where only islets of langerhans are transplanted.

g) **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.

h) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. 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.

II. Neurological damage due to SLE and HIV is excluded.

i) AORTIC SURGERY

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:

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

j) PRIMARY 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:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. 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.

k) ALZHEIMER'S DISEASE

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.

The diagnosis of Alzheimer's disease must be confirmed by a specialised medical practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the following six (6)

"Activities of Daily Living" for a continuous period of at least three (3) months.

Activities of Daily Living are defined as: (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, or 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) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (e) Feeding – the ability to feed oneself once food has been prepared and made available. (f) Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded: (i) Drug-induced or toxic causes of Parkinsonism; (ii) Any other type of irreversible organic disorder/dementia; (iii) Non-organic disease such as neurosis and psychiatric illnesses; and (iv) Alcohol-related brain damage

5) Rider Premium

The Rider Premium depends on the Rider Sum Assured, Age of the Member/joint Member, nature of the group as applicable to the base Policy. The Rider Premium will be collected additional along with the Premium under the base Policy

In the event of the Premium collected by the Policyholder during the Grace Period, not being remitted to the Company, the Rider Benefit shall continue notwithstanding the expiry of Grace Period

Part D

As per base Policy

6) Option to include/exclude the Rider

- a. The Member through Policyholder can include/exclude this Rider from inception or any Annual Renewal Date.
- b. In case of exclusion the Rider Benefit under Section 3 above will immediately cease and no further Rider Premium will be collected. Once this Rider is excluded, it can be added back again on any subsequent Annual Renewal Date, subject to underwriting.
- c. The Critical Illness benefit can be chosen, by the Member at inception or any Annual Renewal Date. At each Annual Renewal Date the Policyholder/Member has the option of exclusion of the Rider coverage. In case of exclusion, no surrender value is payable.

7) Non Forfeiture

All benefits under this Rider shall continue if the risk cover under base Policy is continued, subject to Section 10 below. If Rider Premium is not paid before the expiry of the Grace Period, the Rider will lapse immediately and no benefit with respect to the Rider will be payable

8) Revival

A lapsed Rider can be revived subject to the revival conditions applicable to the base Policy.

9) Exclusions

The critical illness benefit shall not be paid on any of the lives covered in case of the following conditions:

- a) If the diagnosis of CI was made within 90 days of the Date of Commencement of Risk (i.e. during the waiting period). This exclusion would not be applicable on consecutive renewal of the CI cover for the Member with the company;
 - b) If the Member dies within 30 days of the diagnosis of the covered CI;
 - c) Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
 - d) Intentional self-inflicted injury, suicide or attempted suicide.
 - e) For any medical conditions suffered by the Member or any medical procedure undergone by the Member, 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.
 - f) Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;
- *Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
- g) Participation by the Member in a criminal or unlawful act with criminal intent;
 - h) 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;
 - i) 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;
 - j) 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.
 - k) Any External Congenital Anomaly which is not as a consequence of Genetic disorder
 - l) Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of CI.

10) Termination of Rider

The Rider Benefit shall automatically terminate on the life of the Member or both the joint life members in case joint life cover was opted, on the earlier occurrence of either of the following.

- a) If Premiums are discontinued for the rider and/or under the policy.

- b) If the Member opts out of this rider
- c) On the Membership Anniversary on which the attained age is the maximum cover ceasing age allowed under the rider.
- d) On payment of the Rider Sum Assured as per the coverage chosen
- e) On payment of Death Benefit under the policy
- f) Under Accelerated CI Benefit, on payment of any other accelerated benefit under the Policy if the accelerated benefit is equal to the Death Benefit.
- g) On maturity or termination of the base Policy.
- h) If Membership ceases under base Policy.

Part E

CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc
Not Applicable

Part F

General Conditions

11) Payment of Claim

- a) The payment will only be made on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence. No subsequent death benefit is payable after the payment of the Rider Benefit.
- b) The Company should be informed of the Critical illness within 30 days of diagnosis of the Critical Illness.

12) All other General Conditions as per the base Policy

Part G

As per base Policy