

Bajaj Allianz Life Insurance Company Limited

Bajaj Allianz ULIP Critical Illness Benefit Rider

Part A

FORWARDING LETTER

As per Base Policy

Free Look Cancellation (FLC): FLC will be as mentioned in the base Policy, but will be applicable from the Date of Commencement of Rider, if different from the Date of Commencement of Risk (of the base Policy).

PREAMBLE

The Bajaj Allianz Unit Linked Critical Illness Benefit Rider is an additional 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. Wherever terms & conditions are not specified in this Rider Document, the terms & conditions of the base policy will apply, to the extent applicable to the Rider. The continuance of risk cover under the base Policy is necessary precondition for continuance of cover under this Rider.

All taxes, including GST & cess, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Policyholder.

SCHEDULE

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

Part B

DEFINITIONS & ABBREVIATIONS

The following terms shall have the meaning assigned to them below. The singular includes the plural and references to the male include the female where the context so permits.

- 1) Definitions & abbreviations:
 - a. "Critical Illness" means on first diagnosis of any one of the 12 critical illnesses (mentioned Section 3a below), subject to the exclusions (mentioned in Section 8 below).
 - b. "Claimant" means the Policyholder (if different from the Rider Life Assured) or the Nominee or the legal heirs to whom the Rider Benefit will be payable.
 - c. "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.
 - d. "Goods and Service Tax" ("GST") is charged based on type of policy communication address of Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.
 - e. "GST" means Goods and Service Tax
 - f. "Rider" means the arrangements established by the Rider Policy Document.
 - g. "Rider Benefit" means the benefit payable under the Rider on the happening of the contingent event covered under the Rider. For more details, refer to Section 3 below.
 - h. "Rider Premium Charge" means the charge deducted to provide the Rider benefit. For more details, refer to Section 4 and Section 10 below.
 - i. "Rider Life Assured" means the person named as the Rider Life Assured in the Schedule whose life is assured under this Rider.
 - j. "Rider Maturity Benefit" means the benefit payable under the Rider on the Rider Maturity Date. For more details, refer to Section 3c) below
 - k. "Rider Maturity Date" means the date as mentioned in the Schedule
 - l. "Rider Sum Assured" means the sum assured as mentioned in the Schedule.
 - m. "Rider Surrender Benefit" means the benefit payable if the Rider is surrendered/excluded or terminated. For more details, refer to Section 5 below
 - n. "Rider Term" means the period between the Date of Commencement of Rider and the Rider Maturity Date, as mentioned in the schedule.

Part C

- 2) Policy Description
 - a. This Rider is a Unit Linked, life, pure risk premium critical illness benefit rider attached to individual ULIP products.
 - b. The Rider provides benefit on first diagnosis of any of 12 critical illnesses mentioned in Section 3a below.
 - c. Rider Death Benefit or Rider Maturity Benefit is not available with respect to this Rider.
 - d. The Rider does not in any way confer any right whatsoever on the Policyholder or the Rider Life Assured to share in the assets, the profits or surplus of the business of the Company.
- 3) Rider Benefit
 - a) Critical Illness Benefits
 - i) On first diagnosis of any one of the 12 critical illness (listed below), the Rider Sum Assured under the Policy shall be payable. The Rider will terminate after the benefit is paid.
 - ii) For any Critical Illness, there is a waiting period of 90 days from inception or from the latest revival.
 - iii) The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and is supported by acceptable clinical, radiological, histological and laboratory evidence.
 - iv) Survival Period: The Critical Illness benefit shall be payable only after 30 days from the date of diagnosis provided the Rider Life Assured survives this period.
 - v) The above benefit will be payable provided the Rider has not been terminated as per Section 9 below, and subject to Section 6, Section 8, Section 11 and Section 16 below.
- Critical illnesses covered
 - (1) 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) 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;
- (2) FIRST HEART ATTACK – OF SPECIFIED SEVERITY

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will 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.
- (3) OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

 - i. Angioplasty and/or any other intra-arterial procedures
- (4) 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.
- (5) STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 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.
- (6) 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.
- (7) 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.
- (8) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

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| <p>i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and</p> <p>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.
Other causes of neurological damage such as SLE is excluded.</p> <p>(9) AORTIC SURGERY
The undergoing of surgery to correct any narrowing, dissection, obstruction or aneurysm of the thoracic or abdominal aorta, but not its branches.
The surgery must be considered medically necessary by a recognized consultant cardiologist and must be the most appropriate treatment.
All minimally invasive procedures such as keyhole, catheter, laser, angioplasty or other intra-arterial techniques are excluded.
Congenital narrowing of the aorta and traumatic injury of the aorta are specifically excluded.</p> <p>(10) 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:</p> <p>i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>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.</p> <p>(11) 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:</p> <p>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;</p> <p>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;</p> <p>c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>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;</p> <p>e) Feeding – the ability to feed oneself once food has been prepared and made available.</p> <p>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 (iv) Alcohol-related brain damage.</p> <p>(12) RECONSTRUCTIVE BREAST SURGERY (ONLY FOR FEMALES)
If the Rider Life Assured is diagnosed as suffering from breast cancer requiring reconstructive breast surgery, and the same is intimated to the company within 30 days of diagnosis, an additional benefit amount of 30% (thirty percentage) of the Rider Sum Assured shall be payable. This payment shall be made on the diagnosis of the breast cancer and it being confirmed by an oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the Company.
The Company does not cover any other Critical Illnesses other than that mentioned in Section 3a) above under the Rider.</p> <p>b) Rider Maturity Benefit</p> | <p>No Rider Maturity Benefit is available under the Rider.</p> <p>c) Rider Death Benefit
No Rider Death Benefit is available under the Rider.</p> <p>4) Rider Premium Conditions
The Rider Premium Charge will be deducted from the Fund/s under the base Policy on the Date of Commencement of Rider and on each Monthly Due Date thereafter.</p> <p style="text-align: center;">Part D</p> <p>5) Rider Surrender Benefit
No Rider Surrender Benefit is available under the Rider.</p> <p>6) Revival
A lapsed Rider can be revived subject to the revival conditions applicable to the base Policy.</p> <p>7) Option to include/exclude the rider</p> <p>a. The Policyholder will have the option to include the Rider under the base Policy only at the inception of base Policy.</p> <p>b. The Policyholder will have the option to exclude the rider at any Monthly Anniversary during the Rider Term. On exclusion the Rider will immediately cease and no further Rider Premium Charge shall be deducted from the immediately next Monthly Due Date.
Once this Rider is excluded, it cannot be added back again under the base Policy.</p> <p>8) Exclusions
The Rider does not cover any other risk, other than those mentioned in Section 3 above.
Some of the salient exclusions under the rider are as given below:</p> <p>a) Any of the listed Critical Illness conditions where death occurs within 30 days of the diagnosis.</p> <p>b) Any medical condition which first manifests itself within 90 days of the Date of Commencement of Risk or latest date of Revival</p> <p>c) Any Pre-existing medical condition. "Pre-existing medical condition" definition will be as per health regulation.</p> <p>d) Suicide or attempted suicide or intentional self-inflicted injury, by the Rider Life Assured</p> <p>e) Rider Life Assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner</p> <p>f) War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.</p> <p>g) Participation by the Rider Life Assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray</p> <p>h) Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger</p> <p>i) Any underwater or subterranean operation or activity. Racing of any kind other than on foot</p> <p>j) Participation by the Rider Life Assured in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the Rider Life Assured does not, at the time have any duty on board such aircraft.</p> <p>k) Nuclear reaction, Radioactive, Biological or chemical contamination due to nuclear accident</p> <p>9) Termination of Rider
The Rider shall automatically terminate on the earlier occurrence of either of the following.</p> <p>a. On the risk cover being discontinued under the base Policy</p> <p>b. If the fund value under the base policy is insufficient to deduct the due rider charges.</p> <p>c. On expiry of the Rider Term</p> <p>d. On Policy Anniversary at which the Rider Life Assured attains Age of 65 years.</p> <p>e. On exclusion of this Rider by Rider Life Assured</p> <p>f. On receipt of Critical Illness Benefit</p> <p>g. On maturity or termination of the Base Policy</p> <p style="text-align: center;">Part E</p> |
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- CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc
- 10) Rider Premium Charge
The Rider Premium Charge (as per the Rider Premium Charge table in Annexure I) depends on the Rider Sum Assured and the attained Age of the Rider Life Assured, both, as on the Date of Commencement of Rider and on each Monthly Due Date thereafter.
- Part F
- General Conditions
- 11) Non Forfeiture
All benefits under this Rider shall continue if the risk cover under base Policy is continued, subject to Section 9 above.
- 12) Assignment
Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time.
[A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure – AA for reference]
- 13) Nomination
Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time.
[A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure – BB for reference]
- 14) Fraud, Misrepresentation and forfeiture
Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time.
[A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure – CC for reference]
- 15) Age
Age related conditions are as per the base Policy provisions
- 16) Payment of Claim
- The Company shall be under no obligation to make any payment under Section 3 above unless and until the Company has received from the Claimant (at no expense to the Company) any information and documentation it requests, including but not limited to:
- i) Written notice as soon as possible and in any event within 30 days of diagnosis of the Critical Illness of Rider Life Assured.
- ii) The claimant's proof of entitlement to receive payment under the Policy.
- iii) Original Policy Document.
- iv) The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and is supported by acceptable clinical, radiological, histological and laboratory evidence. The company should be informed of the critical illness within 60 days of diagnosis of the Critical Illness.
- v) Any other document as asked for by the Company depending on the facts and circumstances of each case.
- vi) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and then decide to pay the claim, if the Company is satisfied of the same.
- The above mentioned 60 days may be condoned by the Company if it is satisfied as to the genuineness of the reasons for the delay.
- 17) All other General Conditions as per the base Policy
- Part G
- As per base Policy provisions

Annexure I: Annual Rider Charge Per '000 Sum at Risk (SAR) for Critical Illness for both Male and Female Lives

Age Attained	CI Rider Charge	Age Attained	CI Rider Charge
18	0.26	51	8.49
19	0.26	52	9.47
20	0.26	53	10.52
21	0.29	54	11.66
22	0.32	55	12.89
23	0.35	56	14.19
24	0.38	57	15.57
25	0.42	58	17.03
26	0.47	59	18.57
27	0.53	60	20.21
28	0.59	61	21.93
29	0.65	62	23.73
30	0.74	63	25.61
31	0.83	64	27.57
32	0.93	65	29.61
33	1.05		
34	1.17		
35	1.32		
36	1.49		
37	1.67		
38	1.86		
39	2.07		
40	2.34		
41	2.66		
42	2.99		
43	3.35		
44	3.75		
45	4.23		
46	4.76		
47	5.36		
48	6.02		
49	6.75		
50	7.59		

Note: SAR = Sum Assured under the rider