Ageas Federal Life Insurance

Critical Shield Rider

Non-Linked Individual Health Pure Risk Life Insurance Rider
(UIN: 135B035V01)

Critical Shield Rider



Introduction

Life can be uncertain, and a critical illness can strike without warning which can prove to be devastating. It not only impacts the patient's physical health but also takes a toll on the family's financial health. With a Critical Illness Rider you can ensure that the path to bouncing back is not hampered by financial constraints.

Introducing Ageas Federal Life Insurance Critical Shield Rider, a rider that covers up to 50 critical illnesses and ensures a comprehensive financial coverage to ensure complete focus on the path to full fitness. This rider, when attached to your base life insurance policy, provides a lump sum payment if you're diagnosed with a covered critical illness like cancer, heart attack, stroke, or kidney failure, among others. The payout can help cover medical bills, treatment costs, or everyday expenses, giving you the financial support you need to focus on your recovery. Ensure peace of mind for yourself and your loved ones—because your health should be your top priority.

'Ageas Federal Life Insurance Critical Shield Rider' will be hereafter referred to as 'Critical Shield Rider' throughout the document.

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Key Features



Comprehensive coverage for up to 50 critical illnesses

Choose between two variants: Critical Protect covering 30 illnesses or the Critical Protect Plus covering 50 illnesses.



Flexible rider sum assured

Select the sum assured that suits your needs .



Tax benefits

Enjoy tax benefits as per prevailing tax laws.

Eligibility

Age at entry (last birthday)*	**Minimum**	18 years	
	Maximum	65 years	
Maturity age (last birthday)**	**Minimum**	19 years	
	Maximum	75 years	
Policy term# (PT)		Min: SP – 12 months RP – 12 Months LP – 60 months	Max: 240 months
Premium Paying Term## (PPT)		Min: Single Premium LP – 36 Months RP – 12 months	Max: Single Premium LP – 180 Months RP – 240 Months
Sum Assured	**Minimum**	Rs. 50,000	
	Maximum	No limit, subject to Board Approved Underwriting policy. The Rider Sum Assured cannot be higher than Sum Assured under the base product	
Premium Payment Mode$		Single, Yearly, Half Yearly, Monthly	

Premium is exclusive of Goods and service tax and any other cess, (if any).
*All ages are as per last birthday.
**The Maximum Maturity Age for the rider shall be less than or equal to the Maximum Maturity Age for the base product.
#The Policy Term for the rider shall be less than or equal to the remaining Policy Term for the base product.
##The Premium Payment Term for the rider shall be less than or equal to the remaining Premium Payment Term for the base product.
$The Premium Payment mode for Rider will be same as that of the Base Product.

Rider can be attached to the base plan at inception or at any monthly anniversary of the base plan during the premium payment term of the base policy as per the Rider Terms and Conditions.

Policyholder shall choose the Rider Option, Rider Sum Assured, Rider Policy Term, and Rider Premium Payment Term at inception of the rider cover, subject to the rider boundary conditions. The premium for the rider is level premium and will be payable in addition to the base premium.

Policyholder has an option to choose one of the below mentioned Rider options:

1 CRITICAL PROTECT

This variant provides cover to 30 listed Critical Illnesses.

2 CRITICAL PROTECT PLUS

This variant provides cover to 50 listed Critical Illnesses.

Following is the list of illnesses covered:

Sr No	Conditions	Critical Protect	Critical Protect Plus
1	Cancer of specified severity	✓	✓
2	Myocardial Infarction (First Heart Attack of specific severity)	✓	✓
3	Open Chest CABG	✓	✓
4	Open Heart Replacement or Repair of Heart Valves	✓	✓
5	Coma of specified severity	✓	✓
6	Kidney failure requiring regular dialysis	✓	✓
7	Stroke resulting in permanent symptoms	✓	✓
8	Major Organ/Bone Marrow Transplant	✓	✓
9	Permanent paralysis of limbs	✓	✓
10	Motor Neuron Disease with permanent symptoms	✓	✓

Sr No	Conditions	Critical Protect	Critical Protect Plus
11	Multiple Sclerosis with persisting symptoms	✓	✓
12	Benign Brain Tumor	✓	✓
13	Blindness	✓	✓
14	Deafness	✓	✓
15	End Stage Lung Failure	✓	✓
16	End Stage Liver Failure	✓	✓
17	Loss of Speech	✓	✓
18	Loss of Limbs	✓	✓
19	Major Head Trauma	✓	✓
20	Primary (Idiopathic) Pulmonary Hypertension	✓	✓
21	Third Degree Burns	✓	✓
22	Alzheimer's Disease	✓	✓
23	Parkinson’s Disease	✓	✓
24	Major surgery of Aorta	✓	✓
25	Myasthenia Gravis	✓	✓
26	Aplastic Anaemia	✓	✓
27	Loss of Independent Existence (Cover up to Age 74)	✓	✓
28	Progressive Scleroderma	✓	✓
29	Other Serious Coronary Artery Diseases	✓	✓
30	Severe Rheumatoid Arthritis	✓	✓
31	Cardiomyopathy		✓
32	Infective Endocarditis		✓
33	Medullary Cystic Kidney Disease		✓
34	Apallic Syndrome		✓
35	Creutzfeldt-Jakob Disease		✓

Sr No	Conditions	Critical Protect	Critical Protect Plus
36	Pneumonectomy (Surgical Removal of One Lung)		✓
37	Brain Surgery		✓
38	Severe Ulcerative Colitis		✓
39	Chronic Relapsing Pancreatitis		✓
40	Progressive Supranuclear Palsy - Resulting In Permanent Symptoms		✓
41	Severe Progressive Bulbar Palsy		✓
42	Fulminant Viral Hepatitis		✓
43	Severe Crohn's Disease		✓
44	Bacterial Meningitis		✓
45	Necrotising Fasciitis		✓
46	Muscular Dystrophy		✓
47	Systemic Lupus Erythematous with Renal Involvement		✓
48	Tuberculous Meningitis		✓
49	Encephilitis		✓
50	Primary Myelofibrosis		✓

The Rider options provide an assured benefit to the life assured on being diagnosed with any one of the specified Critical Illnesses, as per the chosen variant during the term of the rider. The benefit under this rider is payable in addition to the base plan benefit(s).

A waiting period of 90 days from the risk commencement date of rider or the date of revival of rider, whichever is later, is applicable for admissibility of a rider claim. No waiting period is applicable for Critical Illness claim arising solely due to an **accident.**

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

A **survival period** of 30 days is applicable.

Survival Period refers to the period from the date of diagnosis and fulfilment of the definition of the conditions covered for which the life assured must survive. The rider benefit shall be payable only on diagnosis of the claimed conditions covered while the life assured is alive (claim would not be admitted if the diagnosis is made postmortem).

On Death of Life Assured during the term of the rider cover, no benefit shall be payable. The rider cover shall terminate and all rights, benefits and interests under the rider cover stands extinguished.

The following Benefit Amount shall be paid on the respective events:

A] On Hospitalisation – Not Applicable

B] On events other than Hospitalisation – Applicable as mentioned below

1. On diagnosis during waiting period

If the Life Assured is diagnosed to have any one of the covered critical illnesses during the

waiting period, provided the rider cover is in force with all rider premiums due being paid to date, then only 100% of the Total Rider Premium received till date of rider claim shall be refunded.

Total Rider Premium received means total of all the premiums paid under the rider cover, excluding any extra premium and taxes, if collected explicitly.

On payment of such benefit, the rider cover shall terminate and all rights, benefits and interests under the rider cover shall stand extinguished.

2. On diagnosis after waiting period

If the Life Assured is diagnosed to have any one of the covered critical illnesses after the

waiting period, provided the policy is in force with all rider premiums due being paid to date, Rider Sum Assured shall be payable in lumpsum.

Rider Sum Assured for the plan is chosen by the Policyholder at the inception of the Rider cover. Sum Assured under health cover is equal to Rider Sum Assured.

Sum Assured under health cover, is an absolute amount of benefit which is guaranteed to become payable on happening of insured health related contingency in accordance with the terms and conditions of this rider cover.

The Sum assured under health cover, other than single premium, shall be at least 105% of Total Rider Premium received as on date of rider claim.

On payment of such benefit, the rider cover shall terminate and all rights, benefits and interests under the rider cover shall stand extinguished.

Definitions of Covered Critical Illnesses:

1. Cancer of Specified Severity

I. 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.

II. The following are excluded

1. 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.

2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
3. Malignant melanoma that has not caused invasion beyond the epidermis.
4. 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.
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
6. Chronic lymphocytic leukemia less than RAI stage 3
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.

2. Myocardial Infarction (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)
2. New characteristic electrocardiogram changes
3. Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers.

II. The following are excluded

1. Other acute Coronary Syndromes
2. Any type of angina pectoris
3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

2. Open Chest CABG

I. 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 breastbone) 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.

II. The following are excluded:

Angioplasty and/or any other intra-arterial procedures

3. Open Chest CABG

I. 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 breastbone) 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.

II. The following are excluded:

Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Coma of specified severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

1. No response to external stimuli continuously for at least 96 hours;
2. Life support measures are necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney failure requiring regular dialysis

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

7. Stroke resulting in permanent symptoms

1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. 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 14 langerhans are transplanted

9. Permanent paralysis of limbs

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

10. Motor Neuron Disease with permanent symptoms

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

11. Multiple Sclerosis with persisting symptoms

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

1. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. 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. Other causes of neurological damage such as SLE are excluded.

12. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

1. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
2. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Blindness

Total 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.

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

1. Corrected visual acuity being 3/60 or less in both eyes or ;

2. The field of vision being less than 10 degrees in both eyes.

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

14. Deafness

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

15. Blindness

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

1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and

4. Dyspnea at rest.

16. End Stage Liver Failure

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

1. Permanent jaundice; and

2. Ascites; and

3. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, throat (ENT) specialist.

II. All psychiatric related causes are excluded.

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external, and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this Benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.

iv. Mobility: the ability to move indoors from room to room on level surfaces.

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

1. Spinal cord injury

20. Primary (Idiopathic) Pulmonary Hypertension

I. 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.

II. The NYHA Classification of Cardiac Impairment are as follows:

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

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

III. 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.

21. 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.

22. Alzheimer's Disease

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

The diagnosis of Alzheimer's Disease must be confirmed by an appropriate consultant and supported by a Medical Practitioner appointed by Us. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

For the purpose of this clause, Activities of Daily Living are defined as:

1. 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.

2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.

3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa.

4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

5. Feeding – the ability to feed oneself once food has been prepared and made available.

6. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

1. Any other type of irreversible organic disorder/dementia

2. Alcohol-related brain damage.

23. Parkinson's Disease

I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in permanent inability to perform independently at least three of the Activities of Daily Living, for a continuous period of at least 3 months.

II. For the purpose of this clause, Activities of Daily Living are defined as:

1. 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

2. Dressing: the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs, or other surgical appliances.

3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.

4. Mobility: the ability to move indoors from room to room on level surfaces.

5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

6. Feeding: the ability to feed oneself once food has been prepared and made available.

III. The following is excluded:

Parkinson's Disease accompanied with drug and/or alcohol abuse.

24. Major surgery of Aorta

The actual undergoing of medically necessary major surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

25. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

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

2. The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification is as follows:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

The following are excluded:

1. Congenital myasthenic syndrome
2. Transient neonatal or juvenile myasthenia gravis

26. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

1. Blood product transfusion.
2. Marrow stimulating agents.
3. Immunosuppressive agents; or
4. Bone marrow transplantation.

The diagnosis of Aplastic anemia must be confirmed by a bone marrow biopsy. At least two of the following values should be present:

1. Absolute Neutrophil count of 500 per cubic millimeter or less.
2. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
3. Platelet count of 20,000 per cubic millimeter or less.

27. Loss of Independent Existence (Cover up to Age 74)

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the Activities of Daily Living, with no hope of recovery. For the purpose of this clause, Activities of Daily Living are defined as:

1. 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.
2. Dressing – the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs, or other surgical appliances.
3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa.
4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
5. Feeding – the ability to feed oneself once food has been prepared and made available.
6. Mobility - the ability to move from room to room without requiring any physical assistance.

This condition must be confirmed by the company's approved doctor.

This benefit will be available only up to age 74 last birthday.

28. Progressive Scleroderma

A systemic collagen-vascular Illness causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

1. Localized scleroderma (linear scleroderma or morphea);
2. Eosinophilic 28 asciitis; and
3. CREST syndrome.

29. Other Serious Coronary Artery Diseases

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this de]finition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

30. Severe Rheumatoid Arthritis

Widespread chronic progressive joint destruction with major deformity, where all of the following criteria are met:

- Unequivocal diagnosis of Rheumatoid Arthritis made based on the American College of Rheumatology criteria.
- Damage and deformity of at least 3 (three) of the following joints: hand (Meta phalangeal joints), wrist, elbow, knee, hip, or feet (metatarsophalangeal joints). Such deformity must be confirmed by imaging studies showing such changes; and

Disability resulting in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 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, artificial limbs or other surgical appliances.

c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.

d. Mobility: the ability to move indoors from room to room on level surfaces.

e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

f. Feeding: the ability to feed oneself once food has been prepared and made available

31. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

1. Positive result of the blood culture proving presence of the infectious organism(s).
2. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
3. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist.

33. Medullary Cystic Kidney Disease

Medullary Cystic Disease where the following criteria are met:

i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis.

ii. Clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and

iii. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy along with specialist Medical Practitioner opinion.

The following are excluded.

i. Isolated or benign kidney cysts are specifically excluded from this Benefit.

ii. Any condition is which cysts are absent.

34. Apallic Syndrome

Universal non-functioning of the brain cortex, with the brain stem intact. Diagnosis of Apallic Syndrome must be definitely confirmed by a registered Medical Practitioner who is also a neurologist and substantiated by clinical and investigation findings. This condition must be documented for a continuous period of at least one month

35. Creutzfeldt-Jakob Disease

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist, and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the

ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

36. Pneumonectomy (Surgical Removal of One Lung)

Complete surgical removal of the entire right or entire left lung necessitated by an illness or an Accident of the Insured. The surgery must be certified to be Medically Necessary by a Medical Practitioner who is a pulmonologist or thoracic surgeon.

37. Brain Surgery

The actual undergoing of surgery to the brain, under general anesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

38. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

- The entire colon is affected, with severe bloody diarrhea; and
- The necessary treatment is total colectomy and ileostomy; and
- The diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology

39. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

40. Progressive Supranuclear Palsy - Resulting In Permanent Symptoms

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy.

The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living.

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, artificial limbs or other surgical appliances.

c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.

d. Mobility: the ability to move indoors from room to room on level surfaces.

e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

f. Feeding: the ability to feed oneself once food has been prepared and made available.

41. Severe Progressive Bulbar Palsy

Neurological disorder with paralysis in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be Unequivocally Diagnosed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

The Activities of Daily Living are:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

Transferring: the ability to move from a bed to an

III. upright chair or wheelchair and vice versa;

IV. Mobility: the ability to move indoors from room to room on level surfaces;

V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

VI. Feeding: the ability to feed oneself once food has been prepared and made available.

42. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size.

b. Necrosis involving entire lobules, leaving only a collapsed reticular framework.

c. Rapid deterioration of liver function tests.

d. Deepening jaundice; and

e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

43. Severe Crohn's Disease

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

- Stricture formation causing intestinal obstruction requiring admission to Hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be made by a registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

44. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of Daily Living.

This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and

b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

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, artificial limbs or other surgical appliances.

c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.

d. Mobility: the ability to move indoors from room to room on level surfaces.

e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

f. Feeding: the ability to feed oneself once food has been prepared and made available.

45. Necrotising Fasciitis

The occurrence of necrotizing fasciitis where the following conditions are met:

(i) the usual clinical criteria of necrotizing fasciitis are met; and

(ii) the bacteria identified is a known cause of necrotizing fasciitis; and

(iii) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

46. Muscular Dystrophy

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions:

1. Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction.
2. Characteristic electromyogram
3. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 6 months.

For the purpose of this clause, 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, artificial limbs or other surgical appliances.

c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.

d. Mobility: the ability to move indoors from room to room on level surfaces.

e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.

f. Feeding: the ability to feed oneself once food has been prepared and made available.

47. Systemic Lupus Erythematous with Renal Involvement

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions:

I. Multi-system, autoimmune disorder characterized by the development of autoantibodies, directed against various self-antigens. For purposes of the definition of “SLE” under this policy is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy.

Diagnosis by a nephrologist, supported by renal biopsy report is mandatory. There must be positive antinuclear antibody test

II. The following are excluded

i. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

ii. Class I – Minimal mesangial lupus nephritis

iii. Class II – Mesangial proliferative lupus nephritis

48. Tuberculous Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by:

1) Findings in the cerebrospinal fluid (csf) report
2) Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
3) Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living.

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, artificial limbs or other surgical appliances.
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
d. Mobility: the ability to move indoors from room to room on level surfaces.
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available

49. Encephilitis

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 6 weeks, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit must result in permanent inability to perform three or more Activities of Daily Living.

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, artificial limbs or other surgical appliances.
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
d. Mobility: the ability to move indoors from room to room on level surfaces.
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available.

50. Primary Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in severe anemia below 10 g/dl, low platelet count below 100,000 micro and enlarged spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Insured.

Person requires a blood transfusion at least monthly over at least six (6) consecutive months. The diagnosis of Primary Myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

Secondary Myelofibrosis is excluded.

DEFINITIONS

- **Medical Practitioner:**

  A Medical Practitioner is 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 the scope and jurisdiction of license.

- **Injury:**

  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.

The definitions and other covered conditions are as per medical ethics point of view and medico-legal opinion has been taken in this regard.

Death Benefit:

There is no Death Benefit under this plan.

Maturity Benefit

There is no Maturity Benefit under this plan.

Lapse

If the Base Cover is lapsed, Rider Cover will cease and Lapse/ Refund Value as applicable will be paid.

For Single Pay:

Not Applicable

For Limited Pay:

a. Before payment of all due rider Premiums for at least three consecutive rider cover years:

   In case of non-payment of due rider Premiums within the grace period, the rider cover shall lapse, and no benefits are payable.

b. After payment of all due rider Premiums for at least three consecutive rider cover years

   i. In case of non-payment of due rider Premium only within the grace period and Base Cover is continuing with full benefits, the rider cover shall lapse

   ii. In case of non-payment of due rider Premium within the grace period under both rider and Base Cover is continuing with reduced benefits, the rider cover shall not lapse and continue with reduced benefits .

For Regular Pay:

In case of non-payment of due rider Premiums within the grace period, the rider cover shall lapse, and no benefits are payable. However, the rider cover can be revived as per the Revival Section



Paid-up

For Single Pay and Regular Pay:

Not Applicable

For Limited Pay:

a. Before payment of all due rider Premiums for at least three consecutive rider cover years:

   Not Applicable

b. After payment of all due rider Premiums for at least three consecutive rider cover years, in case the Base Cover is converted to Reduced Paid-up status, Rider Cover shall follow the same and shall have a Reduced Paid-up Rider Sum Assured as calculated below:

   Reduced Paid-up Rider Sum Assured = Rider Sum Assured x (t/n)

   Where,

   t = number of premiums paid under Rider Cover

   n = number of premiums payable under Rider Cover

c. After payment of all due rider Premiums for at least three consecutive rider cover years and in case the Base Cover is not converted to Reduced Paid-up status:

   Not Applicable



Surrender

The Rider will automatically get surrendered if the base plan is surrendered and Refund Value, if any shall be payable.

Rider can also be surrendered anytime during the Rider Benefit Term. However, if the rider is surrendered during the Rider Benefit Term, the policyholder will not be able to opt for the Rider again under the same base policy. On surrendering the rider, Refund Value, if any, will be paid and the Rider Benefit will terminate.



Surrender value

This is a pure protection plan and therefore does not acquire Surrender Value.

However, Refund value as mentioned below shall be payable.

Single Pay:

If the policyholder voluntarily opts to close the rider cover anytime during the rider term.

Refund Value = 60% x Single Premium Paid x (Unexpired Rider Policy Term in months / Total Rider Policy Term in months).

Refund Value is not guaranteed and shall be revised by Company, after necessary approvals as required by IRDAI.

Single premium means Single premium paid, excluding the taxes, extra premiums, if any.

On payment of applicable Refund Value, the rider cover will terminate and all rights, benefits and interests under the rider cover will stand extinguished.

Limited Pay:

a. If the policyholder voluntarily opts to close the rider cover before payment of all due rider Premiums for at least three consecutive rider cover years

   Refund Value is Nil.

b. If the policyholder voluntarily opts to close the rider cover after payment of all due rider Premiums for at least three consecutive rider cover year

   Refund Value = 60% x Total Rider Premiums received till date x ([Rider Policy Term – Rider Premium Payment Term] / Rider Policy Term) x (Unexpired Rider Policy Term in months / Total Rider Policy Term in months)

If the rider cover is in the lapsed status, Refund Value is payable upon earlier occurrence of:

i. Critical Illness claim during revival period where rider cover has lapsed

ii. End of revival period if the rider cover is not revived

iii. Policyholder voluntarily exiting the rider cover

Refund Value is not guaranteed and shall be revised by Company, after necessary approvals as required by IRDAI.

On payment of applicable Refund Value, the rider cover will terminate and all rights, benefits and interests under the rider cover will stand extinguished.

Regular Pay:

Not Applicable

Free Look Period

You are entitled to a free look period of 30 days beginning from the date of receipt of the policy document (whether received electronically or otherwise), to review the terms and conditions of the policy. In case you do not agree to any of the policy terms and conditions, or otherwise and have not made any claim, you have the option to return the policy to us for cancellation by communicating the same in writing stating the reasons for cancellation. We will refund you the premium paid after deducting the proportionate risk premium for the period of cover provided and the expenses, if any, incurred by us in respect of medical examination and stamp duty charges.

A rider policy once returned cannot be revived at any point in time and a new proposal will have to be made for a new Rider Policy.

All the benefits under the policy shall stand extinguished immediately on the cancellation of the Policy under the free look.

In case of free look cancellation of the Base Policy, this Rider Policy shall automatically be cancelled.

Alterations

No separate alterations to the rider policy are allowed.

If there is a change in the premium payment frequency of the base policy, it will result in a similar alteration to the rider policy.

If the **premium payment term** or **policy term** of the base policy is reduced to the term shorter than the rider's, the rider's premium payment term and policy term will automatically be reduced to match the base policy term and Premium Payment term.

If the **base sum assured** is reduced to an amount lesser than the **rider sum assured,** the rider sum assured will automatically be reduced to the updated base sum assured.



Renewal Premium in advance

Treatment of Renewal Premium in advance will be the same as that of the Base Policy.



Loan

Loan facility is not available under this rider



Loadings applicable for different modes of premium payment

Modal loadings are same as under the base policy



Suicide exclusions

No benefit will be paid under suicide.



Exclusions

A] Permanent Exclusions

We shall not be liable to make any payment under this rider cover towards a covered Critical Illness risk, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider;
2. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease:

a. That is/are diagnosed by a physician not more than 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or

b. For which medical advice or treatment was recommended by, or received from, a Physician, not more than 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3. Any Critical Illness caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

4. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner

5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide

6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power

7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel or caused by nuclear,chemical or biological attack.

8. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;

9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving etc

10. Any Critical Illness caused by any treatment necessitated due to participation by the Life Assured in any flying activity, except as a bona fide, fare- paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.

11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.

14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.

15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct

and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:

    a. Surgery to be conducted is upon the advice of the Doctor

    b. The Surgery / Procedure conducted should be supported by clinical protocols

    c. The Life Assured has to be 18 years of age or older

    d. Body Mass Index (BMI):

    - greater than or equal to 40 or
    - greater than or equal to 35 in conjunction with any of the following severe co-morbidities:

    i. Obesity related cardiomyopathy

    ii. Coronary heart disease

    iii. Severe Sleep Apnea

    iv. Uncontrolled Type 2 Diabetes

17. Any Critical Illness caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent

18. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions.

19. Any Critical Illness caused by sterility and infertility.

    This includes:

    a. Any type of contraception, sterilization

    b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

    c. Gestational Surrogacy

    d. Reversal of sterilization

B] Time Bound Exclusions

Any Pre-existing Disease or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease:

a. That is/are diagnosed by a physician not more than 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or

b. For which medical advice or treatment was recommended by, or received from, a Physician, not more than 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement.

All of the above exclusions are as per medical ethics point of view and medico-legal opinion has been taken in this regard.

Grace period

Policyholder gets a grace period of 15 days for Monthly mode and 30 days for other than monthly mode from the due date of the first unpaid rider premium. The benefits of the policy and policy status would remain in force during the grace period. Grace period will not be applicable under Single Premium payment option.

If premium is not paid within the grace period, the policy shall lapse and have no further value, or acquire paid-up status if it has acquired a surrender value. Rider premium needs to be paid along with the premium under the Base Policy when opted at inception with the Base Policy. Hence, grace period of the Base Policy shall apply on payment of rider premium as well.

In case of a death claim during grace period, no claim amount shall be payable.

Revival

A rider cover in lapse status may be revived for full benefits subject to the following conditions:

- An application for revival must be made within five consecutive complete years from the due date of the first unpaid rider Premium or before the end of rider policy term, whichever is earlier.
- Life Assured must furnish satisfactory evidence of health and satisfy other requirements subject to company's Board Approved Underwriting Policy at that time. Medical tests, if required, have to be borne by the customer at his own cost.
- The arrears of rider Premium together with interest are received along with the revival application. The interest on revival, if any, will be decided by the Company from time to time. The Interest if so decided shall be set as quarterly equivalent of (2% + annualized yield on 10 year Government security). Annualized Yield on 10-year Government security is sourced through Financial Benchmarks India Pvt. Ltd. (FBIL). Any change in this formula and basis to set interest rates shall be made with necessary approvals as required by IRDAI. (The current rate of interest applicable from 1st August 2024 is 9.20% per annum basis 10 years G-sec rate as on 28th June 2024). The frequency of reviewing revival interest rate is 6 months. The same will be reset every year on 1st February and 1st August. Interest charged on policy revival is compounded annually.

Such revival shall be based on the Board Approved Underwriting Policy.

Once the rider cover has been revived, it is entitled to receive same benefits as an in-force policy.

Assignment & Nomination

Nomination and Assignment is allowed only along with the Base Policy and shall be as per Section 38 and 39 of the Insurance Act, 1938, as amended from time to time.

Goods and Services Tax

Goods and Services Tax and cess as applicable will be levied as per the prevailing law. The current GST rate is 0%.

Prohibition of Rebate

The Insurance Act, 1938 prohibits an agent or any other person from passing any portion of his commission to the customer, whether as incentive or rebate of premium. Section 41 of the Act states:

- 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.
- 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.

Fraud, Misstatement and suppression: Fraud, Misstatement and suppression would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

DISCLAIMERS

This sales literature gives only the salient features of the Ageas Federal Life Insurance Critical Shield Rider. The brochure is not a contract of insurance. This brochure should be read along with base plan brochure and Bene¬fit illustration before concluding a sale. It uses easy-to-understand language to explain the features. Your rider is governed only by the full legal terms, conditions and exclusions as contained in the policy document. Please read the Rider Policy Document for more details.

Ageas Federal Life Insurance Critical Shield Rider is a Non-Linked Individual Health Pure Risk Premium Life Insurance Rider (UIN: 135B035V01). 'Ageas Federal Life Insurance Critical Shield Rider' is the name of the rider contract and does not in any way indicate the quality of the contract. Riders are not mandatory and are available for a nominal extra cost.

This rider is underwritten by Ageas Federal Life Insurance Company Limited (IRDAI Regn. No 135; Corporate Identity Number (CIN) - U66010MH2007PLC167164) having its corporate and registered office at: Ageas Federal Life Insurance Company Limited, 22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel – East, Mumbai – 400013. Website: www.ageasfederal.com. Toll-Free: 1800 209 0502. Trade Logo displayed above belongs to The Federal Bank Limited and Ageas International Insurance N. V. and used by Ageas Federal Life Insurance Company Limited under license from respective partners. Ageas Federal Life Insurance Company Ltd. does not assume responsibility on tax implication. ARN: 20892/ICSR/ENG/Print-PB/Apr26

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Contact Us

Branches

You can visit or call any branch of IDBI Bank, Federal Bank or Ageas Federal Life Insurance (AFLI).

For the list of AFLI branches, please visit www.ageasfederal.com.

Communication Address

You can write to Ageas Federal Life Insurance Company Ltd, 22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel – East, Mumbai – 400013.

Phone

You can call our nationwide toll-free number 1800 209 0502 from Monday to Saturday at any time between 8 am to 8 pm.

Email

You can email us at

support@ageasfederal.com

Website

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