LIFE GOALS. DONE.

Bajaj Allianz Life

New Critical Illness Benefit Rider

A Non-Linked, Non-Participating, Individual, Pure Risk Health Rider



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ABOUT BAJAJ ALLIANZ LIFE INSURANCE

Bajaj Allianz Life Insurance Co. Ltd., one of India's leading private life insurers, is a joint venture between Bajaj Finserv Limited, one of the most diversified non-banking financial institutions in India, and Allianz SE, one of world's leading global insurer and asset manager. This joint venture Insurance Company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of Allianz SE, and in-depth market knowledge and goodwill of "Bajaj brand" in India.

BAJAJ ALLIANZ LIFE NEW CRITICAL ILLNESS BENEFIT RIDER

Critical illness cover is an essential component of a robust financial protection strategy. It offers invaluable support and peace of mind during some of life's most challenging times, ensuring that individuals and their families remain financially secure despite the high costs and financial strain associated with serious medical conditions. Having a critical illness cover is a proactive step towards safeguarding one's financial future and well-being.

Introducing Bajaj Allianz Life New Critical Illness Benefit Rider, a non-linked, non-participating, individual pure risk health rider, which provides you coverage against specified Critical Illnesses.

Key features

- **Protection** against up to 60 major Critical Illnesses (CIs)
- **Flexibility**:
  - to choose from three Rider options – Critical (10 major CIs), Enhanced (25 major CIs), and Comprehensive (60 major CIs)
  - to opt for limited pay or regular pay option as per your base plan
- **Tax Benefit** as per prevailing income tax laws

How to avail the rider?

You will have the option to add the rider to your base policy at inception or any policy anniversary, subject to the Rider Policy Term, Rider Premium Paying Term being aligned to the base Policy Term, base Premium Paying Term, and subject to underwriting as per the prevailing Board Approved Underwriting Policy of the Company.

Let us understand the rider in detail

You may choose from three Rider Options- Critical (10 major CIs), Enhanced (25 major CIs), and Comprehensive (60 major CIs). On Life Assured getting first diagnosis with any one of the critical illness as listed below, Rider Sum Assured shall be paid in lumpsum subject to Life Assured surviving for 14 days from the date of confirmed diagnosis.

List of Critical Illness covered

S no.	Name of CI / Surgery	Critical	Enhanced	Comprehensive
1	Cancer of Specified Severity	✓	✓	✓
2	Myocardial Infarction (First Heart Attack - Of Specified Severity	✓	✓	✓
3	Open Chest CABG	✓	✓	✓
4	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓
5	Coma of Specified Severity	✓	✓	✓
6	Multiple Sclerosis with Persisting Symptoms	✓	✓	✓
7	Blindness	✓	✓	✓
8	Deafness	✓	✓	✓
9	End Stage Lung Failure	✓	✓	✓
10	End Stage Liver Failure	✓	✓	✓

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11	Kidney Failure Requiring Regular Dialysis		✓	✓
12	Stroke Resulting in Permanent Symptoms		✓	✓
13	Major Organ/Bone Marrow transplant		✓	✓
14	Permanent Paralysis of Limbs		✓	✓
15	Motor Neuron Disease with Permanent Symptoms		✓	✓
16	Benign Brain Tumor		✓	✓
17	Loss of Speech		✓	✓
18	Loss of Limbs		✓	✓
19	Major Head Trauma		✓	✓
20	Primary (Idiopathic) Pulmonary Hypertension		✓	✓
21	Third Degree Burns		✓	✓
22	Parkinson's Disease		✓	✓
23	Major Surgery of Aorta		✓	✓
24	Loss of Independent Existence (Cover up to Age 74)		✓	✓
25	Fulminant Viral Hepatitis		✓	✓
26	Myasthenia Gravis			✓
27	Aplastic Anaemia			✓
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			✓
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	Good Pastures Syndrome With Lung And Renal Involvement			✓
43	Severe Crohn's Disease			✓
44	Bacterial Meningitis			✓
45	Necrotizing Fasciitis			✓
46	Muscular Dystrophy			✓
47	Poliomyelitis			✓
48	Tuberculous Meningitis			✓
49	Encephalitis			✓
50	Primary Myelofibrosis			✓
51	Pheochromocytoma			✓
52	Systemic Lupus Erythematous With Renal Involvement			✓
53	Eisenmenger's Syndrome			✓
54	Loss of One Limb and One Eye			✓
55	Refractory Heart Failure			✓
56	Takayasu Arteritis			✓
57	Severe Guillain-Barre Syndrome			✓
58	Spinal Stroke			✓
59	Benign Spinal Cord Tumor with Neurological Deficit			✓
60	Alzheimer's Disease			✓

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Sample Rider Premiums

Rider option	Life assured Age (years)	Rider Sum Assured	Rider Policy Term (years)	Rider Premium Payment Term (years)	Rider Annual Premium (Rs.)
Critical	40 year	Rs. 10,00,000	20	5	16,970
				10	9,000
				Regular Pay	5,500
Enhanced				5	18,760
				10	9,950
				Regular Pay	6,080
Comprehensive				5	24,230
				10	12,890
				Regular Pay	7,940

The Premiums shown in the above table are excluding any extra premium, GST/ Other taxes.

Note:

- Total Premiums paid w.r.t. the rider shall be the total of all premiums received under the rider option chosen, exclusive of taxes, extra premium w.r.t. the rider, if any.
- Rider premium w.r.t. Rider Option chosen will be collected additionally along with the base policy premium.
- Please note that GST and cess, if any, will be collected over and above the premium.

Benefit to Female Life Assured

Apart from the above-mentioned Critical Illnesses, each of the rider option covers women specific illness/diseases such as: Cancer relating to breast, Corpus uteri, Cervix uteri, ovary, vulva, vagina.

ELIGIBILITY CRITERIA

Minimum Entry Age	18 years
Maximum Entry Age	65 years
Rider Premium Paying Term	As per base policy. *Available payment terms under this rider are - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 15, 20, Pay till Age 60 and Equal to Rider Term*
Minimum Rider Term	1 Year
Maximum Rider Term	30 years, subject to that in base policy
Minimum Age at Rider Maturity	19 years
Maximum Age at Rider Maturity	80 years
Minimum Sum Assured (Rs.)	Rs. 50,000
Maximum Sum Assured (Rs.)	As per Board Approved Underwriting policy (BAUP) and subject Rider Sum Assured being less than or equal to the Sum Assured under the base policy

All ages mentioned above are age as on last birthday.

The rider is available for sale through online mode also

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Rider Termination Value

- We advise you to continue your policy and enjoy rider benefits. However, we understand that in certain circumstances you may want to surrender your policy.
- Termination Value is payable only if the Premium Payment Term (PPT) is limited premium.
- Under single premium payment option, The rider can be terminated at any time during the rider policy term under a single premium policy and Termination value shall be payable.
- Under regular premium payment option (i.e., rider PPT is equal to the rider term), no Rider termination value shall be available.
- Under limited premium payment option:
  - During Premium Payment Term (PPT) – No Termination Value will be payable
  - Post Completion of Premium Payment Term (PPT) – Termination Value will be payable
- The rider termination is not allowed after the death of the base policy Life Assured.
- The Termination Value is equal to: [SSV factor X Total Premiums Paid till date w.r.t. the Rider Option]

Non Payment of Premium

- If the premium for this rider is not paid before the end of the grace period, the rider cover lapses and no rider benefit will be payable except the rider termination value, if any.

Revival of the Plan

- The rider cover can be revived within the revival period and subject to the conditions as allowed under the base policy. If the rider is not revived within the allowed revival period, the rider will be terminated immediately.
- The revival of the Rider Option may be on terms different from those applicable to the Rider Option before it lapsed, based on the prevailing Board approved underwriting policy of the Company.

Tax benefit under the rider

As per applicable tax laws as amended from time to time. You are requested to consult your tax consultant and obtain independent advice for eligibility and before claiming any benefit under the Rider Policy.

Additional Benefit

Health Management services:
Provided the Rider is in-force and all due Regular Premiums are paid up-to-date, you will have the option to enjoy the Health Management Services such as medical second opinion, medical case management, medical consultation, etc. from the service providers registered with the Company. These wellness services can help the Life assured to get correct diagnosis of a medical condition and to procure appropriate illness care.
These services are available subject to:

- The availability of the particular service with the service providers at the time of option.
- First diagnosis and medical opinion have already been obtained from a competent medical practitioner.
- All the supporting medical records (as required by the service provider) are available to avail the service.

Please note that:

- These services are optional services offered at no additional cost to the Life Assured. The Policyholder/Life assured shall exercise his own discretion:
  - To avail the services and/or
  - To follow the course of treatment suggested by the service provider.
- The service providers with no participation of the Company shall directly provide these services.
- The services are being provided by third-party service provider(s), and the Company shall not be liable for any liability.
- The Company can choose to commence/discontinue the service(s) or change the service provider(s) at any time.
- The Company will communicate to the Policyholder and inform the IRDAI if & when the Health Management Services feature is discontinued/ changed in the plan.

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Termination

The risk cover on the base policy life assured under the chosen Rider Option will terminate, immediately and automatically, on the occurrence of Death. Once the chosen Rider Option(s) is(/are) terminated, none of the rider options can be added back again under the policy at any subsequent Policy Anniversary

The Rider Benefit shall automatically terminate on the earlier occurrence of either of the following:

a. If premiums are discontinued for the rider option and/or under the base policy.
b. If the Life Assured opts out of this rider option.
c. On surrender of the base Policy and the payment of Rider Termination Value w.r.t. the Rider Option
d. On payment of Termination Value w.r.t. the Rider Option chosen.
e. On payment of the rider option Sum Assured
f. On maturity of the base policy or rider.
g. On termination of the rider option or base policy by the insurer on grounds of misrepresentation, fraud or non-disclosure established in terms of section 45 of the Insurance Act, 1938, as amended from time to time.

Grace Period

The Grace Period will be as per the base policy.

Free Look Period

The Free look period will be as per the base policy.

Definitions of Critical Illnesses

1. **Cardiomyopathy of specified severity**
   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.

2. **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.

3. **Eisenmenger's Syndrome**
   Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterization resulting 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.

4. Infective Endocarditis

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

- Positive result of the blood culture proving presence of the infectious organism(s);
- 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
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist

5. 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# (defined below).

This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist certifying the diagnosis of bacterial meningitis.

6. Encephalitis

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# (defined below).

7. Tuberculosis Meningitis

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

- Findings in the cerebrospinal fluid (csf) report
- 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.
- 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# (defined below).

8. 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# (defined below).

9. 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:

- Rapid decreasing of liver size.
- Necrosis involving entire lobules, leaving only a collapsed reticular framework.
- Rapid deterioration of liver function tests.
- Deepening jaundice; and
- Hepatic encephalopathy.

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

10. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

11. Severe Guillain-Barre Syndrome

It is a disorder in which the immune system of a person attacks the person's peripheral nervous system resulting 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# (defined below). The diagnosis has to be confirmed by a neurologist and substantiated by typical findings in CSF, EMG and NC studies.

12. Takayasu's Arteritis

It is a specific kind of arteritis, and the inflammation damages the aorta and its main branches resulting in the medically necessary bypass surgery or aortic valve surgery. The diagnosis has to be confirmed by a specialist medical practitioner and substantiated by typical findings in angiography.

13. 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 (metaphalangeal 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 6 "Activities of Daily Living# (defined below)" for a continuous period of at least 6 months.

14. 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.

15. 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 diarrhoea; 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

16. Chronic Relapsing Pancreatitis

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

17. Primary Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in severe anaemia below 10 g/dl, low platelet count below 100,000 microL 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.

18. Necrotizing Fasciitis

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

- the usual clinical criteria of necrotising fasciitis are met; and
- the bacteria identified is a known cause of necrotising fasciitis; and
- 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.

19. Benign Spinal Cord Tumor with Neurological Deficit

Benign spinal cord tumor is defined as a life threatening, non-cancerous tumor of the spinal cord or its meninges. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This spinal cord tumor must result in Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days and must be confirmed by the relevant medical specialist. The Neurological deficit must result in permanent inability to perform three or more Activities of Daily Living# (defined below).

20. Systemic lupus erythematosus (SLE) with renal involvement

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.

The following are excluded:

- Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.
- Class I – Minimal mesangial lupus nephritis
- Class II – Mesangial proliferative lupus nephritis

21. Spinal Stroke

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. 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.

22. Severe Progressive Bulbar Palsy

Neurological disorder with 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# (defined below). These conditions have to be medically documented for at least three (3) consecutive months.

23. 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 definition, "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).

24. MYOCARDIAL INFARCTION (First Heart Attack of specific 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 Myocardial Infarction should be evidenced by all of the following criteria:

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

The following are excluded:

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

25. PRIMARY (IDIOPATHIC) 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:

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

26. END STAGE LIVER FAILURE

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

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

27. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

- Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- 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.

28. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

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.

29. 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.

30. COMA OF SPECIFIED SEVERITY

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:

- No response to external stimuli continuously for at least 96 hours;

- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
  The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

31. ALZEIMER'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 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:
The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Alcohol-related brain damage.

32. PARKINSON'S DISEASE

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.
The following is excluded:
Parkinson's Disease accompanied with drug and/or alcohol abuse.

33. 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.

34. BENIGN BRAIN TUMOR

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

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

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. MAJOR HEAD TRAUMA

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.
The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living# (defined below) 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.
The following are excluded:

- Spinal cord injury

37. 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 (haemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

38. MEDULLARY CYSTIC DISEASE

Medullary Cystic Disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy along with specialist Medical Practitioner opinion.

The following are excluded

- Isolated or benign kidney cysts are specifically excluded from this Benefit
- Any condition is which cysts are absent

39. MUSCULAR DYSTROPHY

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

- Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction.
- Characteristic electromyogram
- 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[#] (defined below), for a continuous period of at least 6 months.

40. POLIOMYELITIS

The occurrence of Poliomyelitis, where the following conditions are met:

- Poliovirus is identified as the cause through laboratory investigation
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis of Poliomyelitis must be confirmed by a registered Medical Practitioner who is a neurologist.

41. APLASTIC ANEMIA

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

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation

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

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

42. MYASTHENIA GRAVIS

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

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

- Congenital myasthenic syndrome
- Transient neonatal or juvenile myasthenia gravis

43. 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:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic 27asciitis; and
- CREST syndrome.

44. GOOD PASTURES SYNDROME with lung or renal involvement

Goodpastures Syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least 30 days. The diagnosis must be proven by kidney biopsy and confirmed by a specialist Medical Practitioner who is a rheumatologist.

45. BLINDNESS

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

- Corrected visual acuity being 3/60 or less in both eyes or ;
- The field of vision being less than 10 degrees in both eyes.

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

46. DEAFNESS

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.

47. CANCER OF SPECIFIED SEVERITY

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

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non- invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

48. 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.

49. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

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.

50. MAJOR ORGAN/BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 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:

- Other stem-cell transplants.
- Where only islets of langerhans are transplanted

51. 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 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.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

52. 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.

53. END STAGE LUNG FAILURE

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

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
- Dyspnoea at rest.

54. LOSS OF SPEECH

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.

55. 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 at least 3 months has to be produced.

The following are excluded:

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

56. Loss of use of One Limb and Loss of Sight in One Eye

To be eligible, both the conditions should be fulfilled.

- The complete and permanent loss of use of one (1) arm or one (1) leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness as certified by medical specialist, plus
- Total, permanent and irreversible loss of sight in one eye as a result of illness or accident, which must be certified by an ophthalmologist.

57. REFRACTORY HEART FAILURE

Refractory heart failure is defined as a systolic dysfunction that does not respond to optimal medical therapy ("triple therapy") and results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six months. The diagnosis of refractory heart failure has to be supported by echocardiographic findings of compromised ventricular performance. The diagnosis must be made by a cardiology specialist.

The following is excluded:

- Reversible causes of heart failure such as hypocalcemia, alcohol abuse, thyroid, anaemia.

58. 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.

59. Loss of Independent Existence (till 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# (defined below), with no hope of recovery.
This condition must be confirmed by the company's approved doctor. Post age 74, this benefit cease to exist.

60. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, 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.

#Activities of Daily Living:

For the purpose of the above clauses, Activities of Daily Living are defined as:

- 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
- 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 upright chair or wheelchair and vice versa;
- Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding – the ability to feed oneself once food has been prepared and made available.
- Mobility - the ability to move from room to room without requiring any physical assistance.

Exclusions

a) Suicide Clause

In all the Rider Options, in case of death of base policy Life Assured due to suicide within 12 months from the date of commencement of risk under the rider or from the date of revival of the rider, as applicable, the nominee of the Policyholder shall be entitled to 80% of the total Rider Premiums paid till the date of death or the termination value available as on the date of death whichever is higher, provided the rider is in force.

b) Other Exclusions

i. There are no other exclusions if the Contingent Event is death.

ii. The exclusions w.r.t. Critical Illness under the Rider are as below:

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

- If the diagnosis of such Critical Illness was made within 90 days of the start of coverage (i.e. during the waiting period).
- If the insured dies within the survival period as per definition from date of the diagnosis of the covered CI.
- Intentional self-inflicted injury, suicide or attempted suicide.
- For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
- 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; under water activities involving the use of breathing apparatus or not.
- *Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Person Insured whether he is trained or not.
- Participation by the insured person in a criminal or unlawful act with criminal intent.
- 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.
- 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.
- 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.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder.
- Failure to follow medical advice.

Extra benefit/discounts available in the plan

For online sales and web aggregators, premium discount of 1% throughout the rider premium payment term.

Statutory Information

Assignment: Section 38 of the Insurance Act, 1938

Assignment should be in accordance with provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

Nomination: Section 39 of the Insurance Act, 1938

Nomination should be in accordance with provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

Prohibition of Rebate: Section 41 of the Insurance Act, 1938, as amended from time to time

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 that may extend up to ten lakh rupees.

Bajaj Allianz Life

New Critical Illness Benefit Rider

A Non-Linked, Non-Participating, Individual, Pure Risk Health Rider

LIFE GOALS. DONE.

Fraud & Misstatement: Section 45 of the Insurance Act, 1938

Fraud & Misstatement would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

Applicability of Goods & Service Tax

Goods and Service Tax is charged based on type of Policy communication address of Policyholder. This may change subject to change in rate/state in address of the Policyholder as on date of adjustment.

Contact Details

Bajaj Allianz Life Insurance Company Limited, Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006 IRDAI Reg No.: 116 |
Tel: (020) 6602 6777 | CIN: U66010PN2001PLC015959

Sales: 1800 209 4040 | **Service: 1800 209 7272**

Mail us: customercare@bajajallianz.co.in | **Visit us at: www.bajajallianzlife** | **UIN: 116B058V01**

Disclaimer

This sales literature gives the salient features of the rider. The Policy document is the conclusive evident of contract and provides in details all the conditions &exclusions related to Bajaj Allianz Life New Critical Illness Benefit Rider.

For More Information: Kindly consult our "Insurance Consultant" or call us today on the TOLL FREE numbers mentioned above. This brochure should be read in conjunction with the Benefit Illustration and Policy Documents. Please ask for the same along with the quotation.

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BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRADULENT OFFERS

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