BAJAJ LIFE

LIFE GOALS. DONE.

Aapke Life Goals ka back-up plan



Bajaj Life SMART PROTECTION GOAL

A Non Linked, Non Participating
Individual Life Insurance Term Plan

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Smart Protection Goal

A Non Linked, Non Participating, Individual Life Insurance Term Plan

About Bajaj Life Insurance Limited
(Formerly known as Bajaj Allianz Life Insurance Company Limited)

Bajaj Life Insurance Limited one of India's leading private life insurers, is a subsidiary of Bajaj Finserv Limited. Built on the strong foundation of the Bajaj Group's legacy, it offers innovative life insurance solutions with a focus on enabling Life Goals for millions across the country.

Bajaj Life Smart Protection Goal

Planning your Life Goals is just the start, securing them against eventualities is the next step.
Here is an affordable term plan with numerous options, to secure your Life Goals and help you live worry free.

Bajaj Life Smart Protection Goal is an individual, life, non-linked, non-participating, limited/ regular premium payment, savings (ROP) and pure risk term cover plan, providing protection.

Key Advantages

- Comprehensive coverage with a multitude of features
- Option to choose Return of Premium (ROP)[1] as Maturity Benefit
- Option to choose Whole of Life[1] cover up to age 99 years
- Option to get covered for listed Critical Illnesses available
- Flexibility to opt for Limited or Regular Premium Payment Term

Note –
[1]If Whole Life is opted for, then ROP is not available | Critical Illness Benefit, Return of Premium option & Whole of Life option can be chosen/opted at inception only and cannot be changed subsequently

How does the Plan work?

Step 1: Choose your Sum Assured
Decide on the level of protection by choosing the sum assured you need to safeguard your family's future.

Step 2: Decide whether you wish to opt for Critical Illness Benefit (CIB) and/or Return of Premium (ROP)* feature.

Step 3: Choose your Policy Term and the Premium Payment Term
Select the period for which you want to get life insurance protection and the period for which you want to pay the premium.

Step 4: Choose your Premium Payment Frequency
Depending on your convenience, you can decide the interval at which you would prefer to pay the premium during the premium payment term.
Your premium will be based on your current age, gender, sum assured, optional benefit(s) chosen, policy term, premium payment term & frequency, discounts applicable etc.

**If ROP has been chosen as Maturity Benefit, the return of premium as maturity benefit will be applicable both on the premium paid for Life Cover and Critical Illness Benefit (if opted).*
**If Whole Life is opted for, then ROP is not available*

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Key Benefits Explained

1. Life Cover
   a. Death Benefit (Benefit payable on death of the Life Assured during the policy term)
   Your nominee/legal heir will receive the Sum Assured (as chosen by you at inception). The policy will termi nate on payment of Death Benefit.

   b. Maturity Benefit
   If ROP option has not been chosen, Maturity Benefit shall be NIL.

2. Optional Benefit(s)-
   a. Critical Illness Benefit (CIB)-
   You can choose to opt for this Benefit. This Benefit will have a separate sum assured (CI Sum Assured).
   - o In case of diagnosis of any of the listed Critical Illnesses, Sum Assured chosen for Critical Illness Benefit is payable if the CIB Cover is in-force as on the date of CI occurrence, subject to the waiting period, cooling-off period and the survival period
   - o In case of Minor CI other than Angioplasty, 25% of the CI Sum Assured will be payable
   - o For Angioplasty, lower of 5 Lacs or 25% of CI Sum Assured, will be payable
   - o A maximum of four (4) Minor CI including Angioplasty claims will be payable during the CIB cover period
   - o For Major CI, 100% of CIB will be payable
   - o The total claims paid under Minor and Major CI will not be more than 100% of CI Sum Assured
   - o If CIB has been paid for four (4) Minor CIs including Angioplasty during cover period, no CIB will be payable for any future Minor CI. Any remaining CI Sum Assured shall be payable on the occurrence of a Major CI.
   - o Once claim is paid for Minor CI (including Angioplasty), no future claim will be paid for the same Minor CI. The remaining CI Sum Assured will continue for all listed CI's excluding the Minor CI for which the claim has already been paid.
   - o If ROP option is chosen and 100% of CI Sum Assured has not been claimed, on maturity the ROP will be a proportion of the total premiums paid* for CIB.
   - o If policy is in-force at the end of the CI Cover Period, if ROP feature was taken and if no claim has been paid w.r.t. the CI Benefit, then, ROP, w.r.t. the CI Benefit will be paid at the end of CI Cover Period.
   - o The sum of all CI Benefits payable will not be less than 105% of CI Total Premiums paid up to the date of the final CI occurrence.

   b. Whole of Life – Life Cover up to age 99 years
   This option is only available when limited premium payment option is chosen

   c. Return of Premiums (ROP) – (Maturity Benefit payable if the Life Assured survives till date of maturity and if no death claims have been made before the date of maturity)
   - o You will receive a Maturity Benefit equal to total premiums paid, as a one-time lump sum on the date of maturity, and the policy will terminate
   - o If You have opted for CIB and
     - If no claim has been paid w.r.t. CIB, then, Maturity Benefit will be paid at the end of CI Policy Term
     - If any claim for Minor CI(s) has been paid, proportion of Maturity Benefit, as applicable, shall be payable under this Benefit, provided CI Sum Assured has not exhausted.
     - CI Benefit shall immediately terminate on payment of this Benefit.

Note -

- o *The optional Benefit(s)can be chosen only at inception and cannot be altered during the term of the Policy.*
- o *Premium will vary depending upon the Optional Benefit(s) chosen*
- o *For policies sourced through POS channel, Waiting Period of sixty (60) days from Date of commencement of risk shall be applicable. During this period, the Death Benefit due to any reason other than Accidental Death will be 100% of Total Premiums paid till date, excluding GST/any other applicable tax levied, subject to changes in tax laws and any extra premium*

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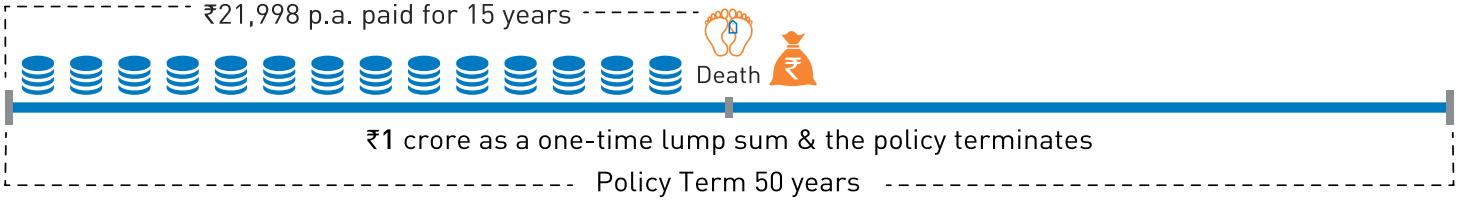
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Sample Illustration

Illustration 1 - Rishabh, a 35-year-old engineer, has just invested in opening a new business & wants to safeguard his family from the financial uncertainties that could arise in case of his untimely death. He purchases Bajaj Life Smart Protection Goal. His policy details are as follows:

Sum Assured: ₹1 crore
Policy Term & Premium Payment Term: 50 years
Premium Payment Frequency: Annual
ROP & CI Benefit: Not opted
Premiums Payable: ₹21,998 per annum (excluding GST/any other tax as applicable)
Total Premiums Payable: ₹10,99,900 per annum (excluding GST/any other tax as applicable)

In case of untimely demise of Rishabh at Age 50: His family receives the Sum Assured of ₹1 crore as a one-time lump sum & the policy terminates

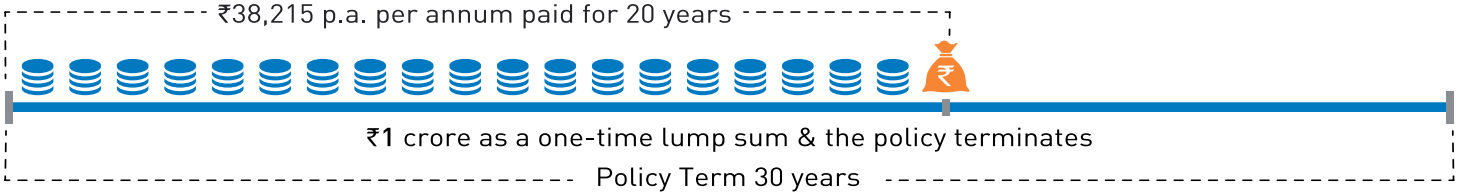


The above premium rates are for non-smoker category.

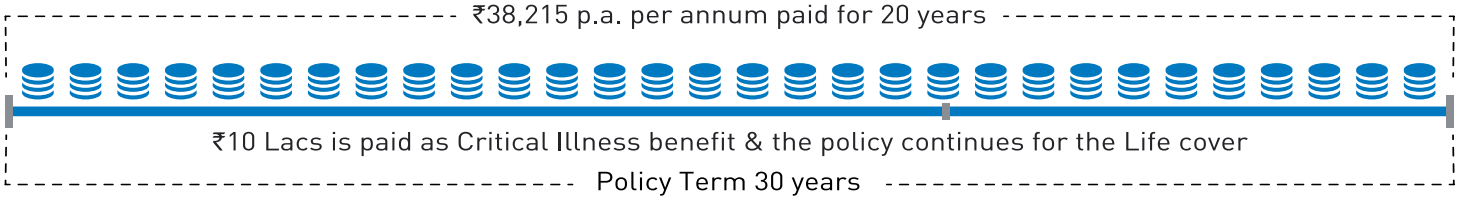
Illustration 2 - Romi, a 35-year-old doctor, has just invested in opening a new clinic & wants to safeguard his family from the financial uncertainties that could arise in case of his untimely death. He is looking for a Plan which can help his family stay independent in case of his untimely death, and give back his invested amount in case nothing happens to him. He is also looking to cover himself against Critical Illnesses. He purchases Bajaj Life Smart Protection Goal. His policy details are as follows:

Sum Assured: ₹1 crore
Policy Term & Premium Payment Term: 30 years
Premium Payment Frequency: Annual
ROP & CI Benefit: Opted; CI Sum Assured: 10 Lacs; CI Policy Term: 30 years
Premiums Payable: ₹38,215 per annum (excluding GST/any other tax as applicable)
Total Premiums Payable: ₹11,46,450 per annum (excluding GST/any other tax as applicable

Let us look at the benefits payable in different scenarios.
Scenario 1 - Romi passes away at Age 55: His family receives the Sum Assured of ₹1 crore as a one-time lump sum & the policy terminates



Scenario 2 – Romi is diagnosed with a listed Major Critical Illness at Age 55: ₹10 Lacs is paid as Critical Illness benefit & the policy continues for the Life cover

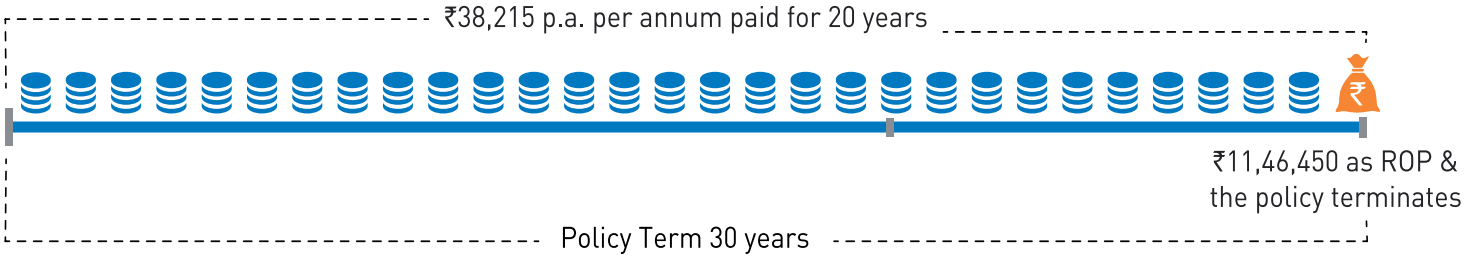


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Scenario 3 – Romi survives till Age 65 and does not claim during the Policy Term: He receives Maturity Benefit of ₹11,46,450 & the policy terminates



The above premium rates are for non-smoker category.

Eligibility

Parameter		Details	
Age at Entry		Minimum- 18 years (For all variants other than ROP Pay till 60) ROP: Pay-till-60 Option – 25 years For Critical Illness Benefit – 18 years	
		Maximum – 65 years (For all variants other than ROP Pay till 60) ROP: Pay-till-60 Option – 55 years For Critical Illness Benefit – 65 years	
Maximum Age at Maturity for Life Cover	With ROP	85 years	
	Without ROP	85 years	
	Whole Life	99 years	
Maximum Age at Maturity for Critical Illness Benefit option	With ROP	80 years	
	Without ROP	80 years	
	Whole Life	80 years	
Sum Assured	Life Cover	Minimum - 50 Lacs	Maximum - No Limit As per Board Approved Underwriting Guidelines
	Critical Illness Benefit	Minimum - 5 Lacs	Maximum - 1 Cr

Policy Term (PT) / Premium Payment Term (PPT) for Life Cover

	Premium Type	Minimum		Maximum	
		PT (years)	PPT (years)	PT (years)	PPT (years)
Without ROP	RP	10	10	85 minus Age at Entry	85 minus Age at Entry
	LP[2]	10	5	85 minus Age at Entry	42
With ROP	RP	10	10	50	50
	LP[2]	10	5	50	35
Whole Life	RP	Not Available			
	LP[2]	99 minus Age at Entry	5	99 minus Age at Entry	42

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Policy Term (PT) / Premium Payment Term (PPT) for Critical Illness Benefit					
	Premium Type	Minimum		Maximum	
		PT (years)	PPT (years)	PT (years)	PPT (years)
Without ROP	RP	5	5	62	62
	LP[2]	5	5	30	30
With ROP	RP	10	10	40	40
	LP[2]	10	10	30	30

All ages mentioned above are age as on last birthday.

The product is available for sale through online mode.

For policies sourced through POS channel:

- Policy terms & conditions, Eligibility Conditions shall be as per prevailing POS guidelines, as amended from time to time
- Optional Critical Illness Benefit will not be available
- Whole life option will not be available

[2]For Limited Premium Payment, the PPTs available are 5, 10, 15, 20, Pay-till-60 years; subject to maximum PPT cessation age of 75 years. For Limited Premium with ROP option, the minimum difference between PT and PPT should be 5 years

Note:

- For Critical Illness Benefit cover, cover Term (PT) and cover PPT will always be the same
- However, the cover Term (PT) and premium payment term for CIB can be less than or equal to the Life Cover Premium Payment Term

Non-Payment of Regular or Limited Premiums

For Regular Premium or Limited Premium payment option without ROP:

If any premium is not paid before the end of the grace period, then, the policy will, immediately & automatically, lapse at the expiry of the grace period, and no paid-up value under the policy will be payable

For Regular Premium or Limited Premium payment option with ROP:

a) If at least One (1) full years' premium under a policy is not paid, the policy and/or Optional Benefit(s) will, immediately & automatically, lapse at the expiry of the grace period, and no benefit will be payable under the policy.

b) If at least One (1) full years' premium under a policy is paid, and subsequent premiums are not paid, then, the policy and/or Optional Benefit(s) will, immediately & automatically, be converted to a paid-up policy at the expiry of the grace period. The Sum Assured, Sum Assured on Death, Maturity Benefit and Critical Illness Benefit Sum Assured (CI Sum Assured) as applicable, will be converted to Paid-up Sum Assured, Paid-up Sum Assured on Death, Paid-up Maturity Benefit and Paid-up Critical Illness Sum Assured (CI Sum Assured) respectively.

c) Paid-up Sum Assured on Death will be subject to 105% of Total Premiums paid w.r.t Death Benefit till date of paid up.

d) Paid-up Sum Assured on Maturity will be equal to Total Premiums paid w.r.t Death Benefit till date of paid up.

e) If no CI Benefit has been claimed, then Paid-up Return of Premium for CI Benefit will be equal to Total Premiums paid for CIB till date of paid up. If any claim for Minor CI/s has been paid, then a proportion of the Paid-up ROP for CI Benefit will be payable. The proportion will be [1 minus (the sum of all prior CI Benefits paid / CI Sum Assured)].

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Termination/ Surrender Value

Termination Value, applicable if ROP is not opted:

- If PPT (Premium Payment Term) is less than PT (Policy Term), Termination Value is applicable after PPT
- If PPT is equal to PT, Termination Value is not applicable

Surrender Value, applicable if ROP is opted:

- The Policy can be surrendered at any time after completion of the first Policy Year, provided at least one (1) full Policy Years' Premium has been paid
- Higher of Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV) shall be payable. The surrender value shall not exceed 100% of total premiums paid till the date of surrender
- Surrender can be done only of the full policy; the CI Benefit cannot be independently surrendered.

GSV

- The policy will acquire a GSV provided two (2) full years' premiums have been paid.
- The GSV (Guaranteed Surrender Value) is: GSV Factor * Total premium/s paid till date
- GSV factors are guaranteed throughout the policy term.

SSV

- SSV shall be payable after completion of first (1st) policy year, provided at least one (1) full year premium has been received.
- SSV factors are not guaranteed and will be reviewed by the company annually.

Policy Loan

i. Policy loan feature is only available if Return of Premium (ROP) feature has been opted for in the policy.
ii. Provided the Policy has acquired Surrender Value, during the Policy Term, the Policyholder will have the option to take policy loan, subject to a maximum limit of 50% of the Surrender Value available under the Policy.
iii. Loan interest rate applicable for the loan will be as decided by the Company from time-to-time. Currently the rate of interest for loan is 10% p.a. compounding half-yearly.
iv. On death, CI, maturity or surrender, the outstanding policy loan plus interest, as on the date of death /CI/ maturity/surrender, will be deducted from the death/CI/maturity/surrender value payable.
v. The policy will be foreclosed under the following circumstances:
vi. For other than in-force and fully paid-up policies: If, at any time (during the Policy Term), the outstanding policy loan and interest exceeds the Surrender Value, then, the Company will inform the Policyholder for payment of interest-due and/or full/part repayment with the notice period of 30-days and, at the end of notice period, the Policy will be foreclosed and any Surrender Value will be adjusted towards the outstanding loan plus interest.
vii. For in-force or fully paid-up policies: The Policy will not be foreclosed on the ground of outstanding loan amount including interest exceeds the Surrender Value.

Note: The loan interest rate will be benchmarked to the G-Sec based on the information from Financial Benchmark India Private Ltd (FBIL). It will be equal to [10-year G-Sec yield PLUS 2%] rounded-up to the next full interest rate. The loan interest rate will be reviewed on an annual basis as on 1st April every financial year. The revised interest rate shall be applicable to both existing loans and to new loans offered. Any change in bases used for determination of applicable interest rate will be subject to prior approval of IRDAI

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Premium Rebates/ Discounts

- **One-time discount - Salary Rebate**
  A salary rebate of 5% of the first-year premium will be available for policyholders who are Salaried employees.
- **Insurance for All Discount (For policyholders who are 'first time buyers' of life insurance policy)**
  If the policy being purchased is the first individual life insurance policy on the life of the LA, then an Insurance for All Discount of 5% will be applied on the first-year premium.
- **High Sum Assured Rebate (HSAR):**
  HSAR on premium will be offered to all policies with Sums Assured 1 crore and above.
- **Female Life Rebate:** Premium rate applicable to female life will be based on the premium rate of 3 years younger male. This Rebate shall not be applicable for Pay-till-60 PPT option.
- **Preferential Premium rates:** Preferential Premium rates will be offered to non-tobacco users & to women, and premium discount will be offered for policies sourced through online mode.
- **Online Discount:** For policies purchased through online, there is a rebate of 6% on the first –year premium

Product Terms and Conditions

a) Free Look Condition:

i. Every Policyholder except for those policies with tenure of less than a year shall be provided a Free Look Period of 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
ii. In the event, the Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the Company for cancellation, stating the reasons for the same.
iii. Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the Regular Premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.
iv. The request for cancellation of the Policy during Free Look Period shall be processed and the proportionate Regular Premium shall be refunded within 7 days of receipt of such request.

b) Suicide Exclusion:

In case of death of Life Assured due to suicide within twelve (12) months from the Date of Commencement of Risk or the date of latest revival of the policy, whichever is later, then the Claimant shall be entitled to receive, the higher of 80% of the Total Premiums paid till the date of death of the Life Assured or the Termination Value/Surrender Value (as applicable) available as on the date of death of the Life Assured will be paid as Death Benefit, provided the Policy is in force.
There are no other exclusions in death benefit other than the suicide clause mentioned above.

c) Grace Period for Regular & Limited premium payment:

Thirty (30) days for frequencies other than monthly and fifteen (15) days for monthly frequency, from the due date of the Premium payment, without any penalty or late fee, during which period the Life Assured is covered for the applicable risk in the Policy
During the grace period, you will be covered for the contingent events in the policy. On the occurrence of the contingent event during the grace period, the due-but-unpaid premium/s will be deducted from the benefit payable

d) Waiting Period:

- For Minor / Major CI conditions: A waiting period of 180 days is applicable from the date of issue of policy or date of revival or reinstatement whichever is later. No benefit will be payable if there is diagnosis of any stage of CI or any signs or symptoms related to any stage of CI occurs within the waiting period as applicable from either the date of issue of the policy or date of revival whichever is later.
- For policies sourced through POS channel: Waiting Period of sixty (60) days from Date of commencement of risk shall be applicable.

e) Survival Period:

14 days survival period from the date of diagnosis of any CI conditions covered under the plan, unless a separate Survival Period is specified for any particular disease/condition.

- Signs and symptoms relevant to the claimed CI condition should have been present and documented before death.
- All investigations to confirm the diagnosis of claimed CI condition should have been done before the death of the insured.
- Survival Period is not applicable for Accidental benefit except for disability (other than physical severance) where it should have persisted for at least 180 days uninterrupted as per the definition.

f) Cooling Period:
Up to four (4) Minor CI conditions can be claimed over the term of the policy subject to Cooling-off period of 180 days. Cooling-off period of 180 days applies from date of diagnosis of one (1) Minor stage CI condition to the date of diagnosis of another Minor stage CI condition. However, Cooling-off will not apply in case of diagnosis of any Major stage condition claim following a claim made for a Minor stage condition.

Health Management Services

Provided the Policy is in-force and all due Regular Premiums are paid up-to-date, the Policyholder will have the option to take 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:

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

It is noted and agreed by the Policyholder that:

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

Option to Change Premium Payment Frequency

The Premium Payment Frequency may be changed on any policy anniversary during the policy term, subject to the availability, then, of the premium payment frequency and the minimum premium allowed under the product then.
The Premium payment frequency factors are:

Premium frequency	Monthly	Quarterly	Half yearly	Yearly
Frequency Factor (freq)	0.0875	0.26	0.51	1.00

Tax Benefits

Premiums paid, Maturity Benefit, Death Benefit, Critical Illness Benefit and Surrender Value may be eligible for tax benefits as per extant Income Tax Act, subject to the provision stated therein and as amended from time to time. You are requested to consult your tax consultant and obtain independent advice for eligibility, before claiming any benefit under the Policy

Revival

A policy, which has lapsed/paid-up for non-payment of due premium after the grace period, may be revived, subject to the following conditions:

a) A written application for revival is received from you by the company within five (5) years of the due date of the first unpaid premium.
b) The arrears of premiums together with interest, at such rate as the company may decide from time to time along with applicable taxes are paid. The current applicable revival interest is 10% per annum, compounded half-yearly.
c) You, at your own expense, agree to undergo medical examination and provide evidence of continuity of insurability.
d) The revival of the policy may be on terms different from those applicable to the policy before it lapsed, based on prevailing board approved underwriting guidelines.
e) The Company may revive or refuse to revive the policy based on the prevailing board approved underwriting Policy of the Company. If the policy is refused revival based on the board approved underwriting Policy , the Company will refund the amount deposited for the purposes of revival of the policy
f) The revival will only be effective when the Company has specifically communicated the same to you.
g) On revival, the Sum Assured, Sum Assured on Death, Critical Illness Benefit Sum Assured and Maturity Benefit, as applicable, under the Policy which prevailed before the date of latest lapse/paid-up will be reinstated.

Note: The revival interest rate will be benchmarked to the G-Sec based on the information from Financial Benchmark India Private Ltd (FBIL). It will be equal to [10-year G-Sec yield PLUS 2%] rounded-up to the next full interest rate. The revival interest rate will be reviewed on an annual basis.
Any change in bases used for determination of applicable interest rate will be subject to prior approval of IRDAI.

Termination

a) The risk cover under the Policy and/or CI Benefit shall, immediately and automatically, terminate on the occurrence of any of the following events:

i) On the date of death of the Life Assured
ii) On the date of lapse
iii) On the Maturity Date of the Policy
iv) On payment of the full Critical Illness Benefit Sum Assured
v) On the cessation of Critical Illness Benefit Cover Term

b) This Policy shall, immediately and automatically, terminate on the earliest occurrence of any of the following events:

i) On the expiry of the Revival Period for lapsed policies.
ii) On the payment of Death Benefit.
iii) On the payment of Maturity Benefit
iv) On payment of the refund on Free look cancellation
v) On payment of Surrender Value/Termination Value.

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Definitions

1) **"Sum Assured on Death"** is higher of (i) 10 times Annualised Premium or (ii) Sum Assured. At no time the Sum Assured on Death will be less than 105% of Total Premiums paid till date of death.
2) **"Annualised Premium"** means the amount of Regular Premium/s payable in a Policy Year excluding the taxes, underwriting Extra Premiums, CI Premium and loadings for modal premium, if any.
3) **"Maturity Benefit"** means the Return of Premium payable on the Maturity Date.
4) **"Return of Premiums (ROP)"** means return of the Total Premiums paid under the Policy on the Maturity Date.
5) **"CI Maturity Benefit"** means benefit, if applicable, payable on the CI Maturity Date. The choice of CI Maturity Benefit has to be made by the Policyholder at the Policy Commencement Date.
6) **"CI Benefit (CIB)"** means the benefit payable on the diagnosis of any specified Critical Illness on the life of the Life Assured.
7) **"Total Premium"** means the sum of all Regular Premiums paid till date, as applicable, excluding any underwriting Extra Premium, CI Premium and taxes, if collected explicitly.
8) **"CI Total Premium"** means the sum of all CI Premiums paid till date, as applicable, excluding any CI Extra Premium, and GST & cess, if any

Critical Illness

Minor CI Conditions:

1. Percutaneous Heart Valve Repair

The actual undergoing of percutaneous intravascular Valvotomy or percutaneous intravascular Valvuloplasty not involving the deployment of any device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram.

All other surgical corrective methods will be excluded from this benefit.

The following are specifically excluded:

- Chronic constrictive pericarditis related to alcohol or drug abuse.
- Acute pericarditis due to any reason
- Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration.

2. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

The benefit payout for Angioplasty claim is capped at lower of INR 5 lakhs and 25% of CI SA.

3. Minimally Invasive Surgery of Aorta

The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram and confirmed by a specialist in the relevant field. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches

4. Infective Endocarditis

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

a) Positive result of the blood culture proving presence of the infectious organism(s);
b) 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

c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist

5. Carotid Artery Surgery

Angioplasty or Endarterectomy for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one (1) or more of carotid arteries. Both (a) and (b) below must be met:

a) Either:

i) Actual undergoing of endarterectomy to alleviate the symptoms; or

ii) Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

6. Early Cancer (including Carcinoma in-situ)

The diagnosis of any of the listed below conditions must be established by histological evidence and be confirmed by an independent Medical Practitioner who is an Oncologist.

- Carcinoma in-situ: Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis of which must be positively established by microscopic examination of fixed tissues.
- Prostate Cancer – early stage: Early Prostate Cancer that is histologically described using the TNM classification as T1N0M0
- Thyroid Cancer – early stage: All thyroid cancers that are less than 2.0 cm and histologically classified as T1N0M0 according to TNM classification.
- Bladder Cancer – early stage: All tumors of the urinary bladder histologically classified as T1N0M0 according to TNM classification.
- Chronic Lymphocytic Leukaemia – early stage: Chronic Lymphocytic Leukaemia categorized as stage 1 (one) to 2 (two) as per the Rai classification.

The following are specifically excluded from all early cancer benefits:

o All tumors which are histologically described as benign, borderline malignant, or low malignant potential
o Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
o Carcinoma in-situ of skin and Melanoma in-situ
o Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
o Malignant melanoma that has not caused invasion beyond the epidermis.

7. Guillain Barre Syndrome

Guillain-Barre syndrome is an acute, inflammatory, post-infectious polyneuropathy resulting in progressive and ascending paralysis. The diagnosis must be confirmed by a Neurologist, have been treated with plasma exchange or intravenous immunoglobulin, and must be of a severity to have documented evidence of persistent neurological symptoms lasting for a period of at least six months from the time of diagnosis.

8. Nephrectomy

The complete surgical removal of one kidney necessitated by any illness or accident of the Life Assured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field. Donation is excluded

9. Chronic Primary Sclerosing Cholangitis

This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. The benefit is payable only where there is a need immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.

10. Secondary Pulmonary Hypertension
Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.
The Diagnosis must be established by cardiac catheterisation by a specialist in the relevant field.

11. Ulcerative Colitis
Ulcerative colitis refers to chronic pan colitis with inflammation involving the entire colon which has been unequivocally diagnosed as ulcerative colitis on the basis of endoscopic appearances and biopsy proof. The diagnosis must be confirmed by a specialist gastroenterologist & there must be a requirement for ongoing systemic immunosuppression therapy or immuno-modulatory therapy for a period of at least 6 months supervised by the specialist in gastroenterology. Other forms of inflammatory colitis are specifically excluded. Ulcerative colitis confined to the rectum is specifically excluded.

12. Pericardectomy
The undergoing of a pericardiectomy as a result of pericardial disease. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.
The following are specifically excluded:
- Chronic constrictive pericarditis related to alcohol or drug abuse
- Acute pericarditis due to any reason
- Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle

13. Implantable Cardioverter Defibrillator
Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Documentary evidence of ventricular tachycardia or fibrillation must be provided.

14. Acute Necrohemorrhagic Pancreatitis
Acute inflammation and necrosis of pancreas parenchyma, focal enzyme necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met:
- The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
- The diagnosis is based on histopathological features and confirmed by a Specialist in gastroenterology.

Pancreatitis caused directly or indirectly, wholly or partly, by alcohol or drug abuse is excluded

15. Endovascular treatment for Cerebral Aneurysm
Endovascular Treatment for Cerebral Aneurysm shall mean the actual undergoing of an endovascular intervention, such as endovascular embolization, endovascular coiling, angioplasty and/or stenting or the insertion of a flow diverter, to prevent rupture of a cerebral aneurysm or to alleviate the bleeding due to rupture of a cerebral aneurysm. The procedure must be considered Medically Necessary and performed by a Registered Medical Practitioner who is a specialist in the relevant field.

16. Insertion of cerebral shunt
The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.

17. Less Severe Lung Disease
Chronic Lung Disease shall mean the Diagnosis of interstitial fibrosis requiring at least intermittent oxygen therapy and showing consistent reduction in FEV 1 of one point two (1.2) litres or less under appropriate medication. Diagnosis, severity and test results must be confirmed by a Registered Medical Practitioner

18. Small Bowel Transplant
The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.
The undergoing of the transplant has to be confirmed by a specialist medical practitioner.

19. Cirrhosis of the Liver
Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy. Liver disease secondary to the following are excluded: (i) Alcohol, (ii) Drug abuse, (iii) Hepatitis B virus, (iv) Hepatitis C virus

Major Conditions:
20. 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-

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

21. 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:

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

The following are excluded:

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

22. Open Chest CABG
The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
The following are excluded: Angioplasty and/or any other intra-arterial procedures

23. 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.

24. 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:

i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. 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.

25. 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.

26. 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:

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

27. Major Organ/ Bone Marrow Transplant

The actual undergoing of a transplant of:

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

The following are excluded:

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

28. 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.

29. 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.

30. Multiple Sclerosis With Persisting Symptoms

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

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
iii. Neurological damage due to SLE is excluded.

31. 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.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. 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.

32. Blindness

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

The Blindness is evidenced by:

i. corrected visual acuity being 3/60 or less in both eyes or ;
ii. 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.

33. 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.

34. End Stage Lung Failure

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

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO2 < 55mmHg$); and
iv. Dyspnea at rest.

35. End Stage Liver Failure

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

i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

36. 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.

37. Loss Of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs 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.

38. 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 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 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.

The following are excluded: Spinal cord injury

39. 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:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

40. 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

41. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

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. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding - the ability to feed oneself once food has been prepared and made available.

Alcohol related brain damage are excluded.

42. Aplastic Anaemia -

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

1. Absolute neutrophil count of less than 500/mm³
2. Platelets count less than 20,000/mm³
3. Reticulocyte count of less than 20,000/mm³

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anaemia is excluded and not covered in this policy.

43. 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.
- Isolated or benign kidney cysts are specifically excluded from this benefit.

44. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

1) The disease cannot be controlled with medication; and
2) There are objective signs of progressive deterioration; and
3) There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

- o 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;
- o Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- o Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- o Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- o Feeding - the ability to feed oneself once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

45. Systemic Lupus Erythematosus - with Lupus Nephritis

A multi-system, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of your Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final Diagnosis must be confirmed by a Physician specializing in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:
Class I - Minimal Change Lupus Glomerulonephritis
Class II - Messangial Lupus Glomerulonephritis
Class III - Focal Segmental Proliferative Lupus Glomerulonephritis
Class IV - Diffuse Proliferative Lupus Glomerulonephritis
Class V - Membranous Lupus Glomerulonephritis

46. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- Complete unawareness of the self and the environment
- Inability to communicate with others
- No evidence of sustained or reproducible behavioural responses to external stimuli
- Preserved brain stem functions
- Exclusion of other treatable neurological disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

47. Major Surgery of the Aorta

The undergoing of major surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta through surgical opening of the chest or abdomen. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

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

Surgery performed using only minimally invasive or intra-arterial techniques

48. Fulminant Viral Hepatitis - resulting in acute liver failure

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis
- Development of hepatic encephalopathy
- Decrease in liver size
- Increase in bilirubin levels
- Coagulopathy with an international normalized ratio (INR) greater than 1.5
- Development of liver failure within 7 days of onset of symptoms
- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- Fulminant viral hepatitis associated with intravenous drug use

49. Primary Cardiomyopathy

The unequivocal Diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class IV of the New York Heart Association (NYHA) classification of Cardiac Impairment. The Diagnosis must be confirmed by a consultant cardiologist.

Cardiomyopathy that is directly related to alcohol or drug misuse is excluded.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

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.

50. Muscular Dystrophy - resulting in permanent loss of physical abilities

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on at least three (3) out of four (4) of the following conditions:

i. Family history of other affected individuals;
ii. Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
iii. Characteristic electromyogram; or
iv. Clinical suspicion confirmed by muscle biopsy.

The disease must also result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again

51. Poliomyelitis - resulting in paralysis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

52. Sporadic Creutzfeldt-Jakob Disease (sCJD)

The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living".

Activities of Daily Living:

(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

• Disease caused by human growth hormone treatment is excluded.

53. Chronic Recurring Pancreatitis

The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by an gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

For the above definition, the following are not covered:
- Chronic pancreatitis due to alcohol or drug use
- Acute pancreatitis

54. Bacterial Meningitis - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered: Aseptic, viral, parasitic or non-infectious meningitis

55. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following:
- There is raised of blood ACTH greater than 50 pg/ml
- There is evidence of no response of raised aldosterone (serum cortisone) with ACTH test.
- There is a need for life long glucocorticoid and mineral corticoid replacement therapy.

For the above definition, the following are not covered: Secondary, tertiary and congenital adrenal insufficiency Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

Medical Practitioner:

A medical practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. This would mean a practitioner treating the Life Insured must be holding a degree equivalent to MD or MS in the relevant field to certify the medical condition.

The Medical practitioner should not be
- the policyholder/insured person himself/herself; or
- an authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- employed by or under contractual engagement with the insurance company;
- related to the policyholder/insured person by blood or marriage.

Exclusions

A) Critical Illness Benefit:

The Critical Illness benefit shall not be paid in the event of any claim occurring directly or indirectly as a result of any of the following:

1) If the diagnosis of such Critical Illness was made within 180 days of the start of coverage (i.e. during the waiting period). This would not be applicable on consecutive renewal of the Critical Illness cover for the member with the company;
2) If the insured dies within the survival period as per definition from date of the diagnosis of the covered CI;
3) Intentional self-inflicted injury, suicide or attempted suicide,
4) 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.
5) Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;
6) Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
7) Participation by the insured person in a criminal or unlawful act with criminal intent;
8) 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;

9) 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;
10) 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.
11) Any External Congenital Anomaly which is not as a consequence of Genetic disorder
12) Failure to follow medical advice

Grievance Redressal

Link for registering the grievance with the insurer's portal: Insurance company grievance portal - https://shorturl.at/HkC2M

In case the Policyholder have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Centre at Branch Office of the Company during the Company's office hours from Monday to Saturday (excluding public holidays), 9 am to 7 pm. Alternatively, you may communicate with the Company:
By post at: Customer Care Desk,
Bajaj Life Insurance Limited
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006
By Phone at: Customer Care Number: 020-6712 1212
By Email: customercare@bajajlife.com

In case the Policyholder are not satisfied with the resolution provided to him by the above office, or have not received any response within fourteen (14) days, or he has any suggestion in respect of this Policy or on the functioning of the office, he may contact the following official for resolution:
Grievance Redressal Officer,
Bajaj Life Insurance Limited
Bajaj Insurance House, Airport Road Yerawada, Pune, District – Pune, Maharashtra -411006
Customer Care Number: 020-6712 1212
Email ID: gro@bajajlife.com

If the Policyholder is not satisfied with the response or does not receive a response from the Company within fourteen (14) days, he may approach the IRDAI Grievance Call Centre (IGCC) on the following contact details:
By Phone: TOLL FREE NO: 155255, 1800-4254-732
By Email: complaints@irdai.gov.in
By post at: Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell Insurance Regulatory and Development Authority of India
Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032

The Policyholder can also register his complaint in the Bima Bharosa Shikayat Nivaran Kendra; https://bimabharosa.irdai.gov.in

In case the complaint is not resolved within 30 days or you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman. Contact details of Ombudsman:
Find your nearest Ombudsman office at https://www.cioins.co.in/ombudsman

Bajaj Life

Smart Protection Goal

A Non Linked, Non Participating, Individual Life Insurance Term Plan

Statutory Information

Assignment (Section 38 of the Insurance Act, 1938)

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

Nomination (Section 39 of the Insurance Act, 1938)

Nomination shall be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time

Prohibition of Rebate (Section 41 of the Insurance Act, 1938)

Prohibition of Rebate should be in accordance with provisions of 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 provision of this section shall be liable for a penalty which may extend up to ten lakh rupees."

Fraud & Misstatement (Section 45 of the Insurance Act, 1938)

Fraud & Misstatement would be dealt with in accordance with provisions of section 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 Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.

Disclaimer

This sales literature gives the salient features of the plan only. The policy document is the conclusive evident of contract and provides in details all the conditions and exclusions related to Bajaj Life Smart Protection Goal. Standard terms and conditions of the policy are available on Company website.

The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Limited to use its "Bajaj" Logo.

This brochure should be read in conjunction with the Benefit Illustration and Policy Exclusions. Please ask for the same along with the quotation.

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Contact Details

Bajaj Life Insurance Limited, Bajaj Insurance House, Airport Road, Yerawada, Pune - 411 006.
IRDAI Reg No.: 116 | CIN: U66010PN2001PLC015959

For any queries please contact:

Sales: 022-6124 1800	**Service: 020-6712 1212**

Mail us: www.bajajlifeinsurance.com	**Visit us at: customercare@bajajlife.com**	**UIN: 116N174V05**

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS -IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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