GENERALI Central
LIFE INSURANCE

GENERALI CENTRAL NON-LINKED
CRITICAL ILLNESS RIDER
Non-Par, Non-Linked, Health, Individual, Pure Risk Premium Rider

STAY FINANCIALLY STRONG, EVEN IN LIFE'S TOUGHEST BATTLES

Unboxing
Generali Central Critical Illness Rider

A promise to provide your family the financial comfort they need while you focus on your recovery



Generali Central
Non-Linked Critical Illness Rider

Generali Central Non-Linked Critical Illness Rider Plan is a
Non- Par, Non-Linked, Health, Individual, Pure Risk Premium Rider

A serious illness can come without warning, affecting not just your health but your entire way of life. The Critical Illness Rider offers added protection by supporting you financially during such difficult times—so you can focus on recovery, not expenses. It's a simple, thoughtful addition to your life insurance policy that helps you stay prepared for life's unexpected health challenges. By easing the financial burden during a health crisis, it allows you and your family to focus on what truly matters—your recovery and well-being.

KEY FEATURES

- Flexibility to pay premiums as per your convenience – Single, Limited and Regular payments
- Flexibility to receive Rider Sum Assured as lump sum benefit, income for the income period chosen and a combination of both
- Provides financial support on diagnosis of a covered critical illness, helping you manage treatment and recovery with peace of mind.
- Choose from 10, 30, or 60 critical illness conditions, based on the level of protection that suits your needs.

Rider Summary		
Min / Max Entry Age	Minimum:	18 years of age (as on last birthday)
	Maximum:	As per base plan, subject to maximum 65 years of age (as on last birthday)
Min / Max Maturity Age	Minimum:	23 years (as on last birthday)
	Maximum:	As per base plan, subject to maximum 70 years of age (as on last birthday)
Premium Paying Frequency	Single Pay, Yearly, Half-Yearly, Quarterly and Monthly	
Premium Payment Option	Regular, Limited and Single pay	
Rider Sum Assured	Minimum:	Equal to Base Policy Sum Assured, subject to minimum of ₹1 Lakh
	Maximum:	₹1 Crore, subject to 100% of Base Policy Sum Assured
Rider Term	Minimum:	For Single / Regular Pay – 5 years For Limited Pay – 6 years
	Maximum:	30 years, subject to maturity age of 70 years
Premium Paying Term, if different from policy term	Minimum:	Single premium – 1 year
		Limited premium – 5 years
		Regular premium – as per Rider Policy Term
	Maximum	Single premium – 1 year
		Limited premium – (Rider Policy Term – 1) years
		Regular premium – as per Rider Policy Term
Annualized Premium	As per Sum Assured The premium pertaining to health related or critical illness riders shall not exceed 100% of premium under the base product.	

A Policyholder can choose to avail the rider policy from the policy commencement date or any policy anniversary, subject to the Rider policy term, Rider PPT being aligned to the remaining base Policy Term and PPT, and subject to underwriting as per the prevailing Board Approved Underwriting Policy (BAUP) of the Company.

What are Your Benefits?

1.Benefits:

If the life assured is diagnosed to be suffering from one of the critical illness/ conditions covered under this rider and survives for 30 days after such diagnosis, then Rider Sum Assured is payable. This benefit helps manage medical expenses and income loss during treatment and recovery.

The cover under the base plan or any other riders taken will continue even after a claim under this rider is paid. However, the Policyholder will not be covered under this rider henceforth.

i. There are three (3) options in this rider. The policyholder can choose any one of these options:

(a) 10 CI – 10 Critical Illnesses are covered

(b) 30 CI – 30 Critical Illnesses are covered

(c) 60 CI – 60 Critical Illnesses are covered

Details of Critical illness covered under 3 variants:

NO	NAME OF CI / SURGERY*	OPTION 1 (10 CI)	OPTION 2 (30 CI)	OPTION 3 (60 CI)
1	Cancer of Specified Severity	Yes	Yes	Yes
2	Myocardial Infarction (First Heart Attack - Of Specified Severity	Yes	Yes	Yes
3	Open Chest CABG	Yes	Yes	Yes
4	Open Heart Replacement or Repair of Heart Valves	Yes	Yes	Yes
5	Coma of Specified Severity	Yes	Yes	Yes
6	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes
7	Stroke Resulting in Permanent Symptoms	Yes	Yes	Yes
8	Major Organ/Bone Marrow transplant	Yes	Yes	Yes
9	Permanent Paralysis of Limbs	Yes	Yes	Yes
10	Motor Neuron Disease with Permanent Symptoms	Yes	Yes	Yes

*Please refer to Annexure 1 for definitions of critical illnesses.

NO	NAME OF CI / SURGERY*	OPTION 1 (10 CI)	OPTION 2 (30 CI)	OPTION 3 (60 CI)
11	Multiple Sclerosis with Persisting Symptoms		Yes	Yes
12	Benign Brain Tumor		Yes	Yes
13	Blindness		Yes	Yes
14	Deafness		Yes	Yes
15	End Stage Lung Failure		Yes	Yes
16	End Stage Liver Failure		Yes	Yes
17	Loss of Speech		Yes	Yes
18	Loss of Limbs		Yes	Yes
19	Major Head Trauma		Yes	Yes
20	Primary (Idiopathic) Pulmonary Hypertension		Yes	Yes
21	Third Degree Burns		Yes	Yes
22	Alzheimer's Disease		Yes	Yes
23	Parkinson's Disease		Yes	Yes
24	Major Surgery of Aorta		Yes	Yes
25	Myasthenia Gravis		Yes	Yes
26	Aplastic Anaemia		Yes	Yes
27	Loss of Independent Existence (Cover up to Age 70)		Yes	Yes
28	Progressive Scleroderma		Yes	Yes
29	Other Serious Coronary Artery Diseases		Yes	Yes
30	Severe Rheumatoid Arthritis		Yes	Yes
31	Cardiomyopathy			Yes

*Please refer to Annexure 1 for definitions of critical illnesses.

NO	NAME OF CI / SURGERY*	OPTION 1 (10 CI)	OPTION 2 (30 CI)	OPTION 3 (60 CI)
32	Infective Endocarditis			Yes
33	Medullary Cystic Kidney Disease			Yes
34	Apallic Syndrome			Yes
35	Creutzfeldt-Jakob Disease			Yes
36	Pneumonectomy (Surgical Removal of One Lung)			Yes
37	Brain Surgery			Yes
38	Severe Ulcerative Colitis			Yes
39	Chronic Relapsing Pancreatitis			Yes
40	Progressive Supranuclear Palsy - Resulting In Permanent Symptoms			Yes
41	Good Pastures Syndrome With Lung And Renal Involvement			Yes
42	Fulminant Viral Hepatitis			Yes
43	Severe Crohn's Disease			Yes
44	Bacterial Meningitis			Yes
45	Necrotising Fasciitis			Yes
46	Muscular Dystrophy			Yes
47	Poliomyelitis			Yes
48	Tuberculous Meningitis			Yes
49	Encephilitis			Yes
50	Primary Myelofibrosis			Yes

*Please refer to Annexure 1 for definitions of critical illnesses.

NO	NAME OF CI / SURGERY*	OPTION 1 (10 CI)	OPTION 2 (30 CI)	OPTION 3 (60 CI)
51	Pheochromocytoma			Yes
52	Systemic Lupus Erythematous With Renal Involvement			Yes
53	Eisenmenger's Syndrome			Yes
54	Loss of use of One Limb and Loss of Sight in One Eye			Yes
55	Refractory Heart Failure			Yes
56	Takayasu Arteritis			Yes
57	Severe Guillain-Barre Syndrome			Yes
58	Spinal Stroke			Yes
59	Benign Spinal Cord Tumour with Neurological Deficit			Yes
60	Severe Progressive Bulbar Palsy			Yes

*Please refer to Annexure 1 for definitions of critical illnesses.

ii. The Policyholder has following options to receive Rider Sum Assured:

(a) Lump sum benefit- Rider Sum Assured will be payable as lump sum.

(b) Income for the income period chosen (from 2 to 10 years) - The income will be paid starting from the date of occurrence of insured event at a frequency (Yearly / Half Yearly / Quarterly / Monthly) and for the income period chosen. The payment frequency can't be changed once the regular income commences.

(c) Combination of lump sum and income for the income period chosen (from 2 to 10 years)

The default option to receive Rider Sum Assured is lump-sum benefit. The Policyholder can change it to any of the options during the Rider Term but before the occurrence of insured event.

The rider will terminate on payment of complete Rider Sum Assured.

Little privileges just for you

1. Premium payment mode

Premium can be paid in Single premium, Annual, Half-yearly, Quarterly or Monthly modes which shall be same as the base policy.

2. Grace Period

Grace Period means the time granted by the insurer from the due date for the payment of premium, without any penalty or late fees, during which time the Policy is considered to be In-force with the risk cover without any interruption, as per the terms & conditions of the Policy. The Grace Period for payment of the premium for all types of life insurance policies shall be fifteen (15) days, where the Policyholder pays the premium on a monthly basis and thirty (30) days in all other cases. And in case of Single Pay, the grace period is not applicable.

3.Free Look Period

Same as Base Policy.

4.Alterations

(a) Rider can be attached to the base plan at inception or at any policy anniversary of the base plan as per the Rider Terms and Conditions.

(b) Rider will automatically get surrendered if the base plan is surrendered and Surrender Value, if any shall be payable.

Terms and Conditions

1. The Rider Sum Assured is payable subject to following conditions:

i. The policy shall have to be in force at the time of critical illness diagnosis.

ii. The life assured survives for 30 days after diagnose of critical illness, unless a separate Survival Period is specified for any particular disease/condition in the CI definitions.

iii. Signs and symptoms relevant to the claimed CI condition must have been present and documented before death.

iv. All investigations must confirm that the diagnosis of claimed CI condition has been done before the death of the insured.

2. Exclusions

A. Exclusions for Critical Illness:

We shall not be liable to make any payment under this policy towards a covered Critical Illness resulting from or in respect of any of the following:

i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider.

ii. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising therefrom.

- Where, pre-existing Disease: It means any condition, ailment, injury or disease:
  1. That is / are diagnosed by a physician within 36 months prior to the effective date of the policy issued or its reinstatement by the insurer or
  2. For which medical advice or treatment was recommended by, or received from, physician within 36 months prior to effective date of the policy or its reinstatement.
- Reinstatement means the revival of policy post expiry of grace period.
- No Critical Illness benefits shall be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later, and the Company has accepted the same.

iii. Any Critical Illness caused due to use or misuse of alcohol, drugs or any addictive substance and consequences thereof.

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

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

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

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

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

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

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

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

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

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

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

xv. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

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

(a)Surgery to be conducted is upon the advice of the Medical Practitioner

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

(c)The member has to be 18 years of age or older and

(d)Body Mass Index (BMI):

- greater than or equal to 40 or
- greater than or equal to 35 in conjunction with any of the following severe co-morbidities
  - ◊ Obesity related cardiomyopathy
  - ◊ Coronary heart disease
  - ◊ Severe Sleep Apnea
  - ◊ Uncontrolled Type 2 Diabetes

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

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

xix. Any Critical Illness caused by sterility and infertility. This includes:

(a) Any type of contraception, sterilization

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

(c) Gestational Surrogacy

(d) Reversal of sterilization

B. Other Exclusions:

The Company shall not be under any obligation to provide cover and We shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the insurer to any sanction, prohibition or restriction under OFAC, United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America or as directed by the Government of India, from Time to time.

3. Lapse

i. For Limited Pay:

(a) If all due Rider premiums for the first Policy year has not been paid in full within the Grace Period, the Rider shall lapse and will have no value.

(b) All risk cover ceases while the Rider is in lapsed status.

(c) The Policyholder has the option to revive a lapsed Rider within five (5) years (along with Base Policy) from the due date of first unpaid premium.

(d) In case the Rider is not revived during the Revival Period, no benefit shall be payable at the end of Revival Period and the Rider will terminate thereafter.

ii. For Single / Regular Pay:

Not Applicable

4. Revival

i. Regular / Limited Pay:

(a) Revival Period means the period of five (5) consecutive years from the due date of first unpaid Rider premium during which period the Policyholder is entitled to revive the Rider which was discontinued due to the non-payment of premium.

(b) Revival of a Rider cannot be done once the Rider Term is over.

(c) The Revival will be considered on receipt of application from the Policyholder along with the proof of continued insurability of Life Assured and on payment of all overdue Rider premiums with interest, if any. The Company, however, reserves the right to accept at original terms, accept with modified terms or decline the Revival of a discontinued Rider. The Revival of the discontinued Rider shall take effect only after the same is approved by the Company and is specifically communicated to the Policyholder

(d) The interest rate applicable on Revival should be the same as that applicable in the Base Policy.

(e) If a premium is not paid beyond the Grace Period and subject to the Policy and Rider not having been surrendered, it may be revived, within the Revival Period applicable to the base product after the due date of first unpaid premium and before the date of maturity, subject to:

- Policyholder's written application for revival;
- Production of Insured's current health certificate and other evidence of insurability, satisfactory to the Company; and
- Payment of all overdue premiums with interest.

(f) If the base policy had lapsed, on revival of the base policy on repayment of all due premium within the revival period, the rider will get revived along with the base policy. The rider cannot be revived independently and can only be revived along with the revival of the base policy.

(g) Any revival shall only cover loss or insured event which occurs after the revival date subject to the waiting period applicable for the respective rider. Upon revival of the rider, all benefits shall be restored and be applicable with effect from the date of revival.

(h) If the rider is not revived along with the base policy, the rider shall be terminated by paying any residual policy cancellation value as on the date of revival of the base policy and revival of such terminated rider will not be allowed at a later stage.

ii. Single Pay:

Not Applicable

5. Surrender

Not Applicable

6. Policy Cancellation Value

i. For Regular Pay where premium payment term is equal to policy term:

No policy cancellation value shall be payable in respect of regular pay policies.

ii. For Limited/Single Pay where premium paying term is lesser than policy term:

Policy Cancellation Value shall be payable upon the policyholder applying for the same before the stipulated date of maturity.

Policy cancellation value gets acquired immediately upon payment of premium in case of Single Pay and upon payment of premiums for at least 1 full year and after completion of first policy year in case of Limited Pay.

Policy Cancellation Value is equal to:

(a) Regular Pay - No benefit is payable

(b) Limited Pay - 75% * (Total Premiums Paid excluding first year premium (s)) * (1 – rider premium paying term / rider term) * (Balance rider term / rider term).

(c) Single Pay - 75% * (Total Premiums Paid) * (1 – rider premium paying term / rider term) * (Balance rider term / rider term).

Riders may be surrendered / discontinued separately, or it gets surrendered / discontinued if the base policy is surrendered / discontinued or made paid-up .

7. Paid-up Benefit

Not Applicable

8. Waiting Period

i. A waiting period of 90 days is applicable from the date of issue of policy or date of revival or reinstatement which is later.

ii. No benefit will be payable if there is diagnosis of any CI or any signs or symptoms related to any CI occurs within the waiting period as applicable from either the date of issue of the policy or date of revival whichever is later.

iii. The waiting period is not applicable if a covered CI condition happens due to accident.

9. Survival Period

Any valid claim is payable subject to fulfilling all of the below criteria:

i. 30 days survival period from the date of diagnosis of any insured CI condition, unless a separate Survival Period is specified for any particular disease/condition in the CI definitions.

ii. Signs and symptoms relevant to the claimed CI condition must have been present and documented before death.

iii. All investigations must confirm that the diagnosis of claimed CI condition has been done before the death of the insured.

10. Nomination

Same as Base Policy

11. Assignment

Same as Base Policy

12. Tax Benefit

You may be eligible for tax benefits on the premium(s) you pay and benefit proceeds, according to the provisions of Income Tax laws as amended from time to time.

Prohibition of rebates:

Section 41 of the Insurance Act 1938 as amended from time to time states:

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

FRAUD AND MISREPRESENTATION

Section 45 of the Insurance Act 1938 as amended from time to time states:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after the expiry of 3 years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of Life Insurance may be called in question at any time within 3 years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud.

Disclaimer: For further information, Section 45 of the Insurance laws (Amendment) Act, 2015 may be referred.
This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.

Grievance Redressal Processes

In case you have any grievances on the solicitation process or on the Product sold or any of the Policy servicing matters, you may approach the Company in one of the following ways:

(a) Calling the Customer helpline number 1800-102-2355 for assistance and guidance

(b) Emailing @ care@generalicentral.com

(c) You may also visit us at the nearest Branch Office. Branch locator - https://generalicentrallife.com/branch-locator/

(d) Senior citizens may write to us at the following id: senior.citizens@generalicentral.com for priority assistance

(e) You may write to us at:

Customer Services Department
Generali Central Life Insurance Company Limited,
Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S Marg, Vikhroli (W), Mumbai – 400083

We will provide a resolution at the earliest. For further details please access the link:
https://generalicentrallife.com/customer-service/grievance-redressal-procedure

Annexure X

Definitions of Critical Illness (CI) conditions

1. CANCER OF SPECIFIED SEVERITY

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

II. The following are excluded –

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

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

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

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

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

II. The following are excluded:

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

3. OPEN CHEST CABG

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

II. The following are excluded:

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

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

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

5. COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   1. No response to external stimuli continuously for at least 96 hours;
   2. Life support measures are necessary to sustain life; and
   3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

6. Kidney Failure Requiring Regular Dialysis

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

7. STROKE RESULTING IN PERMANENT SYMPTOMS

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

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

8. MAJOR ORGAN/BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

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

II. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

III. The following are excluded:

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

9. PERMANENT PARALYSIS OF LIMBS

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

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

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

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

1. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE are excluded.

12. BENIGN BRAIN TUMOR

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

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   1. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   2. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. BLINDNESS

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

II. The Blindness is evidenced by:
   1. Corrected visual acuity being 3/60 or less in both eyes or;
   2. The field of vision being less than 10 degrees in both eyes.

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

14. DEAFNESS

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

15. END STAGE LUNG FAILURE

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
   1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
   2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO2 < 55mmHg$); and
   4. Dyspnea at rest.

16. END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   1. Permanent jaundice; and
   2. Ascites; and
   3. Hepatic encephalopathy.

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

17. LOSS OF SPEECH

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

II. All psychiatric related causes are excluded.

18. Loss of Limbs

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

19. MAJOR HEAD TRAUMA

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

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

III. The Activities of Daily Living are:

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

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

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

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

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

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

IV. The following are excluded:

1. Spinal cord injury.

20. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

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

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

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

21. THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

22. ALZEIMER'S DISEASE

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

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

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

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

The following are excluded:

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

23. PARKINSON'S DISEASE

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

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

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
2. Dressing: the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs, or other surgical appliances.
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
4. Mobility: the ability to move indoors from room to room on level surfaces.
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
6. Feeding: the ability to feed oneself once food has been prepared and made available.

III. The following is excluded:

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

24. Major Surgery of Aorta:

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

Traumatic injury of the aorta is excluded.

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

25. MYASTHENIA GRAVIS

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

1. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
2. The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification is as follows:

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

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

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

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

Class V: Intubation needed to maintain airway.

The following are excluded:

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

26. APLASTIC ANEMIA

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

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

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

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

27. Loss of Independent Existence (cover up to age 70)

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

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

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

This benefit will be available only up to age 70 last birthday.

28. Progressive Scleroderma

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

The following conditions are excluded:

- Localized scleroderma (linear scleroderma or morphea);
- Eosinophilic 33 asciitis; and
- CREST syndrome.

29. Other Serious Coronary Artery Diseases

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

For purposes of this 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).

30. Severe Rheumatoid Arthritis

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

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

Disability resulting in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
d. Mobility: the ability to move indoors from room to room on level surfaces.
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available.

31. Cardiomyopathy

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

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. Infective Endocarditis

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

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

33. MEDULLARY CYSTIC DISEASE

Medullary Cystic Disease where the following criteria are met:

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

The following are excluded.

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

34. APALLIC SYNDROME

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

35. CREUTZFELDT-JAKOB DISEASE (CJD)

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist, and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

36. Pneumonectomy (Surgical Removal of One Lung)

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

37. Brain Surgery

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

38. Severe ulcerative colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

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

39. Chronic Relapsing Pancreatitis

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

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

40. Progressive Supranuclear Palsy-Resulting In Permanent Symptoms

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

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

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Dressing: the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
d. Mobility: the ability to move indoors from room to room on level surfaces.
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available.

41. Good Pastures Syndrome With Lung And Renal Involvement

Goodpasture Syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung damage and end stage kidney disease of eGFR <60 mL/min/ . 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.

42. Fulminant Viral Hepatitis

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

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

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

43. Severe Crohn's Disease

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

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

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

44. Bacterial Meningitis

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

This diagnosis must be confirmed by:

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

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
d. Mobility: the ability to move indoors from room to room on level surfaces.
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available.

45. Necrotizing Fasciitis

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

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

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

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

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

46. MUSCULAR DYSTROPHY

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

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

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

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

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

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

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

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

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

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

47. Poliomyelitis

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

I. Poliovirus is identified as the cause through laboratory investigation.

II. 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.

48. Tuberculous Meningitis

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

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

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

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
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e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available.

49. 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.

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
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e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available.

50. Primary Myelofibrosis

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

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

51. Pheochromocytoma

Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.

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.

52. Systemic Lupus Erythematous with Renal Involvement

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

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

53. 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.

54. 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.

55. Refractory Heart Failure

Refractory Heart failure is defined as a systolic or diastolic dysfunction which meets all of the below criteria

a. Heart Failure has reached cardiac impairment of Stage D of ACC/AHA classification for a continuous period of least six months and
b. Heart Failure that does not respond to optimal medical therapy ("triple therapy") and
c. results in Ejection fraction of the heart is less than or equal to 30%, as measured by Echocardiogram The diagnosis must be confirmed by a Cardiologist

The following is excluded:

- Reversible causes of heart failure such as hypocalcemia, anaemia.
- Heart Failure secondary to alcoholism and drug abuse.

56. Takayasu 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.

57. 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. The diagnosis has to be confirmed by a neurologist and substantiated by typical findings in CSF, EMG and NC studies.

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d. Mobility: the ability to move indoors from room to room on level surfaces;
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f. Feeding: the ability to feed oneself once food has been prepared and made available.

58. Spinal Stroke

Death of spinal cord tissue due to inadequate blood supply or hemorrhage 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.

59. 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.

Activities of Daily Living are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d. Mobility: the ability to move indoors from room to room on level surfaces;
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f. Feeding: the ability to feed oneself once food has been prepared and made available.

60. Severe Progressive Bulbar Palsy

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

The Activities of Daily Living are:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
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.

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