Presenting

Add up to 60 Critical Illness cover to your plan

ICICI Pru Linked
HEALTH PROTECT RIDER
A Non-Participating Non-Linked Health Individual Pure Risk Rider



Choose from 2 packages

20 Critical illnesses | **60** Critical illnesses

ICICI PRUDENTIAL LIFE INSURANCE

ICICI Pru
Linked
HEALTH PROTECT RIDER

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

In today's fast-paced world, stress levels are rising, making good health a major concern for everyone. The risk of developing a serious illness has increased significantly. Fortunately, advancements in medical science effective treatments are now available but the cost of treatment remains a major financial burden. A critical illness not only affects a family emotionally but also disrupts financial stability. While we cannot predict or prevent such illnesses, we can safeguard ourselves against their financial impact with a critical illness cover.

Presenting **ICICI Pru Linked Health Protect Rider** designed to provide financial protection against Critical Illness. This amount can help manage immediate medical expenses or support your lifestyle in case your income is disrupted, ensuring peace of mind during difficult times.

Salient features that make
ICICI Pru Linked Health Protect Rider
suitable for you



One lump sum payment
on diagnosis of any of
the covered Critical Illness.



You can choose from 2 packages:

20CI package
which covers
20 Critical illnesses,

60CI package
which covers
60 Critical illnesses

Plan at a glance - Eligibility Criteria to buy the rider

This rider offers a benefit option -Critical Illness benefit option and below is the eligibility criteria for

	Minimum	Maximum
Premium Payment Term (PPT)	Limited pay & Regular pay: 5 years	Limited pay:19 years Regular pay:20 years
Coverage Term (PT)	Limited pay: 6 years Regular pay: 5 years	Limited pay & Regular pay: 20 years
Entry age	18 years	55 years

Premium Payment Frequency: Yearly, Half-Yearly, Monthly (same as chosen under the Base policy)

Minimum Sum Assured: ₹ 5,00,000

Maximum Sum Assured: Subject to the Board Approved Underwriting Policy (BAUP) but not exceeding the sum assured on death at inception for the base policy.

Minimum Annualized Premium: Corresponding to the minimum sum assured

Maximum Annualized Premium: Corresponding to the maximum sum assured. Subject to the Board Approved Underwriting Policy (BAUP). However, premium for benefit option shall not exceed 100% of premium under the base policy.

Taxes (if any) will be charged extra, as per applicable rates and prevailing tax laws. Tax laws are subject to amendments from time to time.

Maximum premium payment term and coverage term permissible under the benefit option is equal to the premium payment term and coverage term respectively of the base policy, subject to the maximum maturity age of the life assured named under this rider not exceeding 75 years (last birthday).

The Rider can be attached to an applicable base policy at the inception of such policy.

Premium will vary depending upon the package chosen.

What is the benefit?

a) This rider offers a benefit option known as Critical illness benefit option which provides coverage against diagnosis of critical illness to the life assured in the form of following packages:

i. 20CI Package – Life Assured is covered for the 20 specified Critical Illnesses

ii. 60CI Package – Life Assured is covered for the 60 specified Critical Illnesses

The package once chosen cannot be altered during the coverage term.

The list of the critical Illnesses covered under each package is as follows:

Sr no	Critical Illness	20 CI package	60 CI package
1	Cancer of Specified Severity	Y	Y
2	Myocardial Infarction (First Heart Attack - Of Specified Severity	Y	Y
3	Open Chest CABG	Y	Y
4	Open Heart Replacement or Repair of Heart Valves	Y	Y
5	Coma of Specified Severity	Y	Y
6	Kidney Failure Requiring Regular Dialysis	Y	Y
7	Stroke Resulting in Permanent Symptoms	Y	Y
8	Major Organ/Bone Marrow transplant	Y	Y
9	Permanent Paralysis of Limbs	Y	Y
10	Motor Neuron Disease with Permanent Symptoms	Y	Y
11	Multiple Sclerosis with Persisting Symptoms	Y	Y
12	Benign Brain Tumor	Y	Y
13	Blindness	Y	Y
14	Deafness	Y	Y
15	End Stage Lung Failure	Y	Y
16	End Stage Liver Failure	Y	Y
17	Loss of Speech	Y	Y

Sr no	Critical Illness	20 CI package	60 CI package
18	Loss of Limbs	Y	Y
19	Major Head Trauma	Y	Y
20	Primary (Idiopathic) Pulmonary Hypertension	Y	Y
21	Third Degree Burns		Y
22	Alzheimer's Disease		Y
23	Parkinson's Disease		Y
24	Major Surgery of Aorta		Y
25	Myasthenia Gravis		Y
26	Aplastic Anaemia		Y
27	Loss of Independent Existence (Cover up to Age 74)		Y
28	Progressive Scleroderma		Y
29	Other Serious Coronary Artery Diseases		Y
30	Severe Rheumatoid Arthritis		Y
31	Cardiomyopathy		Y
32	Infective Endocarditis		Y
33	Medullary Cystic Kidney Disease		Y
34	Apallic Syndrome		Y
35	Creutzfeldt-Jakob Disease		Y
36	Pneumonectomy (Surgical Removal of One Lung)		Y
37	Brain Surgery		Y
38	Severe Ulcerative Colitis		Y
39	Chronic Relapsing Pancreatitis		Y
40	Progressive Supranuclear Palsy - Resulting In Permanent Symptoms		Y
41	Good Pastures Syndrome With Lung And Renal Involvement		Y
42	Fulminant Viral Hepatitis		Y
43	Severe Crohn's Disease		Y
44	Bacterial Meningitis		Y

Sr no	Critical Illness	20 CI package	60 CI package
45	Necrotising Fasciitis		Y
46	Muscular Dystrophy		Y
47	Poliomyelitis		Y
48	Tuberculous Meningitis		Y
49	Encephilitis		Y
50	Primary Myelofibrosis		Y
51	Pheochromocytoma		Y
52	Systemic Lupus Erythematous With Renal Involvement		Y
53	Eisenmenger's Syndrome		Y
54	Loss of use of One Limb and Loss of Sight in One Eye		Y
55	Refractory Heart Failure		Y
56	Takayasu Arteritis		Y
57	Severe Guillain-Barre Syndrome		Y
58	Spinal Stroke		Y
59	Benign Spinal Cord Tumour with Neurological Deficit		Y
60	Severe Progressive Bulbar Palsy		Y

Y stands for "Yes"

In the event the life assured is diagnosed with any of the covered critical illness during the coverage term provided the benefit option is inforce, then the company shall pay the sum assured to the claimant. Thereafter the benefit option shall terminate and all rights, benefits and interests under this benefit option will stand extinguished.

In order for a claim to be eligible under this benefit option it is necessary that all the below mentioned conditions are satisfied:

i. The life assured is diagnosed with a specified critical Illness and the same is covered under the package chosen by the life assured;
ii. The critical Illness suffered by the life assured satisfies the definition, terms and conditions mentioned under "Critical illness definition and exclusion";
iii. The life assured's diagnosis of critical illness must be confirmed by a medical practitioner;
iv. The date of diagnosis of the critical illness will be considered for processing a claim.
v. The Life Assured is not diagnosed with a Critical Illness or signs or symptoms of any Critical Illness did not arise within the Waiting Period; and
vi. The Life Assured survives the specified Survival Period.

For more information please refer to the clause 8 of "Terms and Conditions"

Illustration:

The below table shows sample annualized premiums for 20CI package of Critical Illness Benefit Option at different premium payment terms and rider terms for a sum assured of ₹ 10 Lacs at age 40 for a male.

Premium Payment Term (A)	Coverage Term (B)	Annualized Premium (C)	Total Premiums Paid (AXC)
6 years	12 years	11,615	69,690
10 years	12 years	7,507	75,070
12 years	20 years	13,507	1,62,084
20 years	20 years	9,328	1,86,560

In the above illustration, it is assumed that there are no underwriting extra premiums, and no other riders have been attached to the base policy at the time of purchasing this rider.

the event life assured is diagnosed with any of the critical Illness on the date of maturity, then the benefit under this benefit option is not payable and this benefit option shall terminate with all rights and benefits thereunder.

In the event of death of the life Assured whilst the benefit option is in force no death benefit shall be payable through this Rider.

What are the exclusions?

You or the claimant shall not be entitled for any benefit if the critical illness for which a claim is registered with the Company falls within the exclusions mentioned below. These exclusions apply in addition to the exclusions specified in the definitions mentioned in "Critical illness definition and exclusion" :

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

b. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising therefrom. Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:

   i. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the Rider issued by the insurer or

   ii. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the Rider or its reinstatement.

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

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

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

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

g. 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.

h. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Life Assured

i. 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.

j. 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.

k. Any Critical Illness occurring as a direct or indirect result of service in the military/paramilitary, naval, air forces or police organizations and participation in operations requiring the use of arms or ammunitions where the participation is ordered by such authorities for combating terrorists, rebels and the like..

l. 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.

m. 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.

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

o. 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.

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

   i. Surgery to be conducted is upon the advice of the Medical Practitioner

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

   iii. The member has to be 18 years of age or older and

   iv. 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

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

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

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

   i. Any type of contraception, sterilization

   ii. Gestational Surrogacy

   iii. Reversal of sterilization

Critical illness definitions and exclusion

The Critical Illness covered under each Package is mentioned below along with their definitions. In order for a claim under this policy to be acceptable, it is necessary that the Critical Illness for which claim is raised by You is covered under the Package chosen and satisfies the terms and conditions in the definitions mentioned hereunder:

1. Cancer of Specified Severity

a. 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.

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

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

a. 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 biochemical markers.

b. 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..

3. Open Chest CABG

a. 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.

b. The following are excluded:
   Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

a. 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

a. The 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.

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

b. The following are excluded:
   i. Other acute Coronary Syndromes
   ii. Any type of angina pectoris
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4. Open Heart Replacement or Repair of Heart Valves

a. 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.

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   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.

b. 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 (haemodialysis 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

a. 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.

b. 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.

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.
The following are excluded:
   i. Other stem-cell transplants.
   ii. 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

a. 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

a. 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.

b. Neurological damage due to SLE is excluded.

12. Benign Brain Tumor

a. 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.

b. 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.

c. 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

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

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

14. Deafness

a. 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

a. 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 ($PaO_2 < 55mmHg$); and
   iv. Dyspnea at rest.

16. End Stage Liver Failure

a. 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.

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

17. Loss of Speech

a. 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.

18. 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.

19. Major Head Trauma

a. 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.

b. 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.

c. 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.

d. The following are excluded:
   i. Spinal cord injury.

20. Primary (Idiopathic) Pulmonary Hypertension

a. 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.

b. 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.

c. 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

These 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:

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

The following are excluded:

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

23. Parkinson's Disease

a. 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:

b. For the purpose of this clause, 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. 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.

c. 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:

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

i. Congenital myasthenic syndrome
ii. 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:

i. Blood product transfusion.
ii. Marrow stimulating agents.
iii. Immunosuppressive agents; or
iv. 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:

i. Absolute Neutrophil count of 500 per cubic millimeter or less.
ii. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
iii. Platelet count of 20,000 per cubic millimeter or less.

27. Loss of Independent Existence (cover up to age 74)

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

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

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

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

28. Progressive Scleroderma

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

The following conditions are excluded:

- Localized scleroderma (linear scleroderma or morphea);
- Eosinophilic 36 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:

i. Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction.
ii. Characteristic electromyogram
iii. 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:

i Findings in the cerebrospinal fluid (csf) report
ii 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
iii Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

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

Activities of Daily Living are defined as:

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

49. 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.
d. Mobility: the ability to move indoors from room to room on level surfaces.
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
f. Feeding: the ability to feed oneself once food has been prepared and made available.

50. Primary Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in severe anemia below 10 g/dl, low platelet count below 100,000 micro and enlarged spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Insured.
Person requires a blood transfusion at least monthly over at least six (6) consecutive months. The diagnosis of Primary Myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

Secondary Myelofibrosis is excluded.

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

a. 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

b. 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:

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.

Waiting period

a. For all the critical illnesses covered under this benefit option, there is a waiting period of 90 days commencing from the date of commencement of risk or from the date of revival of the benefit option whichever is later.

b. In case the life assured is diagnosed with any of the covered critical illness or where any signs or symptoms related to any covered critical Illness arises during waiting Period, no benefit shall be payable. In such an event the company will refund the premiums of critical illness benefit option net of all benefits already paid (excluding taxes), if any, from the date of commencement of risk of the policy or from the date of revival whichever is later, and the benefit option/rider will terminate with immediate effect.

c. No waiting period applies for critical Illness claims arising solely due to an accident.

Survival period

a. There is survival period of 15 days unless a separate survival period is specified for any particular disease/condition/ illness as per the Critical illness definitions mentioned under “Critical illness definitions and exclusion”.

b. No benefit will be payable if life assured does not survive during this period.

c. If the critical illness is diagnosed within the coverage term but the survival period goes beyond the coverage term, then also the claim shall be honoured by the company as per the applicable terms and conditions

d. In case the Life Assured has died post the Survival Period, the diagnosis of the claimed Critical Illness shall be done before the death of the Life Assured.

Non-Payment of Premiums: What happens if you stop paying your premiums?

If the premium Instalment is not paid within the grace period before the payment of two full year's premium then the rider shall lapse, and the cover will cease. If this rider is not revived within the revival period then the benefit option/rider shall be foreclosed with no benefits payable.

If any premium Instalment for the rider is not paid within the grace period after the payment of two full years' premiums, then the rider shall lapse, and the cover will cease. If this rider is not revived within the revival period (along with the base policy), then the surrender value (if applicable, computed as on date of premium discontinuance) shall become payable on the earliest of the following events:

a. Death of the life assured within the revival period,
b. At the end of revival period,

Post payment of such surrender value (if any), then the rider shall foreclose and all rights and benefits under the benefit option shall stand extinguished.

Surrender

i. Unexpired risk premium value, if any, will be payable, if you either surrender the base policy along with the rider or surrender only the benefit option/rider.
ii. Surrender Value equal to Unexpired risk premium value will be as follows:

Limited Pay:

a. If two full year's premium is not paid, Unexpired risk premium value = 0.
b. If two full year's premium has been paid, then the Unexpired risk premium value = 25%*[Number of months for which premiums are paid / (Premium Payment Term X 12)] * [1-(Policy Month of surrender-1) / (Total coverage term X 12)] X Total Premiums Paid.

Regular Pay:

a. No Unexpired risk premium value is payable.

iii. On payment of the surrender value, the benefit option/rider will terminate and all rights, benefits and interests under the benefit option will stand extinguished.

Revival

Rider along with the base policy which has discontinued payment of premium may be revived subject to underwriting and the following conditions:

- Where the request for revival has been received for the rider along with the Base Policy.
- The revival period applicable for the rider will be same as the revival period applicable to the Base Policy from the due date of the first unpaid premium and before the date of maturity. Revival will be based on the prevailing Board Approved Underwriting Policy.
- You furnish, at Your own expense, satisfactory evidence of health of the Life Assured if required by the prevailing Board Approved Underwriting Policy.
- The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. Revival interest rate will be same as applicable for revival of Base Policy.
- The revival of the rider may be on terms different from those applicable to the Rider before premiums were discontinued; for example, extra mortality/ morbidity premiums or charges may be applicable.
- The revival of the rider must happen along with the Base Policy and will take effect only if it is specifically communicated by the Company to the Policyholder.
- The Company reserves the right to refuse to revive this rider.
- Any change in revival conditions will be disclosed to policyholders.
- Upon revival of the rider, which had earlier lapsed along with the Base Policy, the Sum Assured will be restored as per the conditions mentioned above provided the Base Policy is revived along with the Rider.

Cancellation of the Rider

benefit option shall be terminated by Us on the occurrence of any of the below mentioned conditions:

a) When the base policy to which the rider is attached terminates upon payment of death benefit due to any reason whatsoever
b) When the coverage under the base policy to which the rider is attached expires due to cancellation or surrender or termination of the base policy due to any other reason
c) When the coverage under the base policy to which the rider is attached, lapses/becomes paid-up (if applicable) on account of non-payment of premiums and has not been revived within the coverage term under the benefit option
d) When the rider along with the base policy has not been revived within the revival period
e) Upon expiry of the coverage term of benefit option i.e., on date of maturity of the benefit option
f) On cancellation of the rider by the company for any reason whatsoever.
g) On payment of free look cancellation proceeds.

Terms & Conditions

1. Free look period: On receipt of the rider policy document, whether received electronically or otherwise, you have an option to review the rider terms and conditions. If You are not satisfied or have any disagreement with the terms and conditions of the rider or otherwise and has not made any claim under the rider, rider document needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the rider Document. We will refund the premium paid after deduction of stamp duty, proportionate risk premium for the period of cover and the expenses borne by the company on medical tests, if any. The rider will terminate on payment of this amount and all rights, benefits and interests under this rider will stand extinguished.

The rider can be terminated during the Free look period either on its own or along with its base policy. In case the base policy is cancelled within free-look period, the rider will also be automatically cancelled.

2. Tax Benefits: Tax benefits may be available on premiums paid and benefits received as per prevailing tax laws. Taxes, if any, will be charged extra as per prevailing rates. Tax laws are subject to amendments made thereto from time to time. Please consult your tax advisor for more details.

3. Grace Period: If you are unable to pay an instalment premium by the due date, you will be given a grace period of 15 days for payment of due instalment premium if you have chosen monthly frequency, and 30 days for payment of due instalment premium if you have chosen any other frequency, commencing from the premium due date. The cover continues during the grace period. In case , the life assured is diagnosed with any of the covered critical illnesses during the grace period, then we will pay the benefit subject to terms and conditions of this rider.

4. Renewal Premium in Advance: Collection of renewal Premium in advance shall be allowed within the same financial year for the Premium due in that financial year and advance premium for Base Policy is also collected for the same duration. Provided the premium due in one financial year is being collected in advance in earlier financial year for a maximum period of three months in advance from the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

5. Loadings for other than annual mode of premium payment frequency: For monthly and half-yearly modes of premium payments, additional loadings will be applied to the base premium and the extra mortality premium, if any. The additional loadings, expressed as a percentage of the annual premium will be as given below:

Mode of Premium Payment	Loading (% of Annual Premium)
Yearly	0.00%
Half-yearly	2.00%
Monthly	5.00%

6. The Rider is also available for sale through online mode.

7. No paid-up value is payable under this rider.

8. The Company reserves the right to subject the Life Assured to medical examination(s) / investigation(s) in connection with any Critical illness claim as deemed appropriate by the Company to establish and verify the Critical Illness for which the claim has been registered. The cost of the medical examination(s) / investigation(s) will be borne by the Company, in the absence of which the Company reserves the right to reject the claim.

9. Nomination: Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time. Details of nomination will be as mentioned for the base policy. For more details on this section, please refer to our website.

10. Section 41: In accordance with 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 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.

11. Section 45: 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., 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 three 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: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4) A policy of life insurance may be called in question at any time within three 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 that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

In case of fraud or misstatement, the policy shall be cancelled immediately by paying the unexpired risk premium value, subject to the fraud or misstatement being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time

12. For further details, please refer to the policy document.

13. Policy Servicing and Grievance Handling Mechanism: For any clarification or assistance, You may contact Our advisor or call Our customer service

representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.iciciprulife.com. For updated contact details, We request You to regularly check Our website. If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at gro@iciciprulife.com or 1800-2660

Address:
ICICI Prudential Life Insurance Company Limited,
Unit 901A & 901B,1001A & 1002B , Prism Towers,
Mindspace Link Road, Goregaon (West),
Mumbai – 400104.

For more details, please refer to the "Grievance Redressal" section on www.iciciprulife.com. If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below:
ICICI Prudential Life Insurance Co. Ltd.
Unit 901A & 901B,1001A & 1002B, Prism Towers,
Mindspace Link Road, Goregaon (West),
Mumbai – 400104.

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach Policyholders' Protection and Grievance Redressal Department, the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA 55255 (or) 1800 4254 732 Email ID: complaints@irdai.gov.in

Address for communication for complaints by fax/paper:
Policyholders' Protection and Grievance Redressal Department – Grievance Redressal Cell

Insurance Regulatory and Development Authority of India

Survey No. 115/1, Financial District, Nanakramguda, Gachibowli,

Hyderabad, Telangana State – 500032

You can also register your complaint online at bimabharosa.irdai.gov.in.

This is subject to change from time to time. Refer https://www.iciciprulife.com/services/grievance-redressal.html for more details.

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company Limited is a joint venture between ICICI Bank Limited and Prudential Corporation Holdings Limited, a part of the Prudential group. ICICI Prudential began its operations in Fiscal 2001 after receiving approval from Insurance Regulatory Development Authority of India (IRDAI) in November 2000.

ICICI Prudential Life Insurance has maintained its focus on offering a wide range of savings and protection products that meet the different life stage requirements of customers.

ICICI PRUDENTIAL LIFE INSURANCE

For more information:
Customers calling from any where in India, please dial 1800 2660
Do not prefix this number with “+” or “91” or “00”
Call Centre Timings: 10.00 am to 7.00 pm
Monday to Saturday, except National Holidays.
To know more, please visit www.iciciprulife.com

ICICI Prudential Life Insurance Company Limited. IRDAI Regn. No. 105. CIN: L66010MH2000PLC127837.

ICICI Prudential Life Insurance Company Limited. Registered Office: ICICI Prudential Life Insurance Company Limited, ICICI PruLife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025. This product brochure is indicative of the terms, conditions, warranties, and exceptions contained in the insurance policy. For further details, please refer to the policy document. In the event of conflict, if any, between the contents of this brochure and those contained in the policy document, the terms and conditions contained in the policy document shall prevail. ICICI Pru Linked Health Protect Rider. UIN: 105A050V01, Advt. No.:L/II/1090/2025-26.

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