kotak life

Kotak

CRITICAL ILLNESS
BENEFIT RIDER (Linked)

KOTAK CRITICAL ILLNESS BENEFIT RIDER (Linked)

With the fast-paced life and change in lifestyle, the chances of anyone getting affected due to severe illness has increased drastically. While we focus on the rising medical costs and treatment, we often overlook the indirect expenses such as paying household bills or loan instalments for your home and vehicle, rehabilitation expenses and alternative therapies.

Kotak Critical Illness Benefit Rider enables you to get the best treatment available and takes care of the indirect expenses while you recover from a critical illness or surgery. The plan provides a lump sum amount in case you are diagnosed with any of the specified critical illness or have undergone any of the surgeries listed below. By opting for Kotak Critical Illness Benefit Rider along with the Base Plan, you can enhance the existing protection available under Base Plan at affordable rates.

Key Features:

- Avail Protection against 37 Critical Illness
- Lump sum Pay-out in case diagnosed with any listed Critical Illness
- Flexibility to pay premiums as per your convenience
- Option to select Rider at inception or on policy anniversary.

Benefit Structure

In the event of the Life Insured being diagnosed with any one of the specified Critical Illnesses subject to terms and conditions, lump sum amount shall be payable to you, provided the Life Insured survives for a period of 30 days following diagnosis of the said Critical Illness. The lump sum amount shall be defined as:

- If the Life Insured undergoes Angioplasty and the Rider Sum Assured is less than or equal to ₹ 5,00,000 the benefit payable shall be 100% of the Rider Sum Assured and the Rider shall terminate.

- If the Life Insured undergoes Angioplasty and the Rider Sum Assured is greater than ₹ 5,00,000; the benefit payable shall be equal to ₹ 5,00,000 and post such Angioplasty claim the Critical Illness Benefit shall continue to be in force during the Rider Term for the balance Rider Sum Assured for

the remaining Critical Illnesses with a proportional reduction in the future premiums.

- The proportional reduced premium will be calculated as: Original Premium * [(original Rider Sum Assured – 5 lakhs)/ original Rider Sum Assured]

This Rider shall terminate once 100% of the Rider Sum Assured has been paid or on the completion of the Rider Term, whichever is earlier. The benefit payout shall be over and above the Base Plan Benefit. In the event where the Rider Benefit has been paid out, the Rider Benefit shall cease and the Base Policy shall continue.

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List of Critical Illnesses	
1. Cancer of Specified severity	19. Primary (Idiopathic) Pulmonary Hypertension
2. Myocardial Infraction (1st Heart Attack of specified severity)	20. Motor Neuron Disease with Permanent Symptoms
3. Open Chest CABG	21. Multiple Sclerosis with Persisting Symptoms
4. Open Heart Replacement or Repair of Heart Valves	22. Angioplasty
5. Kidney Failure Requiring Regular Dialysis	23. Surgery of Aorta
6. Stroke resulting in Permanent Symptoms	24. Apallic Syndrome
7. Major Organ/ Bone Marrow Transplant	25. Loss of Independent Existence
8. Permanent Paralysis of limbs	26. Cardiomyopathy
9. Loss of Limbs	27. Brain Surgery
10. Third Degree Burns	28. Alzheimer's Disease
11. Blindness	29. Parkinson's Disease
12. End Stage Liver Failure	30. Muscular Dystrophy
13. End Stage Lung Failure	31. Poliomyelitis
14. Coma of Specified Severity	32. Medullary Cystic Disease
15. Major Head Trauma	33. Systematic lupus Erythematosus with Renal Involvement
16. Benign Brain Tumour	34. Aplastic Anaemia
17. Deafness	35. Bacterial Meningitis
18. Loss of Speech	36. Encephalitis
	37. Fulminant Viral Hepatitis

Eligibility Criteria

This Rider can be taken on single life basis at inception of the Base Policy or on any subsequent policy anniversary of the Base Policy subject to limits specified below:

<table>
<tr><th colspan="3" rowspan="2">Particulars</th><th colspan="2">Limit</th></tr>
<tr><th>Minimum</th><th>Maximum</th></tr>
<tr><td colspan="3">Entry Age (as on last birthday)</td><td>18 years</td><td>65 years</td></tr>
<tr><td colspan="3">Maturity Age (as on last birthday)</td><td>23 years</td><td>75 years</td></tr>
<tr><td rowspan="3">Rider Term</td><td colspan="2">Regular Pay</td><td>5 years</td><td rowspan="3">40 years or (75 years – Age at Entry), subject to maximum maturity age of 75 years</td></tr>
<tr><td colspan="2">Limited Pay</td><td>6 years</td></tr>
<tr><td colspan="2">Single Pay</td><td>5 years</td></tr>
<tr><td rowspan="4">Rider Premium Payment Term</td><td colspan="2">Regular Pay</td><td colspan="2">Equal to Rider Term</td></tr>
<tr><td rowspan="2">Limited Pay</td><td>Policy Term “75 -Age at entry”</td><td colspan="2">5 / 6 / 7 / 8 / 10 / 12 / 15 / 20 years
The available premium payment term options differs by age as listed below –
For Regular & Limited pay options:
<table><tr><th>PPT</th><th>Applicable Age</th></tr><tr><td>5/6/7/8/10</td><td>18-65</td></tr><tr><td>12</td><td>18-63</td></tr><tr><td>15</td><td>18-60</td></tr><tr><td>20</td><td>18-55</td></tr></table></td></tr>
<tr><td>All others</td><td>Min : 5 years</td><td>Max : 20 years</td></tr>
<tr><td colspan="2">Single Pay</td><td colspan="2">One - time</td></tr>
<tr><td colspan="3">Rider Premium Payment Frequency/Mode</td><td colspan="2">Single / Yearly / Half Yearly / Quarterly / Monthly (Premium Payment Frequency shall be as per the Base Plan)</td></tr>
</table>

<table>
<tr><td>Modal Factors</td><td>The following modal loadings will be used to calculate the instalment premium in case of Regular and Limited Premium Payment Options:
<table>
<tr><th>Frequency/ Mode</th><th>Modal Factor</th></tr>
<tr><td>Annual</td><td>100% of Tabulated Rates</td></tr>
<tr><td>Half - Yearly</td><td>51% of Yearly Premium</td></tr>
<tr><td>Quarterly</td><td>26% of Yearly Premium</td></tr>
<tr><td>Monthly</td><td>8.8% of Yearly Premium</td></tr>
</table>
Mode of the rider premium will be same as that of the base policy.</td></tr>
<tr><td>Rider Sum Assured</td><td>₹ 25,000</td><td>As per Board Approved Underwriting Policy[1]</td></tr>
<tr><td>Premium</td><td colspan="2">Minimum & Maximum Premium shall depend upon the Rider Sum Assured, Age, Gender, Rider Term, Premium Payment Term, & Premium Payment Frequency

Policyholder will have to pay rider premium with applicable GST in addition to the base plan premium.</td></tr>
</table>

[1]Total Critical Illness Rider Premiums shall in no case exceed 100% of the premium (including extra premium, if any) payable under the Base Policy.

This Rider shall not be offered where the outstanding Premium Paying Term under the Base Policy is less than 5 years.

Tax Benefit

Tax benefits are subject to conditions as per the Income-tax Act, 1961. Tax laws are subject to amendments from time to time. Customer is advised to take an independent view from tax consultant.

Terms and Conditions

A. Benefit payable under this Rider shall be subject to the following conditions:

- This benefit must be in force at the time of the diagnosis of the Critical Illness
- The policy must be in force for at least 90 days from the date of issuance
- This benefit shall only be payable in case the Life Insured survives for a period of at least 30 days post diagnosis of the Critical Illness
- The policyholder writes to the Company, within 30 days from the day the Critical Illness is diagnosed, giving the following details :
  - Date of diagnosis of the Critical Illness
  - Nature and extent of the illness and details thereof, including medical reports & investigations, and the Life Insured's address
  - Life Insured must be willing to be examined by a Medical Examiner nominated by the Company to avail the benefit

B. Definitions of 37 Critical Illnesses

1. Cancer of specified severity

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

II. The following are excluded –

- All tumours 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 & CIN-3
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- Malignant melanoma that has not caused invasion beyond the epidermis
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification

- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs

2. Myocardial Infarction (First Heart Attack - of specified 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:

- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

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

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 breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist

II. The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

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

5. 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.

6. 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:

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

7. Major Organ/ Bone Marrow Transplant

I. The actual undergoing of a transplant of:

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

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

II. The following are excluded:

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

8. Permanent Paralysis of Limb

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

9. 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

10. 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

11. 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:
- corrected visual acuity being 3/60 or less in both eyes or ;
- 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

12. End Stage Liver Failure

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

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

13. End Stage Lung Failure

End Stage Lung Disease causing chronic respiratory failure, as confirmed and evidenced by all of the following:

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

14. Coma of Specified Severity

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

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

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

15. 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, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, 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:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

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

IV. The following is excluded:

- Spinal cord injury

16. Benign Brain Tumour

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

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

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

17. Deafness

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

18. Loss of Speech

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

19. 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:
   - Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms
   - Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest

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

20. Motor Neuron Disease with Permanent Symptoms

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

21. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   - investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   - there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

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

22. Angioplasty*

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

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

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

*Max payout of ₹ 5 Lakhs under this Kotak Critical Illness Benefit Rider, shall be made in case the Life Assured has to undergo Angioplasty ; Rider shall continue with the balance Sum Assured, in

case the Rider SA is more than ₹ 5 Lakhs and shall only be payable in case the Life Assured is diagnosed with any one of the remaining 36 CIS

23. Surgery of Aorta

The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.

24. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.

25. Loss of Independent Existence

Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or

trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the 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 hope of recovery with current medical knowledge and technology.

Activities of Daily Living are:-

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

26. Cardiomyopathy

I. 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 III or Class IV, or its equivalent, based on the following classification criteria:
   - Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure
   - 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

II. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded

27. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The

procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

28. Alzheimer's Disease

I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor

II. The following are excluded:
- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage
- Any other type of irreversible organic disorder/dementia

29. Parkinson's Disease

I. Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:
- cannot be controlled with medication;
- shows signs of progressive impairment; and

- Activities of Daily Living assessment confirms in a permanent Inability to perform at least three (3) of the 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)

II. Drug-induced or toxic causes of Parkinson's disease are excluded.

Activities of Daily Living are:-

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

30. Muscular Dystrophy

I. Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:
   - Family history of other affected individuals;
   - Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
   - Characteristic electromyogram; or
   - Clinical suspicion confirmed by muscle biopsy

II. The condition must result in the inability to perform at least three (3) of the 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)

31. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause and is proved by Stool Analysis,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months

32. Medullary Cystic Disease

I. Medullary Cystic Disease where the following criteria are met:
   - The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
   - Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
   - The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy

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

33. Systematic lupus Erythematosus with Renal Involvement

I. Multi-system, autoimmune disorder characterized by the development of auto- antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE 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

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

III. Abbreviated ISN/RPS classification of lupus nephritis (2003):

- **Class I** - Minimal mesangial lupus nephritis
- **Class II** - Mesangial proliferative lupus nephritis
- **Class III** - Focal lupus nephritis
- **Class IV** - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
- **Class** V - Membranous lupus nephritis
- **ClassVI -** Advanced sclerosing lupus nephritis

The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology

34. Aplastic Anaemia

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

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

II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

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

35. Bacterial Meningitis

I. Bacterial or viral infection resulting in severe inflammation of the membranes of the brain, brain substance (cerebral hemisphere, brainstem or cerebellum) or spinal cord, resulting in permanent inability 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:-

- **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa
- **Mobility:** The ability to move indoors from room to room on level surfaces

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

36. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability 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:-

- **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa
- **Mobility:** The ability to move indoors from room to room on level surfaces

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

37. Fulminant Viral Hepatitis

I. A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:
   - Rapid decreasing of liver size as confirmed by abdominal ultrasound;
   - Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
   - Rapid deterioration of liver function tests;
   - Deepening jaundice; and
   - Hepatic encephalopathy

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

C. No benefits shall be payable under this Rider if a claim arises directly or indirectly due to any of the following conditions :

- Subject to provisions under section 45 of Insurance Act 1938, Pre-Existing Conditions or conditions connected to a Pre-

Existing Condition will be excluded. Pre-Existing Condition is any condition, ailment or injury or related condition(s):

- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
- For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to effective date of the policy issued by the insurer or its reinstatement.
- War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the Life Insured is an active participant in such activities
- Participation in any armed force or peace keeping activities
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means
- An intentional or self-inflicted act
- Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation
- Deliberate participation of the Life assured in an illegal or criminal act with criminal intent

D. Waiting Period

Waiting Period of 90-days shall be applicable under this Rider. No benefit shall be payable if diagnosis of any Critical Illness listed above is first made and/or hospitalization and/or treatment (availed or advised) related to the Critical Illness covered within the aforesaid 90 days from date of commencement of risk under rider or reinstatement date, whichever is later.

E. Survival Period

The Life Insured must survive for a period of 30 days post diagnosis of the Critical Illness to be eligible to avail the Rider Benefit.

F. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases.

There is grace period of 30 days for all premium payment modes except monthly. In case of monthly mode, the grace period is of 15 days. Grace Period is not applicable for Single Premium policies. Rider premium has to be paid along with the premium under the base plan. Hence grace period of the base plan shall apply on payment of rider premium as well.

G. Lapse

- For Limited Pay Riders:
  - For PPT less than 10 years: If premiums are discontinued anytime during the first 2 years, the rider benefit shall lapse at the end of the Grace Period. No benefit shall be payable under such circumstances
  - For PPT greater than or equal to 10 years: If premiums are discontinued anytime during the first 3 years, the rider benefit shall lapse at the end of the Grace Period. No benefit shall be payable under such circumstances
- Single Pay Rider benefit shall not lapse once the Rider premium has been received by us
- Regular Pay Rider shall lapse if the due premium is not received within the Grace Period
- Further, if the Base Policy lapses, the Rider Benefits shall automatically lapse provided the rider has not acquired surrender value.

H. Revival

Revival of this Rider can be done along with the Revival of the Base Policy. The Rider cannot be revived independently of the Base Policy. Revival will be based on Board Approved Underwriting Policy (BAUP). On payment of due premiums, the rider will automatically be renewed with Base Policy.

I. Surrender

- Surrender Value shall not be applicable under Regular Premium Rider
- Surrender Value shall be acquired under Limited Premium Rider, in case the policyholder has paid premium for a continuous period of:
  - 2 full years (for premium payment term of less than 10 years)
  - 3 full years (for premium payment term of 10 years or more)
- Surrender Value shall be acquired under Single Premium Rider once the premium has been received by us
- In case the Policyholder does not want to continue and wishes to surrender the Rider, the surrender benefit payable to the policyholder shall be as mentioned below:

Premium Payment Option	Surrender Benefit Payable
Regular Pay	Not Applicable
Limited Pay	60% x Total Rider Premiums paid excluding first year premium(s), x ((Rider Term - Rider PPT) / Rider Term) x (Balance Rider Term / Rider Term)
Single Pay	75% x Rider Single Premium paid x ((Rider Term - 1) / Rider Term) x (Balance Rider Term / Rider Term)

J. Reduced Paid Up

In case of Limited Premium Payment Rider, if any of the Rider Premiums are unpaid, provided the Rider has acquired Surrender Value, Rider can be converted into Reduced Paid Up. Rider will be

made Reduced Paid Up only if the Base Policy is converted to Reduced Paid Up, subject to the terms and conditions of the Base Policy.

Rider Benefit will be based on Reduced Paid Up Rider Sum Assured, where Reduced Paid- Up Rider Sum Assured is:

Reduced Paid-Up Rider Sum Assured = (Total Rider Premiums paid / Total Rider Premiums payable) X Rider Sum Assured

Total Rider Premiums Paid means total of all the rider premiums received, excluding any underwriting extra premium and taxes

A Reduced Paid-Up Rider, if not revived, as per the Revival terms and conditions, shall continue to remain in the Reduced Paid-Up status until maturity.

In case of Single Premium Paying Rider shall be treated as fully paid-up.

Regular Premium Paying Rider shall not be converted to Reduced paid-up and shall lapse if any of the Premiums are unpaid within the Grace Period.

K. Availability

These riders are available under Unit Linked Insurance Plans as specified in the corresponding product brochures

L. Alteration

- Rider can be attached to the Base Plan at inception or at any policy anniversary of the Base Policy Term as per Board Approved Underwriting Policy and the Rider Terms and Conditions
- Rider shall automatically get surrendered if the Base Plan is surrendered and Surrender Value, if any shall be payable
- Increase/Decrease in Rider Sum Assured shall not be allowed
- Rider can be detached anytime during the Rider Term and will be effective from the next rider premium due date
- However, if the rider is opted earlier and then detached during the Rider Term, the policyholder will not be able to opt for the Rider again under the same Base Policy. On detachment of the rider, Surrender Value, if any, will be paid and the Rider Benefit will terminate
- Minor Alterations such as change in Name/ Address/ Phone No. change shall be allowed anytime
- Other Alterations are allowed only on policy anniversary. Premium Frequency & Mode change may be allowed as per Base Policy
- On detachment of the rider, the applicable surrender value, if any, will be paid and the rider cover will terminate.

M. Nomination

Nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. The Nomination as per the Base Policy shall be applicable for the Rider.

N. Assignment

Assignment shall be allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. The Assignment as per the Base Policy shall be applicable for the Rider.

O. Suicide Claim provision

In case of life insured committing suicide any time during the Rider Term, this rider benefit is not payable.

P. Free-Look Period

The Policyholder is offered a 30 days' free look period to review the terms and conditions of the Policy (except for policies having a policy term of less than a year) beginning from the date of receiving the Policy Document in electronic form. In case the Policyholder is not agreeable to any terms and conditions of the Policy or otherwise; then subject to no claims having been made hereunder, the Policyholder may choose to return the Policy to the Insurer for cancellation, stating the reasons thereof within the aforesaid free look period.

Should the Policyholder choose to return the Rider, the Policyholder shall be entitled to a refund of the rider Premium paid after deducting the proportionate rider risk Premium for the period of cover, stamp duty charges and expenses of medical examination (if any). A Rider once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Rider. The Rider stands cancelled when the free look provision of the base Policy is exercised.

Q. Goods and Services Tax and Cess

Goods and Services Tax and Cess shall be levied on Rider premium as per the prevailing tax laws and/or any other laws.

Extract of 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 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 punishable with fine which may extend to ten lakhs rupees

Extract of Section 45 of the insurance Act, 1938 as amended from time to time states:

Fraud, Misstatement and Forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. Please visit our website for more details: https://www.kotaklife.com/assets/images/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf

About Us

Kotak Mahindra Life Insurance Company Ltd. is a 100% owned subsidiary of Kotak Mahindra Bank Limited (Kotak) which provides insurance products with high customer empathy. Its product suite leverages the combined prowess of protection and long term savings. Kotak Life Insurance is one of the growing insurance companies in India and has covered over several million lives.

For more information, please visit the company's website at www.kotaklife.com

Kotak Mahindra Group

Kotak Mahindra Group is one of India's leading banking and financial services organizations, offering a wide range of financial services that encompass every sphere of life. From commercial banking, to stock broking, mutual funds, life insurance and investment banking, the Group caters to the diverse financial needs of individuals and the corporate sector.

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Kotak Critical Illness Benefit Rider - UIN: 107A022V02.

This is Non-Participating Linked Health Individual Pure Risk Rider. The sales brochure gives only the salient features of the plan. This product is available for sale through online mode. Please refer the Policy Document for specific details on all terms and conditions.

Kotak Mahindra Life Insurance Company Ltd.: Regn. No.:107; CIN: U66030MH2000PLC128503. Regd. Office: 8th Floor, Plot # C - 12, G - Block, BKC, Bandra (E), Mumbai - 400 051. Website: www.kotaklife.com | WhatsApp: 9321003007, Toll Free No: 1800 209, Ref. No. : KLI/24-25/E-PB/1104

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