Sabse Pehle
Life Insurance

kotak life

A plan that protects your family's financial future and covers medical uncertainties

KOTAK VITAL CARE

gives a lumpsum payout on
diagnosis and comes with a life cover



Hum hain... hamesha

Kotak Vital Care

A Non-Participating Non-Linked Life Individual Pure Risk Insurance Product

As you step into adulthood, you're building the foundation for your future, taking on new responsibilities for yourself and your family, and striving for success. While your ambitions are important, it's equally crucial to prepare for life's uncertainties. Protecting yourself with an insurance plan is vital, as unforeseen events can significantly impact your financial security.

This is where **Kotak Vital Care** comes in, offering convenient and affordable life insurance coverage with health benefits designed to fit your needs. With options like Personal Accident Cover, Cancer Cover, Cardiac Cover, it provides a smart choice for those who value both financial security and well-being. This plan goes beyond traditional life cover, offering **affordable premiums** and a **wide safety net** for life's uncertainties.

Key Features:

- **Sachet Life Cover** at Affordable Price.
- **Holistic Protection** which covers life, accident & major health risks.
- **Short & Hassle-Free Buy** Process for Quick Issuance.
- Inbuilt **Health & Wellbeing** benefits.

How does the Plan Work?

Step 1:
Choose your Coverage Amount i.e. Basic Sum Assured based on your requirement.

Step 2:
Select the Plan Options based on your requirement.

Step 3:
Select your Policy Term.

Step 4:
Select your Premium Payment Term.

Step 5:
Select your Premium Payment Mode.

Benefit Structure:

What is payable in the event of Life Insured's death?

In the event of Life Insured's death, during the policy term, 100% of Sum Assured on Death shall be payable to the Claimant.

Sum Assured on Death

Sum Assured on Death shall be highest of the following:

- Basic Sum Assured[1] OR
- 11 times Annualized Premium[2] OR
- 105% of total premiums paid[3] till the date of death.

Note:

[1]**Basic Sum Assured** shall be Sum Assured of Base Cover opted by the policyholder on inception.

[2]**Annualized Premium** is the premium* payable in a policy year, excluding loadings for modal premium and Goods and Services Tax and Cess as applicable if any.

For e.g.: If monthly premium is ₹50 then the Annualized Premium[2] shall be ₹568 (50 / modal factor of 8.8%).

*This includes the premium for the base cover and the chosen optional benefits.

[3]**Total Premium paid** is total of all premiums received including loading for modal premium but excluding Goods and Services Tax and Cess as applicable, if any.

Optional Benefits:

Plan Option A: Personal Accident Cover

This cover provides a peace of mind to you and your family, as we pay a lumpsum amount in the event of Life Insured's Accidental Death or Disability.

A: Accidental Death:

In case of unfortunate demise of the Life Insured, due to an accident, within the policy term, 100% of the Sum Assured as opted under Plan Option A: Personal Accident Cover along with Basic Sum Assured less claims already paid under this plan option shall be payable to the Claimant and the coverage shall terminate.

B: Accidental Permanent Total Disablement & Permanent Partial Disablement:

In case of permanent and total irrevocable loss of use any of the following due to an accident, the below mentioned % of Sum Assured as opted under Plan Option A: Personal Accident Cover shall be payable to the Life Insured provided the loss is due to a result of accidental bodily injury within 120 days of such accident:

Event	Percentage of Sum Assured payable
Loss of Sight of both eyes	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Either Hand or Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%

Event	Percentage of Sum Assured payable
Loss of Events Either Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%

For policies with non-annual premium payments, if a claim is made for 100% Sum Assured under Plan Option A: Personal Accident Cover, the unpaid premiums for the rest of that policy year will be deducted from the Sum Assured.

The maximum total pay-out under section A and Section B put together shall not exceed the Sum Assured as opted under Plan Option A: Personal Accident Cover. In the event, where a claim has already been paid for Accidental Partial Permanent Disablement (i.e. 50% of the Sum Assured), the coverage shall continue with the Balance Sum Assured as opted under Plan Option A: Personal Accident Cover. Once a claim has been paid for Accidental Permanent Total Disablement & Permanent Partial Disablement leading to total pay-out of i.e. 100% of the Sum Assured under Plan Option A, the coverage shall terminate.

The conditions mentioned above, that result in a pay-out of 100% of the Sum Assured are referred to as Accidental Permanent Total Disablement, whereas conditions mentioned above, that result in a pay-out of 50% of the Sum Assured are referred to as Accidental Permanent Partial Disablement.

In the event of occurrence/diagnosis of more than one condition at once, the claim shall be payable for only one condition with the highest pay-out. You have the flexibility to make multiple claims under this Plan Option, however the maximum pay-out shall be subject to 100% of the Sum Assured opted under this Plan Option.

Plan Option B: Cardiac Cover

This cover ensures you are financially secured while you undergo treatment / surgery, as the benefit pay out may be used to take care of the medical expenses in case of a valid claim on diagnosis of early stage or major stage Cardiac condition.

A: Minor Conditions

In case the Life Insured is diagnosed with any of the below conditions, 25% of the Sum Assured as opted under Plan Option B: Cardiac Cover shall be payable to the Life Insured, and the coverage shall continue with the Balance Sum Assured if any.

A. Events Minor Conditions

1. Implantation of Pacemaker of Heart (Insertion of Pacemaker)
2. Angioplasty
3. Minimally Invasive Surgery of Aorta
4. Pericardiectomy
5. Balloon Valvotomy or Valvuloplasty Section
6. Surgery to place Ventricular Assist Devices or total artificial hearts
7. Carotid Artery Surgery
8. Surgery for Cardiac Arrhythmia
9. Implantable Cardioverter Defibrillator
10. Infective Endocarditis

B: Major Conditions

In case the Life Insured is diagnosed with any of the below conditions, 100% of the Sum Assured as opted under Plan Option B: Cardiac Cover less claims already paid before shall be payable to the Life Insured and the coverage shall terminate.

B. Events Major Conditions

1. Myocardial Infarction (First Heart Attack - of Specified Severity)
2. Open Chest Coronary Artery Bypass Graft
3. Open Heart Replacement or Repair of Heart Valves
4. Major Surgery of Aorta
5. Heart Transplant
6. Primary (Idiopathic) Pulmonary Arterial Hypertension
7. Cardiomyopathy

Under minor conditions, the benefit shall not be payable twice for the same condition. However, you can make multiple claims for different minor conditions subject to the non-exhaustion of 100% of Sum Assured and Cooling-off Period (mentioned separately below).
In the event, where the Life Insured is diagnosed with more than one condition at once, the claim shall be payable for only one condition with the highest pay-out.
In case of multiple claims under this Plan, the maximum pay-out shall be capped at 100% of the Sum Assured under this Plan Option. For policies with non-annual premium payments, if a claim is made for 100% Sum Assured under Plan Option B: Cardiac Cover, the unpaid premiums for the rest of that policy year will be deducted from the Sum Assured.

Plan Option C: Cancer Cover

Under this option, the lump-sum pay-out made once the Cancer is diagnosed at early or major stage can be used to meet the treatment expenses. The benefit payable to the Life Insured is as mentioned below:

Diagnosis	Benefits payable
Early Stage Cancer or Carcinoma in situ (CIS)	25% of Sum Assured under Option C: Cancer cover
Cancer of Specified Severity (Major Stage Cancer)	100% of Sum Assured under Option C: Cancer Cover less Early Stage Cancer claims already paid if any

Maximum Payout under this Plan Option shall not exceed the Sum Assured as opted under Plan Option C (Cancer Cover). You can make multiple claims for different early stage conditions subject to the non-exhaustion of 100% of Sum Assured and Cooling-off Period (mentioned separately below).

In the event of a Major Claim under this Plan Option, where a claim for Minor Condition has already been paid, the Cooling off period shall not be applicable. Only the balance Sum Assured, if any, shall be payable, provided the Life Insured has survived during the Survival Period.

For early-stage condition of Cancer, multiple claims from the same organ will not be admissible. However, 4 multiple minor claims shall be paid from the different organs as mentioned below.

1. Basal cell and squamous skin cancer
2. Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary
3. Colon and rectum
4. Penis, testis
5. Stomach and esophagus

For policies with non-annual premium payments, if a claim is made for 100% Sum Assured under Plan Option C: Cancer Cover, the unpaid premiums for the rest of that policy year will be deducted from the Sum Assured.

In the event of diagnosis of more than one condition at once, the claim shall be payable for only one condition with the highest pay-out.

On payment of Major Claim, the cover under this Plan Option shall terminate. In case the Policyholder has opted for multiple Plan Options, post payment of 100% of Sum Assured under Cancer Cover, this Plan Option shall stand terminated.

Health and Wellbeing Benefits

This product offers inbuilt Health & Wellbeing management Services. The Life Insured shall be eligible to avail health & wellbeing management services such as teleconsultation / in person consultation, personal medical care (access to diagnostics and booking of tests), mental wellbeing & lifestyle management programs, emergency response service, home health care and pharmacy access; subject to the following conditions:

- The availability of suitable service provider(s);
- Primary diagnosis (wherever applicable) has been done by a Medical Practitioner as may be authorized by a competent statutory authority.
- Health & Wellbeing Management Service is available to be utilized throughout the policy term.

- In case of any change, the details shall be displayed on the Insurer's website (www.kotaklife.com) or the Life Insured may contact the Insurer's helpline number before using the Value Added Services. Our helpline number will assist you to utilize the available Value Added Services.
- Whenever the Value Added Service is withdrawn, the same shall be communicated to all the Life Insured. Prior to effecting any changes, the Insurer shall inform the same to IRDAI.

Note:

- These services are aimed at improving Life Insured's engagement.
- These value-added services are completely optional for the eligible Life Insured to avail.
- The Premiums charged shall not depend on whether such a Value added services are offered or availed.
- The Life Insured may exercise his/her own discretion to avail the Value added services.
- These Value added services shall be directly provided by the service provider(s).
- The Value added services can be availed only when the policy / rider is in-force.
- All the supporting medical records should be available to avail the Value added services.
- The Insurer reserve the right to change the third party service provider(s) at any time.
- The Value added services are being provided by third party service provider(s) and the Insurer shall not be liable for any liability.

Access to Wellbeing Application:

The Life Insured shall be provided complete access to a wellness mobile application ("Application"). The Life Insured may download the said Application from kli.in/HY on his/ her own compatible device to access the following:
Risk assessment, activity trackers, content and blogs, tools and calculators, electronic health records with Ayushman Bharat Health Account (ABHA) interoperability, challenges and quizzes and other services/ features as may be made available on the Application.

By completing the activities and challenges the Life Insured can earn points that can be redeemed against the available Health Management Services through the app.
This Application is aimed at encouraging a healthy lifestyle of the Life Insured and provide the necessary tools to manage a healthy lifestyle.
This service is offered as an inbuilt benefit and the Premium charged to the Life Insured does not have any loading towards these services.

Tax Benefits:

What are Tax Benefit applicable under this plan?

Tax benefits under the policy are subject conditions specified under the Income Tax Act, 2025 and other prevailing tax laws, if any as applicable. Tax laws are subject to amendments from time to time. Customer is advised to take an independent view from Tax Advisor.

Goods and Services Tax and Cess as applicable, if any shall be levied over and above premium amount shown here as per prevailing tax laws.

Eligibility:

Eligibility Criteria	Minimum	Maximum
Entry Age (as on last birthday)	18 years	50 years
Maturity Age	23 years	55 years
Policy Term	5 years	
Premium Payment Term	Regular Pay	
Premium Payment Mode	Annual / Monthly	

<table>
<tr><td>Modal Factors</td><td>The following modal loadings shall be used to calculate the instalment premium in case of Regular Premium Payment Policy
<table>
<tr><th>Premium Payment Mode</th><th>Premium Payment Modal Factor</th></tr>
<tr><td>Yearly</td><td>100% of Annual Premium</td></tr>
<tr><td>Monthly</td><td>8.8% of Annual Premium</td></tr>
</table></td></tr>
<tr><td>Premium</td><td>Premium shall vary based on the Age, Policy Term, Plan Option, Premium Payment Term, Premium Payment Mode and the Basic Sum Assured opted for the policy.</td></tr>
<tr><td>Basic Sum Assured</td><td>₹5 Lakh per Plan Option per Life Insured</td></tr>
</table>

Terms & Conditions:

1) Personal Accident Cover

The Life Insured has the flexibility to make multiple claims till 100% Sum Assured under “Accidental Permanent Total Disablement & Permanent Partial Disablement” is paid out under this Plan Option, post which the policy terminates.

Once 100% of Sum Assured (as opted under Option A: Personal Accident Cover) is paid out, this coverage shall terminate and the policy shall continue with the remaining plan options.

An Accident is defined as a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Accidental Death Benefit shall be payable only, if the;

- Policy is In Force at the time of occurrence of the Accident.
- Life Insured has sustained any bodily injury directly and solely from the accident, which has been caused by external, violent and visible means and the injury is independent of all other causes.

- Death has occurred within 120 days of the date of accident due to such injury as stated above solely, directly and independently of all other causes of death.
- Accident which results to Life Insured's unfortunate demise has occurred during the plan term, even if the death occurs after plan term, but within 120 days of accident.

Accidental Permanent Total Disablement & Permanent Partial Disablement Disablement[@] shall be payable only, if the:

- Policy is in-force at the time of occurrence of the Accident.
- Disability must have persisted for at least 120 days and must, in the opinion of a registered independent Medical Practitioner[#], be deemed permanent.
- Period of 120 days shall not apply for physical severance where the benefit would be payable immediately subject to acceptance of claim.
- Life Insured is willing to be examined by a Medical Practitioner nominated by the Insurer.

[#]A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy.

[@]Accidental Permanent Total Disablement & Permanent Partial Disablement shall mean the occurrence of any of the following conditions as a result of accidental bodily injury within 120 days of such accident:

- Total and irrecoverable loss of sight of both eyes.
- Physical severance at or above wrists or permanent loss of use of both the hands.
- Physical severance at or above ankles or permanent loss of use of both feet.
- Physical severance at or above wrist or permanent loss of use of one hand and physical severance at or above ankles or loss of use of one foot.

- Physical severance at or above wrist or permanent loss of use of one hand total and irrecoverable.
- loss of sight of one eye.
- Physical severance at or above ankle or permanent loss of use of one foot and total and irrecoverable loss of sight of one eye.
- Total and irrecoverable loss of speech and loss of hearing in both ears.
- Physical severance at or above ankle or permanent loss of use of one foot.
- Physical severance at or above wrist or permanent loss of use of one hand.
- Total and irrecoverable loss of sight of one eye.
- Total and irrecoverable loss of speech.
- Total and irrecoverable loss of hearing in both the ears.

For Accidental Permanent Total Disablement & Permanent Partial Disablement benefit to be payable, such disability must have persisted for at least 120 days and must, in the opinion of a registered independent medical practitioner, be deemed permanent. Except for physical severance where the benefit would be payable immediately subject to acceptance of claim.

Exclusions:

The Insurer is not liable to pay any claim under Personal Accident Cover, if the Death or Disability arises directly or indirectly due to the following conditions:

- Life Insured taking part in any hazardous sport or pastimes (including hunting, mountaineering, motor racing, steeple chasing, bungee jumping, paragliding, deep sea diving etc.)
- Life Insured flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
- Self-inflicted injury, suicide or attempted suicide.
- 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.

- Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a Medical Practitioner.
- Participation in any armed force or peace keeping activities.
- 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.
- Deliberate participation of the Life Insured in an illegal or criminal act with criminal intent Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation.
- Any aliment leading to death or disability caused by a virus, bacteria, parasites endemic in a particular area are not covered under the accidental death or permanent disability.

2) Cardiac Cover

The maximum pay-out under this plan option shall not exceed the Sum Assured as opted under Plan Option B: Cardiac Cover. The Life Insured has the flexibility to make multiple claims till 100% Sum Assured is paid out under this Plan Option, post which the policy terminates.

In case the Life Insured has opted for multiple plan options, post payment of 100% of the Sum Assured as opted under Plan Option B: Cardiac Cover, the coverage shall terminate and the policy shall continue for the remaining plan options.

Cooling Off Period of 180 days shall be applicable from the date of diagnosis of the last minor claim, between two claims related to Minor Conditions. During this period no benefit with respect to this plan option shall be payable. This is not applicable in case of a major claim post minor claim under this plan option.

Definitions for Minor Conditions:

1. Insertion of Pacemaker

Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.
Cardiac arrest secondary to alcohol or drug misuse will be excluded.

2. Angioplasty

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

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

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

3. Minimally Invasive Surgery of Aorta

The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
Procedures done for treatment of Congenital Heart Disease are excluded.

4. Pericardiectom

The undergoing of a pericardiectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.

The actual undergoing of pericardiectomy secondary to chronic constrictive pericarditis. The following are specifically excluded:

- Chronic constrictive pericarditis related to alcohol or drug abuse.
- Acute pericarditis due to any reason.

5. Balloon Valvotomy or Valvuloplasty

The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field where the procedure is performed totally via intravascular catheter based techniques.

The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

The following are excluded:

- Procedures done for treatment of Congenital Heart Disease.

6. Surgery to place Ventricular Assist Devices or Total Artificial Hearts

This is an open chest procedure for implantation of Left Ventricular Assist Device/Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use for the Refractory Heart Failure with reduced ejection fraction as defined below:

NYHA Class IV symptoms who failed to respond to optimal medical management for >= 45 of the past 60 days, or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for 14 days.
The following are excluded:

- Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse

7. Carotid Artery Surgery

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:

(a) Either:
i. Actual undergoing of endarterectomy to alleviate the symptoms; or.
ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and.

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

8. Surgery for Cardiac Arrhythmia

Ablative Procedure is defined as catheter ablation procedures using radiofrequency or cryothermal energy for treatment of a recurrent or persistent symptomatic arrhythmia refractory to antiarrhythmic drug therapy. Ablation procedures should immediately follow the diagnostic electrophysiology study. The ablative procedure must be certified to be absolutely necessary by a consultant cardiologist (electrophysiologist).

Preprocedural evaluation prior to ablation procedures and ablation procedures as below should be completely documented:

- Strips from ambulatory Holter monitoring in documenting the arrhythmia.
- Electrocardiographic and electrophysiologic recording, cardiac mapping and localization of the arrhythmia during the ablative procedure.

9. Implantable Cardioverter Defibrillator

Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness.

Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter-Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field. Cardiac arrest secondary to alcohol or drug misuse will be excluded.

10. Infective Endocarditis

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

- Positive result of the blood culture proving presence of the infectious organism(s).
- Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and.
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist.

Definitions for Major Conditions:

1. First Heart Attack – of Specific Severity (Myocardial Infarction)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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

The following are excluded:

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

2. Open Chest Coronary Artery Bypass Graft

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

The following are excluded

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

3. 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.

4. Major Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
- Angioplasty and/or any other intra-arterial procedures, catheter based techniques, "keyhole" or laser procedures are excluded.
- Procedures done for treatment of Congenital Heart Disease are excluded.

5. Heart Transplant

The actual undergoing of a transplant of heart that resulted from irreversible end-stage failure of the heart. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner (cardiologist). Stem cell Transplants are excluded.

6. Primary (Idiopathic) Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
  Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

7. 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 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. 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.

Exclusions:

The Insurer shall not be liable to pay any benefit under this policy if a claim or event suffered by the Life Insured is directly or indirectly caused or exacerbated as a result of any of the following:

- War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the policyholder 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.
- Self-inflicted act including attempted suicide.
- Use or abuse of Drugs 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 Insured in an illegal activity or criminal act with criminal intent.

3) Cancer Cover

The maximum pay-out under this plan option shall not exceed the 100% of Sum Assured (as opted under Plan Option C: Cancer Cover).

The Life Insured has the flexibility to make multiple claims till 100% Sum Assured is paid out under this Plan Option, post which the policy terminates. For early stage condition of Cancer, multiple claims from the same organ shall not be admissible. However, multiple claims can be made if the claims are from different organs as grouped below:

- Basal cell and squamous skin cancer .
- Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary.
- Colon and rectum.
- Penis, testis.
- Stomach and esophagus.

In case the Life Insured has opted for multiple plan options, where 100% of the Sum Assured (as opted under Plan Option C: Cancer Cover), has been paid out, the coverage for other plan options shall continue for the remaining policy term.

Cooling Off Period of 180 days shall be applicable from the date of diagnosis of the last minor claim, between two claims related to Minor Conditions. During this period no benefit with respect to this plan option shall be payable. This is not applicable in case of a major claim post minor claim under this plan option.

Early Stage Cancer:

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

- Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification.
- Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.

- Chronic lymphocytic leukaemia classified as RAI Stage I or II;
- Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,
- Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- All tumors of the urinary bladder histologically classified as T1N0M0 (TNM Classification).

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

Carcinoma-in-Situ of any organ (except skin):

- Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.
- The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.
- Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.
- Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, and CIN II (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.
- All CIS of the skin are specifically excluded.
- This coverage is available on the first occurrence of CIS at the same organ. Multiple claims from the same organ will not be admissible.

Major Stage Cancer:

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

The following are excluded –

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

Exclusions:

The Insurer shall not be liable to pay any benefit under this policy if a claim or event suffered by the Life Insured is directly or indirectly caused or exacerbated as a result of any of the following:

- War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the policyholder 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.
- Self-inflicted act including attempted suicide.
- Use or abuse of Drugs 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 Insured in an illegal activity or criminal act with criminal intent.

4) Death Benefit

In the event of Life Insured's death,

- **During the Grace Period:** Sum Assured on Death shall be payable to the Claimant and will be adjusted for any due unpaid premium for that policy year.
- **For Non-Annual Premium Mode Policies:** Outstanding Premiums (if any) payable in the policy year of death shall be deducted from the Sum Assured on Death payable to the Claimant.

5) Maturity benefit:

There is no maturity benefit under this plan.

6) Cooling off Period

In the event where a claim has already been paid under a Minor Condition, a Cooling Off Period of 180 days shall be applicable between two claims related to Minor Conditions under the same plan option. During this period no benefit shall be payable related to minor conditions.
Cooling Off Period shall not be applicable for a claim between a minor and major condition or between two minor conditions (under different plan options).

7) Survival Period

The benefit shall only be payable in case the person survives a period of 15 days post diagnosis of any conditions under Cardiac / Cancer. This refers to the period from the diagnosis of listed conditions, unless a separate survival period^ is specified for any particular disease/condition in the definitions. The diagnosis of the condition covered must be made pre-mortem (i.e. while the life Insured is still alive). This is applicable to both minor and major claims.

^This refers to separate survival period mentioned of certain conditions in the definitions provided. For example –
1. Definition of Stroke resulting in permanent symptoms.
2. This is not applicable for Personal Accident except for disability (other than physical severance) where it should have persisted for at least 120 days with other conditions as per definitions.

8) Waiting Period

The benefit shall not apply or be payable in respect of any listed conditions which first manifested itself or was contracted or medical evidence confirming that the diagnosis of the listed conditions first occurred is found during the first 6 months from the Policy issue date or from the policy reinstatement date, where the policy has lapsed for more than two months.

In the event of occurrence of any of the scenarios mentioned above, where it is established that the Life Insured was diagnosed to have any one of the conditions listed under Plan the Options, during the waiting period for which a claim could have been made, the Insurer will refund the premiums from risk commencement date of the policy or from the date of revival as applicable and the policy will terminate with immediate effect.

In the event where multiple plan options has been selected under this policy, the Insurer will refund the premiums from risk commencement date of the policy or from the date of revival as applicable for the particular Plan Option and the coverage will terminate with immediate effect. However, the policy shall continue with the other Plan Options.
No waiting period applies for Plan Option A (Personal Accident Cover).

9) Grace Period

What is Grace Period?
Grace Period is the additional time given for payment of premium after the due date, without any penalty or late fee. In case you are unable to pay insurance premium timely, we provide additional time to pay the due premium without any penalty or late fee. There is a grace period of 15 days for monthly mode policies and 30 days for yearly mode policies from the due date for payment of premium. Grace Period is not applicable for Single Premium policies.

What about the benefits?
During this period the policy will be considered to be In-Force, and the risk cover continues and all benefits shall be payable as per the policy terms and conditions.

10) Lapse

When does a policy lapse?
A policy lapses when you stop paying your premium and the due payment isn't made within the grace period.

What about the benefits?
The policy shall lapse if the due premiums are not received till the end of the Grace Period. If the policy lapses and not revived subsequently within the Revival Period as per the revival terms and conditions, all the premiums paid under the policy shall be forfeited and the policy shall terminate, and no benefits shall be payable on such a policy.

11) Revival

A lapsed policy can be reinstated on revival within five years from the date of first unpaid premium and before the Date of Maturity of the Policy.

The Policy may be Revived on the following terms:

- Revival within 6 months: Revival can be done without evidence of good health on payment of the outstanding Premiums with handling charges (currently 9% p.a. of outstanding premiums), if the policy is revived within six months from the date of first unpaid premium. Extra premiums may be required based on the underwriting decision.

- Revival after 6 months: Revival can be done with the evidence of good health along with payment of the outstanding premiums with handling charges (currently 9% p.a. of outstanding premiums).

Revival shall be effective only on intimation by the Insurer to you in writing and shall be based on the Board Approved Underwriting Policy (BAUP) and subject to the other terms and conditions of the Policy. Post which, the benefits under the policy shall be reinstated on the revival of the policy. Revival of the policy shall be based on Board Approved Underwriting Policy (BAUP) of the Insurer.

You may be required to pay extra premiums based on the underwriting decision as per the Board Approved Underwriting Policy (BAUP) of the Insurer.
If a lapsed policy is not revived during the revival period, the policy shall be terminated without paying any benefits.

12) Surrender

Policy shall not acquire any surrender value under this plan.

13) Reduced Paid-Up

Regular Premium paying policy shall not be eligible for Reduced Paid Up.

14) Forfeiture of Policy

The policy will be forfeited if -
i. a lapsed policy has not been revived as provided under clause on revival or,
ii. any condition herein contained or endorsed hereon is contravened.
iii. is found that a statement made.
- in the proposal for insurance, or
- in any report of a medical officer, or
- in any other document leading to the issue of the policy, was inaccurate, or false, or not made in good faith or any material matter or fact was suppressed: then, and in every such case but subject to the provisions of Section 45 of the Insurance Act, 1938 the policy shall be void, and all claims to any benefit under this policy shall cease and all monies that have been paid in consequence of this policy shall belong to the Insurer, excepting in so far as whatever relief may be granted as per the law.

15) Nomination

Nomination shall be allowed under the plan as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

16) Assignment:

Assignment shall be allowed under this plan as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

17) Free Look Period:

What is 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 or otherwise. 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 Policy, the Policyholder shall be entitled to a refund of the Premium paid after deducting the proportionate risk Premium for the period of cover, stamp duty charges and expenses of medical examination (if any). A Policy 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 Policy. Where Rider(s) are available under the base Policy and so opted by the Policyholder, the same would also stand cancelled when the free look provision of the base Policy is exercised.

18) Suicide Exclusion

In the event of death of the Life Insured due to suicide within twelve (12) months from the Date of Commencement of Risk under the Policy, 80% of the Total Premiums paid, till the date of death of Life Insured shall be payable to the Claimant provided the Policy is In-Force.
In the event of death of the Life Insured due to suicide after twelve (12) months from the Date of Commencement of Risk, the following shall be applicable:
- In case of death of Life Insured due to suicide within twelve (12) months of the date of Revival of the Policy, when the Revival is done within six (6) months from the date of first unpaid Premium; the Suicide Exclusion shall not be applicable and the Death Benefit under the Policy shall be payable to the Claimant provided the Policy is In-Force.
- In case of death of Life Insured due to suicide within twelve (12) months of the date of Revival, when the Revival is done after six (6) months from the date of first unpaid Premium; Benefit payable shall be higher of 80% of the Total Premiums paid till the date of death or Surrender Value (if any) as on the date of death shall be payable to the Claimant provided the Policy is In-Force.

19) Loan

Loans are not allowed under this plan.

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 liable for a penalty fine which may extend to ten lakhs rupees.

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

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

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