LIC’s Female Critical Illness Benefit Rider Sales Brochure

LIC's Female Critical Illness Benefit Rider (UIN: 512B226V01)

(A Individual, Non-Linked, Health Rider)

LIC's Female Critical Illness Benefit Rider is an Individual, Non-Linked, Health rider under which a fixed lump sum benefit shall be payable in case the Life Assured is diagnosed as suffering from any of the pre-specified critical illnesses or undergoes any of the specified surgeries. Further, this rider also offers cover against pregnancy complications and a lump sum benefit shall be payable if the child of Life Assured is diagnosed with any of the pre-specified congenital anomalies.

This rider shall only be attached at the inception of the base policy to any non-linked product where the Base policy is purchased by female policyholders and will provide an add-on benefit to the base plan. The list of the illnesses/surgeries/pregnancy complications and congenital anomalies covered under this rider are specified in Annexure I.

The prospective policyholders are hereby informed that while making a buying decision reference may be made to the features of the product including associated risks and benefits and select the product/Options under the product which best suits their needs.

1. KEY FEATURES

- Enhance your protection under base policy at affordable premium.
- Cover against cancer and other critical illnesses up to 75 years of age.
- Cover against pregnancy complications and congenital anomalies up to 45 years of age.
- Flexibility to choose any one or in combinations out of the 3 different available Modules as under:
  - → **Module 1:** Early Stage Cancer/ Carcinoma-in-situ/ Major Cancer
  - → **Module 2:** Common Surgeries/Illnesses in women
  - → **Module 3:** Pregnancy complications and Congenital Anomalies

The Benefits payable in lump sum under these Modules during the Rider term are mentioned below:

- o **Module 1:** On first diagnosis of:
  - → Early Stage Cancer/ Carcinoma-in-situ: 20% of Module 1 Sum Assured.
  - → Major Stage Cancer: 100% of Module 1 Sum Assured less claims paid under Early Stage Cancer/ Carcinoma-in-situ, if any.
- o **Module 2:** On first diagnosis of illness/on undergoing surgery :
  - → Minor Surgery / Illness: 20% of Module 2 Sum Assured.
  - → Major Surgery / Illness: 100% of Module 2 Sum Assured less Minor Surgery / Illness claim paid, if any.
- o **Module 3:** On first diagnosis of:
  - → Pregnancy Complications: 100% of Module 3 Sum Assured.

- Congenital Anomalies: 100% of Module 3 Sum Assured. Option to opt out of any of the Modules during the Premium Paying Term as per needs.

2. BENEFITS

The benefits payable under an in-force Rider are as under:

I. Critical Illness Benefit:

The Policyholder shall choose the Module Sum Assured at inception. The following are the details of Critical Illness benefits covered under each of the Modules during the Cover period:

Module 1 : Early Stage Cancer/CIS/Major Stage Cancer Benefit (The definitions, conditions and exclusions are given in Annexure I)	
Benefit	**Features**
Early Stage Cancer/ Carcinoma-in-situ/ Major Stage Cancer	• On first diagnosis of any one of the **Early Stage Cancers/CIS (Carcinoma-in-situ) Benefit** as specified in Para B a) and Para B b) of Annexure I of this document: 20% of Module 1 Sum Assured shall be payable in lump sum. • On first diagnosis of any of the **Major Stage Cancers Benefit** as specified in Para B c) of Annexure I of this document, 100% of **Module 1 Sum Assured** less claim paid under **Early Stage Cancer/ CIS (Carcinoma-in-situ) Benefit**, if any, shall be payable in a lump sum.

Number of Claims allowed	• There can be a maximum of 1 claim under **Early Stage Cancer/ Carcinoma-in-situ Benefit** and/or a maximum of 1 claim under **Major Stage Cancer Benefit.** • In case the first claim under this module is for Major Stage Cancer, 100% of the **Module 1 Sum Assured** shall be payable and no further benefit from Module 1 can be claimed. • In case the first claim under this module is for Early Stage Cancer/ Carcinoma-in-situ, 20% of the **Module 1 Sum Assured** shall be payable. No further Early Stage Cancer/ Carcinoma-in-situ claims can be made. However, in case of subsequent claim for Major Stage Cancer, the balance 80% of the **Module 1 Sum Assured** shall be payable, and then no further benefit from Module 1 can be claimed.
	• The module will terminate on payment of 100% of Module 1 Sum Assured.
Waiting Period	180 days (For details refer Para 17.a below)
Survival Period	7 days (For details refer Para 18.a below)

Module 2 : Common Surgeries/Illnesses in women (The definitions, conditions and exclusions are given in Annexure I)	
Benefit	**Features**
Minor Surgeries / Illnesses	On first diagnosis/ occurrence of one of the listed illnesses, conditions or where the Life Assured has proved to have undergone the type of minor surgery as mentioned under Para C.I of **Annexure I** of this document, 20% of the **Module 2 Sum Assured** shall be payable in a lump sum.
Major Surgeries / Illnesses	On first diagnosis/ occurrence of one of the listed illnesses, conditions or where the Life Assured has proved to have undergone the type of major surgery as mentioned under Para C.II of **Annexure I** of this document, 100% of the **Module 2 Sum Assured** less **Minor Surgery/Illness Benefit** paid, if any, shall be payable in a lump sum.

Number of Claims allowed	• There can be a maximum of 1 claim under **Minor Surgery / Illness Benefit** and/or a maximum of 1 claim under **Major Surgery / Illness Benefit.** • In case the first claim under this module is for Major Surgery / Illness, 100% of the **Module 2 Sum assured** shall be payable and no further benefit from Module 2 can be claimed. • In case the first claim under this module is for Minor Surgery / Illness, 20% of the **Module 2 Sum assured** shall be payable. No further Minor Surgery / Illness claims can be made. However, in case of subsequent claim for Major Surgery / Illness, the balance 80% of the **Module 2 Sum Assured** shall be payable, and then no further benefit from Module 2 can be claimed. • The module will terminate on payment of 100% of **Module 2 Sum Assured.**
Waiting Period	180 days (For details refer Para 17.a below)
Survival Period	30 days (For details refer Para 18.b below)

Module 3 : Pregnancy Complications and Congenital Anomalies (Cover for both Pregnancy complications and Congenital Anomalies benefit would be offered and there is no option to choose only one of the two)

(The definitions, conditions and exclusions are given in Annexure I)

Benefit	**Features**
Pregnancy Complications	Upon the first ever occurrence of one of the listed illnesses, conditions or where the Life Insured, under P**regnancy Complications Benefit,** has proved to have undergone the type of surgery as mentioned under Para D I of **Annexure I** of this document, 100% of the **Module 3 Sum Assured** shall be payable in a lump sum.

Congenital Anomalies	Upon the first ever occurrence of one of the listed illnesses, conditions or where a child of Life Insured, under **Congenital Anomalies Benefit,** has proved to have undergone the type of surgery as mentioned under Para D II of **Annexure I** of this document, 100% of the **Module 3 Sum Assured** shall be payable in a lump sum. Any of the congenital anomalies covered under this Module shall manifest within 3 years of the child birth for the benefit to become payable.
Maximum benefit payout	200% of Module 3 Sum Assured can be claimed (subject to maximum of 100% applicable to each bucket: Pregnancy complication and Congenital anomalies).
Number of Claims allowed	• There can be a maximum of 1 claim under **Pregnancy Complications Benefit** In case of a claim for Pregnancy complication, 100% of **Module 3 Sum Assured** shall be payable. No further Pregnancy complication claims can be made. • There can be a maximum of 1 claim under **Congenital Anomalies Benefit**. In case of a claim for Congenital anomalies, 100% of **Module 3 Sum Assured** would be paid. No further Congenital anomalies claims can be made. • The module will terminate on payment of 200% of **Module 3 Sum Assured**.
Waiting Period	270 days (For details refer Para 17.b below)
Survival Period	30 days (For details refer Para 18.c below)

The above benefits shall be payable subject to the definitions/conditions and exclusions mentioned in Annexure I.

II. <u>DEATH BENEFIT</u>:

No Death benefit is payable under this rider.

III. <u>MATURITY BENEFIT</u>:

No Maturity benefit is payable under this rider.

3. ELIGIBILITY CONDITIONS AND OTHER RESTRICTIONS

The eligibility conditions of base plan with which this rider is attached shall apply subject to following limits:

Minimum Entry Age	18 years (completed) for all the modules
Maximum Entry Age	Module 1 & 2 : 65 years (nearer birthday) Module 3 : 40 years (nearer birthday)
Maximum Cover ceasing age	Module 1 & 2 : 75 years (nearer birthday) Module 3 : 45 years (nearer birthday)
Minimum/ Maximum Rider Sum Assured	**"Total LIC's Female Critical Illness Benefit Rider Sum Assured"** shall be the total of Module Sum Assured for all the Module(s) opted by the Life Assured, Where: • Minimum Module Sum Assured: Rs. 1 lakh for each of the modules • Maximum Module Sum Assured: Module 1 Sum Assured: Rs 4 lakh Module 2 Sum Assured: Rs 4 lakh Module 3 Sum Assured: Rs 2 lakh **"Total LIC's Female Critical Illness Benefit"** shall be the total of Critical Illness Benefit for all the Module(s) opted by the Life Assured. Where; Critical Illness Benefit as a percentage of Module Sum Assured shall be as under: Module 1: 100 % of Module 1 Sum Assured Module 2: 100 % of Module 2 Sum Assured Module 3: 200 % of Module 3 Sum Assured Accordingly, • Minimum Critical Illness Benefit for each Module shall be as under: Module 1 Critical Illness Benefit: Rs 1 lakh Module 2 Critical Illness Benefit: Rs 1 lakh Module 3 Critical Illness Benefit: Rs 2 lakh

	• Maximum Critical Illness Benefit for each Module shall be as under: Module 1 Critical Illness Benefit: Rs 4 lakh Module 2 Critical Illness Benefit: Rs 4 lakh Module 3 Critical Illness Benefit: Rs 4 lakh The "Total LIC's Female Critical Illness Benefit" shall be an amount equal to 50% of the Sum Assured on Death under the Base policy or Rs 5 lakhs, whichever is lower subject to the Maximum Critical Illness Benefit limits for each Module as specified above. In any case, the "Total LIC's Female Critical Illness Benefit" shall not exceed the maximum aggregate limit of Rs 5 lakhs. This maximum aggregate limit for "Total LIC's Female Critical Illness Benefit" shall be based on the Underwriting Policy of the Corporation taking all existing policies of the Life Assured under LIC's Female Critical Illness Benefit Rider including the "Total LIC's Female Critical Illness Benefit" under the new proposal into consideration.
Minimum/ Maximum Rider Term i.e. Cover Period	The policyholder has the option to opt for any or all the Modules at inception subject to limits as specified above. The minimum Cover period under all the three Modules would be as under: For Regular Premium paying policies: 5 years For Limited Premium paying policies: 10 years The maximum **Cover period** under the Modules would be as under- For **Module 1 and 2**: (75 – age at entry) years or policy term under the base plan or 35 years, whichever is lower. For **Module 3**: (45 – age at entry) years or policy term under the base plan, whichever is lower.

Premium Paying Term of the Rider	The premium paying term of the rider shall be equal to the premium paying term of the base policy subject to the following limits: Under Regular Premium paying policies: Minimum Premium paying term: 5 years Maximum Premium paying term: Cover period under respective module. Under Limited premium paying policies: Minimum Premium paying term: 5 years Maximum Premium paying term: One year less than the Cover period under respective module.
Premium Payment Mode	Same as base plan to which the rider is attached.
Sum Assured Multiple	Same as the base plan to which the rider is attached..

Age at entry for the Policyholder is to be taken as age nearer birthday except for the minimum age at entry i.e. 18 years (completed).

4. OPTION AVAILABLE UNDER THE RIDER

Under an in-force Base Policy, during the Premium Paying Term, the Policyholder shall have an option to terminate any of the opted Module(s). The termination shall be effective, from the next policy anniversary following which the premium for such Module(s) shall be discontinued. Once the Module is terminated it cannot be re-opted during the Rider Term.

The above Option to terminate any of the Modules can be exercised by the Policyholder at the time of Revival of the Base policy also. However, once such Option is exercised, the Module cannot be re-opted during the Policy Term.

5. SAMPLE PREMIUM RATES

The sample illustrative annual premium for Module Sum Assured of Rs. 1,00,000/- for standard lives are as under:

Regular premium payment

Age (Years)	Cover Period (Years)					
	10			20		
	Module 1	Module 2	Module 3	Module 1	Module 2	Module 3
20	72	68	633	107	68	683
30	186	78	809	249	78	-----
40	385	94	-----	457	97	------
50	615	129	-----	718	154	------

Limited premium payment

Age (Years)	Cover Period = 25 Years					
	PPT = 16 Years			PPT = 20 Years		
	Module 1	Module 2	Module 3	Module 1	Module 2	Module 3
20	164	77	859	144	73	758
30	352	95	------	309	83	------
40	622	133	------	547	117	-------
50	957	213	-------	845	187	-------

Premium mentioned above is in Rs. and is exclusive of taxes.

6. REBATES/ LOADINGS

i. **Mode Rebate**: Same as under base plan.

If the mode rebate is applicable under a Base Plan, then the same mode rebate shall apply to Rider's premium. If modal loading is applicable under a Base Plan, then the same loading shall apply to the annualized Rider Premium.

ii. **High Sum assured rebate**: Nil

iii. **Online Rebate**: Same as the Base Plan.

7. PAYMENT OF PREMIUMS

The premium payment for the Rider shall be determined based on the Sum Assured opted by the policy holder under each Module. The total premium payable shall be the sum of premiums payable under all the modules opted under the policy. The total rider premium, including the applicable Taxes, if any, from time to time, is payable

only along with the premium for the base policy and cannot be paid separately

Premiums are payable either by limited premium payment or regularly during the premium paying term.

8. GRACE PERIOD

Same as mentioned under the base plan.

9. PAID-UP VALUE

This rider shall not acquire any paid-up value and the Rider benefit ceases to apply, if Base Policy is in lapsed/ paid up condition.

10. SURRENDER

No surrender value shall be available under this rider.

However, on surrender of an inforce base policy to which this rider is attached, provided all the due premium in respect of this rider & the base plan have been paid, the additional rider premium charged in respect of cover after premium paying term shall be refunded. The amount to be refunded for each Module shall be equal to Unexpired Risk Premium Value for that Module as mentioned below:

Under regular premium policies:

Nothing shall be refunded.

Under Limited premium paying policies:

i. Refund shall only be payable if full premiums have been paid for at least:

- first two consecutive years in case of premium paying term less than 10 years
- first three consecutive years in case of premium paying term of 10 years or more

The amount to be refunded for each Module shall be 75% of a value calculated based on duration elapsed in completed years as on date of surrender as well as on the Module Sum Assured, Module Term and Module Premium Paying Term.

11. REVIVAL

Revival of this rider will only be considered along with the revival of the base policy. All terms and conditions applicable under the base policy shall be applicable to this rider

Waiting periods and Exclusions as described in Para 17 & Annexure I will apply on revival.

12. LOAN

No loan will be available under this rider.

13. FORFEITURE IN CERTAIN EVENTS

Same as mentioned under Base Policy.

14. TERMINATION OF LIC's FEMALE CRITICAL ILLNESS BENEFIT RIDER

LIC's Female Critical Illness Benefit Rider will terminate on the earliest of:

a) The date on which the applicable Module Sum Assured under all the opted Modules is exhausted; or

b) The date of expiry of the cover period of all the opted Modules; or

c) The date on which the base policy to which the rider is attached terminates or is converted into a paid up policy or is surrendered; or

d) On termination of all the opted Modules; or

e) On termination of the opted module due to diagnosis of any of the covered Illnesses within the applicable waiting period for the opted Module and on such termination of all the opted modules; or

f) On payment of Free Look cancellation amount for this Rider; or

g) On Cancellation / termination of the cover by the Corporation on grounds of misrepresentation, fraud or non-disclosure subject to Section 45 of the Insurance Act, 1938 as amended from time to time;or

h) On death of the Life Assured.

15. TAXES

Statutory Taxes, if any, imposed on such insurance riders by the Government. of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

The amount of applicable Taxes as per the prevailing rates, shall be payable by the policyholder on premiums under the rider, which shall be collected separately over and above in addition to the premiums payable by the policyholder.

Regarding Income tax benefits/implications on premium(s) paid and benefits payable under this rider, please consult your tax advisor for details.

16. FREE LOOK PERIOD

If the policyholder is not satisfied with the "Terms and Conditions" of the Rider, the Rider Endorsement alongwith Base Policy Document may be returned to the Corporation within 30 days from the date of receipt of the electronic or physical mode of policy document, whichever is earlier, stating the reason of objections. On receipt of the same the Corporation shall cancel the rider and return the amount of premium deposited for this rider after deducting the proportionate risk premium for Critical Illness Benefit for the period of cover (shall not be applicable during the waiting period), charges for stamp duty and expenses incurred on medical examination (including special reports, if any) on account of rider inclusion.

17. WAITING PERIOD

Waiting Period shall be applicable under each Module as detailed below:

a. Module 1 and Module 2: A waiting period of 180 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of any of the covered Critical Illness/ occurrence of one of the listed illnesses/conditions under consideration. This would mean that the benefit covered under this rider is not applicable and the Module shall terminate if any of the contingencies mentioned in Para B and C of Annexure I occurs:

   i. at any time on or after the date on which the risk under the Policy has commenced but before the expiry of waiting period of 180 days reckoned from that date or

   ii. before the expiry of waiting period of 180 days from the date of Revival.

b. Module 3: A waiting period of 270 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of any of the covered Critical Illness/occurrence of one of the listed illnesses/conditions under consideration. This would mean that the benefit covered under this rider is not applicable and the Module shall terminate if any of the contingencies mentioned under Para D of Annexure I occurs:

   i. at any time on or after the date on which the risk under the Policy has commenced but before the expiry of waiting period of 270 days reckoned from that date or

ii. before the expiry of waiting period of 270 days from the date of Revival.

However, waiting period will not apply to conditions arising directly out of accident.

18. SURVIVAL PERIOD

If death occurs within the survival period, the policyholder shall not become eligible for benefit payment under this rider and no benefit shall be payable.

a. In respect of Module 1, a survival period of 7 days is applicable from the date of first diagnosis of Early Stage Cancer / CIS(Carcinoma-in-situ) / Major Cancer.

b. In respect of Module 2, a survival period of 30 days is applicable from the date of first diagnosis/first occurrence of event of the Critical Illness under consideration.

c. In respect of Module 3, a survival period of 30 days is applicable from the date of first diagnosis of a listed pregnancy complications and/or congenital anomalies.

19. EXCLUSIONS

As provided in Annexure I of this document.

20. GRIEVANCE REDRESSAL MECHANISM

Of the Corporation:

The Corporation has Grievance Redressal Officers (GROs) at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. The customers can visit our website (https://licindia.in/web/guest/grievances) for names and contact details of the GROs and other information related to grievances.

For ensuring quick redressal of customer grievances the Corporation has introduced Customer friendly Integrated Complaint Management System through our Customer Portal (website) http://www.licindia.in, where a registered policy holder can directly register complaint/ grievance and track its status. Customers can also contact at e-mail id co_complaints@ licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of death claim repudiation have the option of referring their cases for review to Zonal Office Claims Dispute Redressal Committee or Central Office Claims Dispute Redressal Committee. A retired High Court/ District Court Judge is member of each of the Claims Dispute Redressal Committees.

Of IRDAI:

In case the customer is not satisfied with the response or do not receive the response from us within 15 days, then the customer may approach the Policyholder's Protection and Grievance Redressal Department through any of the following modes:

i) Calling Toll Free Number 155255/18004254732(i.e. IRDAI Grievance Call Centre-(BIMA BHAROSA SHIKAYAT NIVARAN KENDRA))

ii) Sending an email to complaints@irdai.gov.in

iii) Register the complaint online at https://bimabharosa.irdai.gov.in/

iv) Address for sending the complaint through courier/letter:

General Manager, Policyholders Protection and Grievance Redressal Department, Insurance Regulatory and Development Authority of India, Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032, Telangana.

Of Ombudsman:

For redressal of Claims related grievances, claimants can also approach Insurance Ombudsman who provides for low cost and speedy arbitration to customers.

Section 45 of the Insurance Act, 1938

The provision of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable. The current provision is as under:

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the

expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:-

(a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true;

(b) the active concealment of a fact by the insured having knowledge or belief of the fact;

(c) any other act fitted to deceive; and

(d) any such act or omission as the law specially declares to be fraudulent.

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in subsection (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and

materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

PROHIBITION OF REBATES (SECTION 41 OF THE INSURANCE ACT, 1938)

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

Various Sections of the Insurance Act, 1938, applicable to LIC to apply as amended from time to time.

This rider brochure gives only salient features of the rider. For further details please refer to the Rider document on our website www.licindia.in or contact our nearest Branch Office.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities of insurance business like selling insurance policies, announcing bonus or investment of premiums, refunds of amounts. Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint.

LIFE INSURANCE CORPORATION OF INDIA

"Life Insurance Corporation of India" was established on 1st September, 1956 under Life Insurance Corporation Act, 1956, with the objective of spreading life insurance more widely, in particular to the rural areas with a view to reaching all insurable persons in the country and providing them adequate financial cover against insured events. LIC continues to be the important life insurer even in the liberalized scenario of Indian insurance and is moving fast on a new growth trajectory surpassing its own past records. In its existence of over six decades, LIC has grown from strength to strength in various areas of operation.

Annexure I

This Annexure lists the following:

1) The general exclusions under this Rider.
2) The list of definitions for Cancer, Common Surgeries/ Illnesses and Congenital anomalies in new born.
3) Conditions covered under pregnancy complications
4) The specific exclusions for Module 1, Module 2 and Module 3.

Additional exclusions which are disease specific are incorporated into the definitions of the diseases as applicable.

A) General Exclusions:

The following are general exclusions for the rider. The Corporation shall not be liable to pay any of the benefits covered under this Rider upon claims occurring as a result of any of the following:

1. Any Pre-existing disease/condition i.e. any condition, ailment, injury or disease:
   a) That is/are diagnosed by a physician within 36 months prior to the effective date of the rider or date of revival of risk cover or
   b) For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the rider or date of revival of risk cover.

   (The 'effective date of rider' shall be the same as the 'date of commencement of risk'.)
2. Intentional self-inflicted injury, attempted suicide, while sane or insane;
3. Alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
4. Unreasonable failure to seek or follow medical advice, the Life Assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy;
5. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
6. Taking part in any naval, military or air force operation during peace time;

7. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable;
8. Participation by the insured person in a criminal or unlawful act;
9. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
10. Nuclear contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

B) <u>Module 1: Early Stage Cancer/Carcinoma-in-situ/Major Stage Cancer</u>

a) Early Stage Cancer:

Early Stage Cancer shall mean the presence of one of the following malignant conditions:

i. Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
ii. Chronic lymphocytic Leukemia stage I & II (according to the RAI classification system)
iii. Any carcinomas of the skin (size no less than 2mm) except Malignant melanoma and metastatic carcinoma
iv. Hodgkin's Disease, stage 1(according to the Ann-Arbor classification system)
v. Micro carcinoma of the bladder stage Tis or pTa

The diagnosis must be based on histopathological features and confirmed by a specialist. The Life insured shall have received appropriate and necessary treatment.

Exclusions: Pre-malignant lesions and conditions, unless listed above.

b) <u>Carcinoma-in-situ (CiS):</u>

Tis according to the AJCC 7th Edition TNM classification.

Carcinoma-in-situ is defined as a focal autonomous new group of carcinomatous cells which has not yet resulted in the invasion of normal tissue. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane in any one of the following organ groups.

a) Breast where the tumour is classified as Tis according to the TNM Staging method

b) Corpus uteri, cervix uteri (including cervical dysplasia CIN-1,CIN-2,CIN-3), vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method.

c) Ovary -include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0,T1bN0M0 (TNM Staging) or FIGO 1A,FIGO 1B

d) Colon and rectum

e) Lung

f) Liver

g) Stomach, duodenum and Oesophagus

h) Kidney

i) Carcinoma ENT (ear, nose, throat)

For the purpose of this Rider, Carcinoma-in-situ must be confirmed by a biopsy.

*FIGO refers to the staging method of the federation Internationale de Gynecologie et d'Obstetrique.

Exclusions: Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

c) <u>Major Stage Cancer:</u>

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

Exclusions:

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

v. Chronic lymphocytic leukaemia less than RAI stage 3

vi. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

vii. 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;

C) <u>Module 2: Common Surgeries/ Illnesses</u>

I Minor Surgeries/Illnesses:

a Skin Grafts due to accidental burns or Skin Cancer:

Skin grafting due to accidental burns or skin cancer resulting in full thickness skin destruction of at least 10% of the body surface area as measured by the Rule of 9 of the Lund and Browder Surface Chart.

Exclusions: Correction of facial disfigurement is excluded under this benefit.

b Facial Surgery due to accidental injury:

A condition requiring in-patient treatment and undergoing re-constructive surgery for the restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, damaged or misshapen which, in the opinion of a Registered Medical Practitioner appointed by the Corporation, is deemed medically necessary for the treatment of facial disfigurement which is a direct result of an Accident.

Exclusions: Reconstructive surgery for cosmetic purposes is specifically excluded.

c Osteoporotic Surgeries (Osteoporotic fractures of the hip and vertebra requiring surgery or repair):

Osteoporosis is a condition of reduced bone mass, with decreased cortical thickness and a decrease in the number and size of the trabeculae of cancellous bone (but normal chemical composition), resulting in a pathological fracture of the vertebrae & /or femur .The diagnosis must be supported by & satisfy the World Health Organisation (WHO) definition of osteoporosis with a bone mineral density (BMD) reading T-score of less than –2.5.

The benefit is payable on actual undergoing of the surgery.

Exclusions: Any osteoporosis caused by corticosteroid treatment or due to any other disease is excluded.

d Urinary Incontinence requiring surgical repair:

Urinary Incontinence requiring surgical repair is a condition where all the following diagnostic conditions are met:

i Urinary Incontinence has been diagnosed and under the management of a Registered Medical Practitioner for at least 6 (six) months during which time, there has been a need for continuous incontinence medical treatment; and

ii Medically Necessary surgical repair has been undertaken for the sole purpose of correcting the incontinence.

Exclusions:

This benefit is not payable if Urinary Incontinence was diagnosed before the Benefit Commencement Date of this benefit or date of reinstatement (if any). Surgery that includes treatment for other pathology including a hysterectomy for uterus pathology or dysfunction does not meet this condition.

II Major Surgeries/Illnesses:

a. End Stage Liver Failure:

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

i Permanent jaundice; and

ii Ascites; and

iii Hepatic encephalopathy.

Exclusions: Liver failure secondary to drug or alcohol abuse is excluded.

b. End Stage Lung Failure:

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

i FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

ii Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

iii Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and

iv Dyspnea at rest.

c. Severe Rheumatoid Arthritis:

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

i Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis

ii Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti citrulline antibodies

iii Continuous treatment with corticosteroids

iv Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

Exclusions: Reactive arthritis, psoriatic arthritis and activated osteoarthritis are not covered.

d. 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.

e. Systemic Lupus Erythematosus:

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

i Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies

ii Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)

iii Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

i Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)

ii Libman-Sacks endocarditis or myocarditis

iii Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

Exclusions: The following are not covered:

i Discoid lupus erythematosus or subacute cutaneous lupus erythematosus.

ii Drug-induced lupus erythematosus.

f. Multiple Sclerosis with persisting symptoms:

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

i Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Exclusions: Other causes of neurological damage such as SLE are excluded.

D) <u>Module 3: Pregnancy Complications and Congenital Anomalies</u>

I. Pregnancy Complications:

The following conditions shall be covered under pregnancy complications:

a. Disseminated Intravascular Coagulation (after 28 weeks of pregnancy):

Disseminated Intravascular Coagulation (DIC) shall mean a serious complication of pregnancy resulting in an imbalance of blood coagulation (clotting) mechanisms leading to thrombosis and severe bleedings (acute or subacute thrombo-haemmorhagic disorder). This situation may result in a life threatening multiple organ failure.

The condition has to be diagnosed by a specialist and has to meet the following criteria:

i Pregnancy related (after 28 weeks of gestation)

ii Abnormal bleeding (hemorrhage) from different sites of the body and / or development of multiple organ failure

iii Typical laboratory test results which would include all of the following findings: low platelets, low fibrinogen levels, increased levels of fibrin degradation products, prolongation of prothrombin time and activated partial thromboplastin time.

Exclusions:

i Bleeding / thrombosis caused by any other blood disorder

ii Thrombocytopenic purpura

iii DIC caused by infections, cancer, trauma or toxic agents

b. Postpartum Hemorrhage Requiring Hysterectomy:

Removal of the uterus (hysterectomy) as a result of postpartum hemorrhage. Surgery must be considered necessary by a consultant gynecologist and all other medical interventions to stop the haemorrhage must have failed.

Exclusions:

i Any Hysterectomy not associated with hemorrhage after delivery

ii Hysterectomy associated with birth control.

c. Severe Pre-Eclampsia and associated complications:

A definite diagnosis of severe pre-eclampsia, characterized by all of the below three criteria:

i Systolic blood pressure > 160 mm Hg recorded on two successive measurements of at least six hours apart.

ii Diastolic blood pressure > 110 mm Hg recorded on two successive measurements of at least six hours apart.

iii Proteinuria (24 h – urine containing > 3 g protein)

The following complications associated with pre-eclampsia are covered independent of the above criteria:

i Definite diagnosis of HELPP-Syndrome characterized by hemolytic anemia, low platelets, elevated liver enzymes and complicated by coagulation disorders and acute renal failure

ii Definite diagnosis of Eclampsia characterized by eclamptic seizures, pulmonary edema, renal or liver failure

iii The diagnosis must be confirmed by a consultant Gynecologist and evidenced by laboratory findings.

Exclusions:

Gestational (pregnancy induced) arterial hypertension without proteinuria is not covered under this condition.

d. Choriocarcinoma:

The life insured suffers from a malignant (often metastatic) gestational trophoblastic disease following a pregnancy. The disease has to be diagnosed by an obstetrician and must be confirmed by definite histology (result of biopsy).

Exclusions :

i Benign hydatidiform mole

ii any other malignant tumour arising from the urogenital tract

e. Ectopic pregnancy:

Ectopic pregnancy is a condition in which implantation occurs outside the uterine cavity, such as in the cervix uteri, ovary, fallopian tube, abdominal or pelvic cavity. The ectopic pregnancy has to be diagnosed by an obstetrician and has to be terminated by laparotomy or laparoscopic surgery.

f. Molar Pregnancy:

Complete Hydatiform Mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The Hydatiform Mole must have been diagnosed by a specialist approved by theCorporation, and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed.

g. Uterine Rupture:

A condition where a tear affects the complete thickness of the uterine wall. It occurs mostly after a prior caesarian section but may also occur after trauma, in multiple pregnancies or during labour with an unusually large baby. The condition has to be confirmed by a specialist and treated by surgery.

Exclusions :

Uterine scar dehiscence

II. Congenital Anomalies: Definitions under Congenital anomalies in New Born.

a. Down's Syndrome:

Refers to a specific chromosomal abnormality, consisting of a variable constellation of abnormalities caused by triplication or translocation of chromosome 21, and characterized by mental retardation, retarded growth, flat hypoplastic face with short nose, prominent epicanthic skin folds, small low set ears with prominent antihelix, fissured and thickened tongue, laxness of joint ligaments, pelvic dysplasia, broad hands and feet, stubby fingers, and transverse palmar crease. The Diagnosis must be supported by chromosome analysis with the presence of retardation of physical and mental development.

b. Surgical repair of Atrial Septal Defect :

A hole in the partition (septum) between the left and right atrium of the heart leading to a significant left-right shunt (irregular blood flow), heart failure and pulmonary hypertension. Only those atrial septal defects are covered which need corrective open heart surgery during the first 3 years of life. The diagnosis must be confirmed by a pediatrician and documented by echocardiography.

The benefit is payable on actual undergoing of the surgery.

c. Surgical repair of Ventricular Septal Defect:

A hole in the partition (septum) between the left and right ventricle of the heart leading to a significant left-right shunt (irregular blood flow), heart failure and pulmonary hypertension. Only those ventricular septal defects are covered which need corrective open heart surgery during the first 3 years of life. The diagnosis must be confirmed by a pediatrician and documented by echocardiography.

The benefit is payable on actual undergoing of the surgery.

d. Surgical repair of Tricuspid Atresia:

Means a cyanotic heart defect where there is no connection between the right atrium and the right ventricle and which leads to blood being diverted from the right atrium to the left atrium. Corrective surgery will be necessary and performed either shortly after birth or when the child is older. The diagnosis must be confirmed by a pediatrician and supported by echocardiography.

The benefit is payable on actual undergoing of the surgery.

e. Surgical repair of Spina Bifida:

Open spine (spina bifida aperta): A congenital malformation in which the vertebral column does not completely enclose the spinal cord. Usually spina bifida aperta is associated with severe neurological deficits. The condition has to be confirmed by a specialist and corrective surgery has to be performed to close the defect and prevent further neurological damage.

Exclusions:

Spina bifida occulta is excluded in all cases.

f. Surgical repair of Tetralogy of fallot:

A congenital anatomic abnormality producing progressive cyanosis from infancy as a result of the presence of a combination of pulmonary stenosis, a ventricular septal defect, right ventricular hypertrophy, and dextroposition of the aorta. Such a diagnosis must be confirmed by a pediatrician and documented either by cardiac catherization, angiocardiography or by echocardiography. Fallot's Tetralogy with additional heart abnormalities (e.g Fallot's Pentalogy) are also covered.

The benefit is payable on actual undergoing of the surgery.

Exclusions: Specifically excluded are variants without the classical combination of all the above abnormalities.

g. Surgical repair of Truncus Arteriosus:

A congenital heart defect in which the aorta and pulmonary artery are not separated vessels, but joined together to one large common artery. This common artery lies above a ventricular septal defect and is therefore connected to both, the right and the left ventricle. Low oxygen blood from the right ventricle is mixed up with oxygen rich blood from the left ventricle in the common artery leading to heart failure and a reduced oxygen supply of the body. Corrective surgery is needed very early in life in all cases.

The diagnosis must be confirmed by a pediatrician and documented either by echocardiography or cardiac catheterization. The benefit is payable on actual undergoing of the surgery.

h. Surgical repair of Transposition of Great Vessels:

A congenital heart defect in which the main arteries are transposed (the aorta arises from the right ventricle and the pulmonary trunk from the left ventricle). This separation of the circulatory systems of the lung and the body leads to a severely reduced oxygen supply of the body and its organs. Corrective surgery will be necessary in most cases. The diagnosis must be confirmed by a pediatrician and documented either by echocardiography or cardiac catheterization.

The benefit is payable on actual undergoing of the surgery.

i. Surgical repair of Oesophageal Atresia and / or Tracheoesophageal Fistula:

Esophageal Atresia is a congenital malformation in which the esophagus is not connected to the stomach and ends in a blind pouch. A Tracheoesophageal Fistula is an abnormal connection between the esophagus and trachea (windpipe). Both conditions often occur in combination (approx. 90%) and do cause severe malnutrition and pulmonary complications (pneumonia) in the newborn. Corrective surgery is necessary in all cases.

The diagnosis must be confirmed by a pediatrician and the benefit is payable on actual undergoing of the surgery.

j. Club Foot:

A congenital malformation in which one foot or both feet are twisted in towards the other foot. Compared to other and minor foot deformities of the newborn, all joints, tendons and ligaments of the foot are affected. Club foot is treated either by surgery or by non-surgical manipulation (like repeated casting of the affected foot). Only treatment by Surgery is covered under this benefit.

The diagnosis must be confirmed by a pediatrician and the benefit is payable on actual undergoing of the surgery.

Exclusions :

Minor deformations of the feet (e.g Metatarsus adductus), which resolve spontaneously or after simple exercise are not covered.

k. Cleft Lip and / or Cleft Palate requiring surgical repair:

A congenital deformity which can occur isolated or in combination. A cleft lip is a disruption of the upper lip either limited to the lip alone (incomplete) or including the nasal sill (complete) or the disruption includes the nasal sill (complete). A cleft palate is a disruption in the roof of the mouth because the two sides of the palate did not join together. Either only the soft tissue of the palate is affected (incomplete) or the soft and hard tissues of the palate are affected (complete). Corrective surgery will be necessary in all cases and should be performed during the first 3 months of life. Coverage includes cleft lip, cleft

palate or the combination.

The diagnosis must be confirmed by a pediatrician and the benefit is payable on actual undergoing of the surgery.

Exclusions: So called microform clefts, which do not need corrective surgery, are excluded.

l. Infantile Hydrocephalus:

A congenital malformation resulting in abnormal increase in the amount of cerebrospinal fluid within the ventricles of the brain. The child must have marked neurological deficits and be treated by removal of the obstruction or the insertion of a shunt. The diagnosis must be confirmed by a paediatrician and evidenced by neuroimaging techniques.

m. Surgical repair of Infantile Hypertrophic Pyloric Stenosis:

A narrowing (stenosis) of the part of the stomach (pylorus) which occurs because the muscle around the pylorus has grown too large (hypertrophic). This can progress to near-complete obstruction of the stomach outlet leading to repeated vomiting and can result in life threatening dehydration and electrolyte disturbances. Surgical repair (Pyloromyotomy) has to be performed in all cases. The diagnosis must be confirmed by a pediatrician.

The benefit is payable on actual undergoing of the corrective surgery.

n. Surgical repair of Anal Atresia:

Congenital absence or abnormal narrowing of the anorectal opening which requires corrective surgery (either anoplasty or colostomy). The diagnosis must be confirmed by a pediatrician.

The benefit is payable on actual undergoing of the surgery.

o. Osteogenesis Imperfecta:

A genetic bone disorder leading to a reduced quality or amount of a protein which is important for the stability of bones (collagen). Individuals with Osteogenesis Imperfecta Type II-VII suffer from multiple bone fractures, severe bone deformities, loose joints, short stature and in some cases loss of hearing. In Type II and III life expectancy is markedly reduced, mostly due to severe respiratory problems. The disease is covered, if the diagnosis is made

during the first 24 months of life and bone fractures or bone deformities have occurred.

The diagnosis must be confirmed by a pediatrician.

Exclusions: Osteogenesis Imperfecta Type I, which is the mild form, is excluded.

p. Patent ductus Arterosus

Failure of the ductus arteriosus, a foetal vessel connecting the left pulmonary artery with the descending aorta thereby bypassing the non-functioning lungs, to close after birth, causing a surgically or medically correctable cardiovascular malformation.

The diagnosis must be confirmed by an appropriate medical specialist and surgery must have been performed to correct the condition.

E) <u>Specific exclusions</u> :

I. Module 1 and Module 2: The following are specific exclusions for Module 1 and Module 2

1. Diseases occurring within 180 days from the date of commencement of risk or date of revival of risk cover, whichever is later (i.e. during the waiting period). No benefit will be payable and coverage shall terminate for diagnosis and/or hospitalization and / or treatment (availed or advised) within the waiting period for the respective covered benefit.
2. Any external congenital anomaly which is not as a consequence of genetic disorder, unless the life assured has disclosed at the time of proposal and the Corporation has specifically accepted the same.

II. Module 3: The following are specific exclusions for Module 3

1. Diseases occurring within 270 days of from the date of commencement of risk or date of revival of risk cover, whichever is later (i.e. during the waiting period). No benefit will be payable and coverage shall terminate for diagnosis and/or hospitalization and / or treatment (availed or advised) within the waiting period for the respective covered benefit.
2. Benefit will not be payable for children born before the policy is taken or within 270 days of Policy commencement.
3. Birth of child with congenital disorder or complication arising when Life Assured is a carrier of surrogacy pregnancy is not covered.

4. Benefit is not payable on any surgeries performed or diagnosed after the age of 3 years for the child.
5. Benefit is not payable if Age of the Life Assured at the time of delivery of the child is more than 45 years age nearest birthday.
6. Benefit will not be applicable on adopted child or child born from a surrogate mother.
7. Any complication arising from fertility treatment including in-vitro fertilizations.
8. In case of cleft lip and / or cleft palate, the benefit shall be paid only once if both present concomitantly.
9. In case of Surgical repair of Tracheo-oesophageal fistula and / or Surgical repair of Oesophageal atresia, the benefit shall be paid only once if both present concomitantly.



Registered Office:

Life Insurance Corporation of India,

Central Office,

Yogakshema, Jeevan Bima Marg, Mumbai – 400021.

Website: www.licindia.in

Registration Number: 512