

Pramerica Life Cancer+Heart Shield

Non Linked Non Participating Fixed Benefit Individual Health Product

Pramerica | LIFE INSURANCE



In today's fast-paced world there is considerable stress in our life so it's imperative that we exercise greater discipline & balance in our lifestyle. These stresses manifest to various lifestyle diseases & many of which are now striking at early ages as well. The possibility of contracting a critical illness like heart attack, cancer or stroke etc. is higher now due to prolonged stress & inability of individuals to take time out for themselves. Though medical care allows people to survive critical illnesses like these, but it entails huge cost & very often puts considerable stress on families both financially & emotionally.

At Pramerica Life Insurance, we realize that your health is more important than anything else. That's why we have came up with a health insurance plan that offers protection against financial expenses due to fatal critical illnesses like Cancer, Heart attack and other common critical illnesses.

Presenting Pramerica Life Cancer+Heart Shield
Non Linked Non Participating Fixed Benefit
Individual Health Product

Pramerica Life Cancer+Heart Shield, Non Linked Non Participating Fixed Benefit Individual Health Product that covers you against the financial impact of various critical illnesses on their diagnosis and during their recovery process. The plan, with various coverage options provides you an in-depth coverage against different dreaded critical illnesses like Cancer, Heart (Cardiovascular) and other illnesses.

Key Features

- **Fixed Benefit Plan:** No ambiguity on benefit amounts. Fixed benefit is paid on diagnosis of covered conditions/ illnesses
- **Comprehensive Coverage:** Covers different stages of Cancer and Heart conditions
- **Option To Augment Coverage:** Option to cover another 26 Major Critical Stage Illnesses
- **Focus On Treatment and Recuperation:** No need to pay any premium from the date of first claim for next 3 Policy years while still being covered
- **Income Benefit:** Monthly Income payable as recuperation benefit to meet your needs
- **Increasing Sum Insured:** Option to go for an increasing cover to address rising medical costs
- **Multiple claims:** Multiple claims allowed as per the chosen option

How does the plan work?

Step 1: In this plan, the illnesses covered are grouped under 'Coverage Options'. Customer has to choose any one of the 4 available options as per their need of coverage

Step 2: The Customer has to select one out of two available 'Benefit Payout Options'

Step 3: Customer has to choose Policy Term, Premium Payment Mode and Sum Insured under their policy

Step 4: Customer will have to pay the Premium basis Age, Gender, Sum Insured chosen, Policy Term, Premium Payment Mode, Coverage option and Benefit Payout option chosen

What are the Coverage Options?

Option I: Cancer Shield

This option offers fixed benefits against Cancer diagnosis. The amount of benefit coverage varies according to Minor and Major Stages of Cancer

Minor Stage: Carcinoma in Situ/Early Stage Cancer
Major Stage: Cancer of specified severity

Option II: Heart Shield

This option offers fixed benefits against Heart (Cardiovascular) related conditions/procedures. The amount of benefit coverage varies according to Minor and Major Stages of Heart related conditions/ procedures.

Minor Stage:

1. Initial implantation of Permanent Pacemaker of Heart or Insertion of Implantable Cardioverter Defibrillator (ICD)
2. Angioplasty
3. Angioplasty and Stenting for Carotid Arteries
4. Renal Angioplasty
5. Percutaneous Procedures for Heart Valves Repair or Replacement
6. Surgical Septal Myomectomy to relieve Left ventricular Outflow Tract (LVOT) obstruction in Hypertrophic Obstructive Cardiomyopathy
7. Pericardectomy

Major Stage:

1. Myocardial Infarction (First Heart Attack – Of Specified Severity)
2. Cardiomyopathy
3. Stroke Resulting in Permanent Symptoms
4. Open Chest CABG
5. Major Surgery of the Aorta
6. Open Heart Replacement or Repair of Heart Valves
7. Heart Transplant
8. Primary (Idiopathic) Pulmonary hypertension

Option III: Cancer & Heart Shield

This is a combination of Option I & Option II. This option offers fixed benefits against both Cancer and Heart (Cardiovascular) related conditions/procedures.

Option IV: Comprehensive Shield

This option offers fixed benefits as per Option III plus an additional coverage against 26 Major Critical Illnesses. These 26 additional Major Critical Illnesses are distinct from the Critical Illnesses covered under Major category of Cancer and Heart.

Major Stage:

1. Alzheimer's Disease
2. Aplastic Anaemia
3. Deafness
4. Loss of Speech
5. Medullary Cystic Kidney Disease
6. Motor Neuron Disease with permanent symptoms
7. Multiple Sclerosis with persisting symptoms
8. Parkinson's Disease
9. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
10. Apallic Syndrome
11. Benign Brain Tumour
12. Blindness
13. Brain Surgery
14. End-stage Lung Failure
15. Coma of specified severity
16. End stage Liver Failure
17. Kidney Failure requiring regular dialysis
18. Loss of Limbs
19. Third Degree Burns
20. Major Head Trauma
21. Permanent paralysis of Limbs
22. Fulminant Viral Hepatitis
23. Muscular Dystrophy
24. Poliomyelitis
25. Loss of Independent Existence
26. Pneumonectomy

What are the Benefit Payout Options?

Care Benefit: Level Sum Insured for the entire Policy Term for the chosen coverage option.

Care+ Benefit: Under this benefit payout option, Indexed Sum Insured, as applicable would become payable. Indexed Sum Insured is Base Sum Insured increased by 10% p.a. (simple) starting first policy anniversary for each completed 'claim free year'. Indexation would only be applicable till the date of diagnosis of critical illness or till Indexed Sum Insured reaches 150% of Base Sum Insured. Additional benefit of monthly income as 1% of Base Sum Insured will become payable for five policy years under this benefit payout option in case of a Major claim.

Benefits Payable

Care Benefit

Under this option following benefits are payable: Upon diagnosis of a Minor Stage Condition/Illness:

- Lump Sum payment of 25% of Base Sum Insured becomes payable immediately; plus
- Monthly Income of 1% of Base Sum Insured is payable every month for next 6 months where first payment made immediately with lump sum payment.

Upon diagnosis of a Major Stage Condition/Illness:

- 100% of Base Sum Insured less 25% of Base Sum Insured, if paid earlier under Minor stage condition, becomes payable immediately.

On diagnosis of critical illness under the policy, premium would be waived off for next 3 Policy years. This benefit is available only one time during the lifetime of the Policy.

Care+ Benefit

Under this option, Indexed Sum Insured would become payable. Indexed Sum Insured is Base Sum Insured increased by 10% per annum (simple) starting first policy anniversary, for each completed 'claim free year'. Indexation would only be applicable till date of diagnosis of critical illness or till Indexed Sum Insured reaches 150% of Base Sum Insured. At no point of time Indexed Sum Insured would be different for minor and major stages rather it will become constant after the first claim is made under the policy.

Under this option following benefits are payable:
Upon diagnosis of a Minor Stage Condition/Illness:

- Lump sum payment of 25% of Indexed Sum Insured becomes payable immediately; plus
- Monthly Income of 1% of Base Sum Insured is payable every month for next 6 months where first payment made immediately with lump sum payment

Upon diagnosis of a Major Stage Condition/Illness:

- 100% of Indexed Sum Insured less 25% of Indexed Sum Insured, if paid earlier under Minor Stage condition, becomes payable immediately
- Monthly Income of 1% of Base (Initial) Sum Insured become payable for 5 years, where first payment made immediately with lump sum payment

On diagnosis of critical illness under the policy, Premium would be waived off for next 3 Policy years. This benefit is available only one time during the lifetime of the Policy In case a claim is made under both of the minor and major categories, then the Monthly Income benefit will be paid under each of the category and can continue to be paid together. In such case Monthly

Income under minor will continue to be paid for 6 months, along with the Monthly income payable in case of claim under Major category for 5 Policy years payable monthly in case Life Assured dies, after the Monthly income under the plan has started, the Monthly Income Benefit would continue to be paid to Nominee/legal heirs' of Life Assured.

Example of Indexation:
Plan Option: Cancer Shield
Benefit Option: Care+
Base Sum Insured: ₹10,00,000
Policy Term: 10 Years

In case of a minor claim during 3rd Policy Year, following will be the Sum Insured Indexation

Policy Year	Indexed Sum Insured
1	10,00,000
2	11,00,000
3	12,00,000
4	12,00,000
5	12,00,000
6	12,00,000
7	12,00,000

Benefit:
Minor Claim during 3rd Policy Year: Lump sum Benefit: 25% of Indexed Sum Insured i.e. 25% of 12,00,000 = ₹3,00,000

Monthly Income: 1% of Base Sum Insured i.e. 1% of 10,00,000 = ₹10,000 per month for next 6 months Waiver of Premium (WoP): Premium for next 3 Policy Years with reference to date of diagnosis of critical illness will be waived off

Major Claim during 7th Policy Year:

Lump sum Benefit: 75% of Indexed Sum Insured i.e. 75% of 12,00,000 = ₹9,00,000

Monthly Income: 1% of Base Sum Insured i.e. 1% of 10,00,000 = ₹10,000 per month for next 5 Years Policy will terminate thereafter.

How many times can the benefits be availed under this plan?

Multiple claims up-to the limit of base/Indexed sum insured for each of the option can be made under Options III & IV. Once a claim is made, all future claims will be based on unclaimed benefit coverage amount for that respective option.

Plan Option	Option I	Option II	Option III	Option IV
No. of minor stage claims allowed	1 Cancer	1 Heart	1 Cancer 1 Heart	1 Cancer 1 Heart
No. of major stage claims allowed	1 Cancer	1 Heart	1 Cancer 1 Heart	1 Cancer 1 Heart 1 Major Critical Illness
Total Number of Claim allowed	2 Cancer	2 Heart	2 Cancer 2 Heart	2 Cancer 2 Heart 1 Critical Illness

The benefits for minor stage condition are payable only once during the entire Policy term for the respective coverage and for its first occurrence only. However claims from other group of illness can be made in case of Option III & IV. Similarly, on payment of major stage claim, the coverage for respective group will terminate and no further benefits will be paid but cover will continue for the other group of illnesses in case of Options III & IV.

There is no Maturity or Death benefit under this plan.

Case Study

Scenario 1:
Amit aged 28 Years an Engineering professional opts for Pramerica Life Cancer+Heart Shield for a Policy Term of 15 Years and Base Sum Insured of ₹20,00,000. He has opted for Option I: Cancer Shield with Benefit Payout Option as Care.

At age 30 he is diagnosed with Lymphoma (A major Cancer condition) and claims under his policy.

He will receive ₹20,00,000 (Base Sum Insured) as lump sum, and policy will terminate thereafter.

Scenario 2:
Rohit aged 30 Years an Accounts professional opts for Pramerica Life Cancer+Heart Shield for a Policy Term of 25 Years and Base Sum Insured of ₹10,00,000. He has opted for Option II: Heart Shield with Benefit Payout Option as Care+.

At age 37 he undergoes Angioplasty (A minor Heart condition) and claims under his policy.

He will receive 25% of ₹15,00,000 (Indexed Sum Insured) i.e. ₹3,75,000 as lump sum plus 1% of ₹10,00,000 (Base Sum Insured) i.e. ₹10,000 per month for next 6 months. Also the premium for next 3 policy years will be waived off.

At age 38 he undergoes Open Chest CABG (A major Heart condition) and claims under his policy

As per the benefits; 100% of Indexed Sum Insured less 25% of Indexed Sum Insured, if paid earlier under Minor Stage condition is payable; therefore he will receive remaining Indexed Sum Insured i.e. ₹11,25,000 as lump sum payment plus Monthly Income of ₹10,000 (1% of Base Sum Insured) for next 5 years and his policy terminates Total Benefits Paid will be ₹21,60,000 (216% of Base Sum Insured) Total number of claims: 2 (1 under minor condition and 1 under major condition)

Scenario 3:
Ramesh aged 35 years an IT professional opts for Pramerica Life Cancer+Heart Shield for a Policy Term of 20 Years and Base Sum Insured of ₹15,00,000. He has opted for Option III: Cancer & Heart Shield with Benefit Payout Option as Care+.

At age 38 he undergoes Pericardectomy (A minor Heart condition) and claims under his policy.

He will receive 25% of ₹19,50,000 (Indexed Sum insured) i.e. ₹4,87,500 as lump sum plus 1% of ₹15,00,000 (Base Sum insured) i.e. ₹15,000 per month for next 6 months. Also the

premium for next 3 Policy years will be waived. Indexation of Sum Insured will stop with reference to diagnosis of this critical illness.

At age 43 he is diagnosed with Chronic lymphocytic leukaemia (A minor Cancer condition) and again claims under his policy.

He will receive 25% of ₹19,50,000 (Indexed Sum insured as applicable on 1st claim) i.e. ₹4,87,500 as lump sum plus 1% of ₹15,00,000 (Base Sum Insured) i.e. ₹15,000 per month for next 6 months.

At age 45 he is diagnosed with Leukaemia (A major Cancer condition) and claims under his policy.

As per the benefits; 100% of Indexed Sum Insured less 25% of Indexed Sum Insured, if paid earlier under Minor Stage condition is payable; therefore he will receive remaining Sum Insured from the Cancer Shield option i.e. ₹14,62,500 as lump sum plus Monthly Income of ₹15,000 (1% of Base Sum Insured) for next 5 Years and his benefits for Cancer conditions terminates. The policy continues with the benefit of one major Heart condition.

At age 51 he has to undergo for Major surgery of the Aorta (A major Heart condition) and makes a claim under his policy.

As per the benefits; 100% of Indexed Sum Insured less 25% of Indexed Sum Insured, if paid earlier under Minor Stage condition is payable; therefore he will receive remaining Sum Insured from the Heart bucket i.e. ₹14,62,500 plus Monthly Income of ₹15,000 (1% of Base Sum Insured) for next 5 Years and policy will terminate.

Total Benefits Paid will be ₹58,80,000 (392% of Base Sum Insured)

Total number of claims paid: 4 (2 under minor conditions and 2 under major conditions)

Scenario 4:
Arpita aged 32 Years working as a Fashion Designer opts for Pramerica Life Cancer+Heart Shield for a Policy Term of 25 Years and Base Sum Insured of ₹25,00,000. She has opted for Option IV: Comprehensive Shield with Benefit Payout option as Care.

At age 33 she was diagnosed with Benign Brain Tumor (A major Critical Illness) and makes claim under her policy.

She will receive 100% of Base Sum Insured i.e. ₹25,00,000 as lump sum and her premium for next 3 policy years will be waived off. Her benefits for Major Critical Illness will cease on this event however her cover for Cancer & Heart conditions will continue.

At age 40 she was undergoes Major Surgery of Aorta (A major Hear condition) and makes claim under her policy.

She will receive 100% of Base Sum Insured i.e. ₹25,00,000 as lump sum and her benefits for Heart (Cardiovascular) related conditions/procedures will cease. However her cover for Cancer conditions will still continue.

At age 42 she was diagnosed with Prostate tumor (A minor Cancer condition) and makes claim under her policy.

She will receive 25% of ₹25,00,000 (Base Sum Insured) i.e. ₹6,25,000 as lump sum plus 1% of ₹25,00,000 (Base Sum Insured) i.e. ₹25,000 for next 6 months.

At age 50 she was diagnosed with Sarcoma (A major Cancer condition) and makes claim under her policy.

As per the benefits; 100% of Base Sum Insured less 25% of Base Sum Insured, if paid earlier under Minor Stage condition is payable; therefore she will receive remaining Sum Insured from the Cancer bucket i.e. ₹18,75,000 as lump sum and policy will terminate Total Benefits Paid will be ₹76,50,000 (306% of Base Sum Insured).

Total claims made under the Policy: 4 (3 major conditions and 1 minor conditions).

Eligibility Criteria:

Age at Entry##	Minimum:	18 Years
	Maximum:	65 Years
Policy Term	Minimum:	10 Years
	Maximum:	40 Years
Premium Payment Term		Regular Pay, equal to Policy Term
Maximum Maturity Age		75 Years
Sum Insured	Minimum:	₹5,00,000
	Maximum:	Option I: ₹50,00,000 Other Options: ₹25,00,000
Premium Payment Modest	Annual, Semi-annual, Quarterly and Monthly*	
Annual Premium!	Minimum:	Option I: ₹500 Other Options : ₹1,000 This is subject to minimum Installment Premium of `₹200
	Maximum:	No Limit, subject to maximum Sum Insured, Entry Age, Coverage Option and Benefit Payout Option chosen

Premium mentioned are exclusive of extra premium, modal loadings and Goods & Service Tax and applicable cess.
##Attained age as on last birthday last Policy Anniversary *Monthly mode of premium payment is available only through credit card, direct debit and ECS.

In case of non-annual modes of premium payment, following modal factors will be applicable

Premium Modes	Factors
Annual	1.00
Semi-Annual	0.52
Quarterly	0.265
Monthly	0.09

Premium Discounts/ Rebates
The Company will offer a discount equivalent to 10% of Premium paid for first 3 Policy years if the policy is bought online by employees of the PLIL group companies & its subsidiaries. The company would also give this discount to family members of employee. The discount would be applicable on the online rates. The company would also give this discount to the existing Policyholders who decided to buy this plan online.

Premium Waiver Benefit
On diagnosis of critical illness under the policy, Premium for next 3 Policy Years will be waived off from the next premium due date following the date of diagnosis of critical illness.

This benefit is available only one time during the lifetime of the Policy.

In case Policyholder chooses Option I or Option II, waiver of Premium will be applicable only on occurrence of minor stage claim. The coverage will immediately terminate on payment of major stage benefit and no WoP would be applicable.

Under Option III and Option IV, the waiver of Premium is applicable on first claim (minor/major). The Policy will continue for the remaining benefits thereafter.

Waiting Period
There will be a waiting period of 180 days after commencement or revival of the Policy, whichever is later. The Company will not entertain any claim arising due to any illness/ disease, where the insured had or is aware of objective evidence, had consultations/ Investigations for it, or was diagnosed with the disease which first became apparent or commenced within the waiting period under this Policy.

Survival Period
It is the duration between date of diagnosis of a condition/ procedures and the date of eligibility for a benefit payment would be applicable.

Cancer or Heart (Cardiovascular)	7 Days of Survival Period
Other Major Illnesses	15 Days of Survival Period

This means that the insured has to survive 7 days after the “full histopathological diagnosis” of the cancer, including stage and grading. Failure to do so entitles the Insurance Company to refuse any claim under this cover.

Surrender Benefit
No Surrender Value is applicable under this plan.

Revival
- Revival of a policy is available up to 5 years from the date of first unpaid premium
- Payment of all unpaid premiums with applicable interest is required to revive the Policy in all cases
- The unpaid premiums to be paid by the Policyholder upon revival shall be based on the corresponding rates i.e. original premium amount for the period when original premium rates were applicable and revised premium amount for the period from the date of revision of premium rates till the date of revival

- Upon revival of the Policy, the Policyholder will become entitled to all the Policy benefits as per the terms and conditions of the Policy
- Revival of the Policy is subject to underwriting policy of the Company as applicable from time to time
- The Company reserves the right to obtain additional information before reviving the Policy and also has the right to decline revival of the Policy or impose extra mortality ratings as per the board approved underwriting policy of the Company

Are there any tax benefits for availing this plan?

Tax benefits under Section 80(D) of the Income Tax Act may be available as per prevailing tax laws. Tax laws are subject to change. Please consult your tax advisor for details.

Free Look Cancellation

The policyholder will have a period of 15 days (30 days in case of the policy sold through distance marketing mode) from the date of receipt of the Policy terms and conditions to review the same. Where the policyholder disagrees with any of these terms and conditions, the policyholder will have an option to discontinue the Policy stating the reasons for objection. On receipt of the letter, the company will refund the premiums paid, subject to the deduction of proportionate risk premium, any expenses incurred by the Company on insurance medical examination and stamp fee (if any), towards the Policy.

Grace Period

A grace period of 30 days for all modes under Regular Premium payment will be available under this Policy. The policy will remain in force during the grace period. If the policyholder is diagnosed with any of the condition as per the chosen option, the Company will pay the benefit payable after deduction of the Premium due under the Policy. In case any premium remains unpaid at the end of the grace period, the policy shall lapse.

Applicable Definitions

Cancer:

Minor Condition Definition	Major Condition Definition
Early Stage Cancer: Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions: i. Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification; ii. Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent or lesser classification; iii. Chronic lymphocytic leukaemia classified as RAI Stage I or II; iv. Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin; v. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system. vi. All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification); vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist; viii. Pre-malignant lesions and conditions, unless listed above, are excluded. **Carcinoma-in-situ:** Carcinoma-in-situ shall mean first ever diagnosis of a histologically proven, localized preinvasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated: i. Breast, where the tumour is classified as Tis according to the TNM Staging method; ii. Uterus, vagina, vulva or fallopian tubes where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0; iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according the TNM Staging method or FIGO* Stage 0; iv. Ovary –include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B; v. Colon and rectum; vi. Penis; vii. Testis; viii. Lung; ix. Stomach and esophagus; x. Urinary tract, for the purpose of in-situ cancers of the bladder and uroepithelium, stage Ta papillary carcinoma is included; xi. Nasopharynx; For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy & confirmed by a Registered Medical Practitioner. * FIGO refers to the staging method of the Federation Internationale de Gynecologie etd' Obstetrique. Pre-malignant lesions and carcinoma in situ of any organ, unless listed above, are excluded.	**Cancer Of Specified Severity:** i. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma; ii. The following as excluded; i. All tumors which are histologically described as carcinoma-in-situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma-in-situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3; ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0; v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3; vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification; viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; ix. All tumors in the presence of HIV infection.

Heart

Heart Conditions means illness/ disease where the insured had or is aware of objective evidence, had consultations/ Investigations for it, or was diagnosed with the disease which first became apparent or commenced more than 180 days following the Issue Date or Commencement Date or the date of any reinstatement of this Contract, whichever is the latest and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered surgeries stated below.

Heart Minor Condition	Definitions
Initial implantation of Permanent Pacemaker of Heart or Insertion of Implantable Cardioverter defibrillator (ICD)	Actual undergoing of insertion of a permanent cardiac pacemaker or 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 Cardiac Pacemaker or 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.
Angioplasty And Stenting Of Coronary Arteries	I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for the 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 coronary angiogram (CAG). II. Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery. III. Diagnostic Angiography or investigation procedures without angioplasty/stent insertion are excluded.
Angioplasty and Stenting for Carotid Arteries	Angioplasty and Stenting for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one or more of carotid arteries. All of the following criteria must be met: 1. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and 2. The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.
Renal Angioplasty	Means the actual undergoing for the first time of Renal Artery Angioplasty or the insertion of a stent to correct the stenosis, of one or more renal arteries as shown by Angiographic or appropriate imaging evidence. The revascularization must be considered medically necessary by an appropriate specialist. Intra Arterial investigative procedures and Diagnostic Angiography are excluded.
Percutaneous Procedures for Heart Valve Repair or Replacement	Percutaneous valve surgery refers to percutaneous valvuloplasty, percutaneous valvotomy and percutaneous valve replacement 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.
Surgical Septal Myomectomy to relieve Left ventricular Outflow Tract (LVOT) obstruction In Hypertrophic Obstructive Cardiomyopathy	Actual undergoing of a surgical procedure to relive LVOT obstruction in HOCM by direct removal of cardiac septal muscle. The LVOT obstruction should be causing: • Significant heart failure (NYHA CLASS III/IV) despite maximal medical therapy • LVOT gradient >/=50 mmhg at rest • Recurrent syncope judged to be related to LVOT obstruction Procedure should be considered medically necessary by a cardiologist.
Pericardectomy	The undergoing of a Pericardectomy through a median sternotomy or a thoracotomy approach for the treatment of constrictive pericarditis or recurrent pericarditis. The surgical procedure must be certified to be absolutely necessary by a Specialist in cardiology.

Heart Major Condition	Definitions
Myocardial Infarction (First Heart Attack – Of Specified Severity)	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 of Myocardial Infarction should be evidenced by all of the following criteria: a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) b) new characteristic electrocardiogram changes c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: a. Other acute Coronary Syndromes b. Any type of angina pectoris. c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
Cardiomyopathy	An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV or its equivalent, for at least six (6) months based on the following classification criteria: Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

Stroke Resulting in Permanent Symptoms	Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced. The following are excluded: a. Transient ischemic attacks (TIA) b. Traumatic injury of the brain c. Vascular disease affecting only the eye or optic nerve or vestibular functions.
Open Chest CABG	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 is excluded: Angioplasty and/or any other intra-arterial procedures
Major surgery of the Aorta	The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term “aorta” means the thoracic and abdominal aorta but not its branches Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
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.
Heart Transplant	The actual undergoing of a transplant of the Heart, that resulted from irreversible end-stage failure of the organ. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. Stem cell Transplants are excluded.
Primary (Idiopathic) Pulmonary Hypertension	I. An unequivocal diagnosis of Primary (Idiopathic) pulmonary hypertension by a cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of HG on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. II. The NHYA Classification of Cardiac Impairment are as follows: i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, dis-ease of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

Comprehensive

Major CI Conditions means illness/ disease, where the insured had or is aware of objective evidence, had consultations/Investigations for it, or was diagnosed with the disease which first became apparent or commenced more than 180 days following the Issue Date or Commencement Date or the date of any reinstatement of this Contract, whichever is the latest and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered surgeries stated below:

Major Illness Condition	Definitions
Alzheimer’s Disease	Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer’s disease must be confirmed by an appropriate consultant and supported by the Company’s appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 3 months: Activities of Daily Living are defined as: 1. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; 2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. Feeding – the ability to feed oneself once food has been prepared and made available; 6. Mobility - the ability to move from room to room without requiring any physical assistance; The following are excluded: a. Any other type of irreversible organic disorder/ dementia; b. Non-organic disease such as neurosis and psychiatric illnesses; and c. Alcohol related brain damage.

Aplastic Anaemia	Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following: a. Regular blood product transfusion; b. Marrow stimulating agents; c. Immunosuppressive agents; or d. Bone marrow transplantation. The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone-marrow biopsy. Two out of the following three values should be present: a. Absolute neutrophil count of 500 per cubic millimetre or less; b. Absolute erythrocyte count of 20 000 per cubic millimetre or less; and c. Platelet count of 20 000 per cubic millimetre or less. Temporary or reversible aplastic anaemia is excluded.
Deafness	Total and irreversible loss of hearing in both ears as a result of illness or accident. The diagnosis must be supported by pure tone audiogram test and certified by an ear, nose and throat (ENT) specialist.Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.
Loss of Speech	Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. The diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.
Medullary Cystic Kidney Disease	Medullary Cystic Disease where the following criteria are met: a. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; b. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and c. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.
Motor Neuron Disease with permanent symptoms	Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular trophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
Multiple Sclerosis with persisting symptoms	I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: a. Investigations including typical MRI findings, which unequivocally confirm the b. Diagnosis to be multiple sclerosis; and c. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, II. Other causes of neurological damage such as SLE and HIV are excluded.
Parkinson's Disease	The unequivocal diagnosis of primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consult-ant neurologist. This diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; and • Objective signs of progressive impairment; and • There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following five (6) "Activities of Daily Living" for a continuous period of at least 6 months. The Activities of Daily Living are: 1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; 2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Mobility: the ability to move indoors from room to room on level surfaces; 5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 6. Feeding: the ability to feed oneself once food has been prepared and made available. Drug-induced or toxic causes of Parkinsonism excluded.
Systemic Lupus Erythematosus (SLE) with Lupus Nephritis	A multi-system, mutlifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test. Other forms, discoid lupus, and those forms with only haematological and joint involvement will be specifically excluded. WHO Classification of Lupus Nephritis: Class I: Minimal change Lupus Glomerulonephritis – Negative, normal urine. Class II: Messangial Lupus Glomerulonephritis – Moderate Proteinuria, active sediment. Class III: Focal Segmental Proliferative Lupus Glomerulonephritis – Proteinuria, active sediment. Class IV: Diffuse Proliferative Lupus Glomerulo-nephritis – Acute nephritis with active sediment and / or nephritic syndrome. Class V: Membranous Lupus Glomerulonephritis – Nephrotic Syndrome or severe proteinuria.
Apallic Syndrome	Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

Benign Brain Tumor	I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist. i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or ii. Undergone surgical resection or radiation therapy to treat the brain tumor III. The following conditions are excluded: a. Cysts b. Granulomas c. Malformations in the arteries and veins of the brain d. Hematomas e. Abscesses f. Pituitary tumors g. Tumors of skull bones and tumors of spinal cord.
Blindness	Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by: i. corrected visual acuity being 3/60 or less in both eyes or; ii. the field of vision being less than 10 degrees in both eyes. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedures.
Brain Surgery	The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy with removal of bone flap to access the brain is performed. The following are excluded: a. Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy b. Brain surgery as a result of an accident
End-stage Lung Failuret	End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following: a. FEV 1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; c. Arterial blood gas analyses with partial oxy-gen pressures of 55mmHg or less (PaO2 < 55mm Hg); and d. Dyspnea at rest.
Coma of Specified Severity	A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: a. No response to external stimuli continuously for at least 96 hours; b. Life support measures are necessary to sustain life; and c. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
End Stage Liver Failure	Permanent and irreversible failure of liver function that has resulted in all three of the following: a. Ascites; and b. Permanent jaundice; and c. Hepatic encephalopathy. Liver failure secondary to alcohol or drug abuse is excluded.
Kidney Failure Requiring Regular Dialysis	End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
Loss of Limbs	The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.
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.
Major Head Trauma	I. Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the Accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other re-liable imaging techniques. The Accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. III. The Activities of Daily Living are: 1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; 2. Dressing: the ability to put on, take off, se-cure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Mobility: the ability to move indoors from room to room on level surfaces; 5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 6. Feeding: the ability to feed oneself once food has been prepared and made available. IV. The following are excluded: (a) Spinal cord injury; and

Permanent Paralysis of Limbs	Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
Fulminant Viral Hepatitis	A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: • Rapid decreasing of liver size as confirmed by abdominal ultrasound; and • Necrosis involving entire lobules, leaving only a collapsed reticular framework(histological evidence is required); and • Rapid deterioration of liver function tests; and • Deepening jaundice; and • Hepatic encephalopathy. Hepatitis B infection carrier alone does not meet the diagnostic criteria. This excludes Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug.
Muscular Dystrophy	A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle based on three (3) out of four (4) of the following conditions: (a) Family history of other affected individuals; (b) Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction; (c) Characteristic electromyogram; or (d) Clinical suspicion confirmed by muscle biopsy. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months. Activities of Daily Living are defined as: 1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; 2. Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Mobility: The ability to move indoors from room to room on level surfaces; 5. Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 6. Feeding: The ability to feed oneself once food has been prepared and made available.
Poliomyelitis	The occurrence of Poliomyelitis where the following conditions are met: 1. Poliovirus is identified as the cause and is proved by Stool Analysis, 2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months. The diagnosis of Poliomyelitis must be confirmed by a Registered Medical Practitioner who is a Neurologist.
Loss of Independent Existence	Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology. Activities of Daily Living are defined as: 1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; 2. Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Mobility: The ability to move indoors from room to room on level surfaces; 5. Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 6. Feeding: The ability to feed oneself once food has been prepared and made available.
Pneumonectomy	The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.

Medical Practitioner – Medical Practitioner means a person who holds a valid registration from the Medical Council of any State 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 its scope and jurisdiction of license but excluding the Physician who is:

- Insured/Policyholder himself or an agent of the Insured
- Insurance Agent, business partner(s) or employer/employee of the Insured or
- A member of the Insured's immediate family

Hospital - A hospital means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registrations and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurer's authorized personnel.

Exclusions

- Pre-existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:
    - That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
    - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

General Exclusions for Cancer:

No benefit shall be payable under the policy in respect of any Major Cancer, Carcinoma-in-situ or Early Stage Cancer resulting directly or indirectly from or caused or contributed by (in whole or in part):

- Any external congenital condition or related illness is not covered under the policy.
- Any pre-existing condition (as defined above). No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same
- Intoxication by alcohol or narcotics or drugs not prescribed by a Registered Medical Practitioner
- Nuclear, biological or chemical contamination (NBC) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or biological or chemical contamination

Inaddition, no benefit will be payable:

- Deliberate failure to seek medical advice or intentional delay of medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy
- For treatment like Ayurvedic, Homeopathy, Unani, Naturopathy, Reflexology, Acupuncture, Bone-setting, Herbalist Treatment, Hypnotism, Rolfing, Massage Therapy, Aroma Therapy or any other treatments other than Allopathy / western medicines
- No benefits shall be payable under this Policy for Cancer, Carcinoma in situ and Early Stage Cancer diagnosed or with the illness, where the insured had or is aware of objective evidence, had consultations/ Investigations for it ,or was diagnosed with the disease which first became apparent or commenced within 180 days following the effective date of the commencement of the policy or reinstatement (whichever is later)
- No benefit is payable under this Policy for Cancer, Carcinoma-in-situ and Early Stage Cancer if the Insured Person has survived for less than seven (7) days following the diagnosis of Cancer, Carcinoma-in-situ and Early Stage Cancer

General Exclusions for Heart and other Major Illnesses:

Apart from the disease specific exclusions, no benefit will be payable if any of the cardiovascular condition is caused or aggravated directly or indirectly by any of the following:

- Any medical condition which first manifests itself within 180 days of the risk commencement date or reinstatement date whichever is later.
- Any pre-existing illness (as defined above) or physical condition. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same
- Any external congenital condition or related illness is not covered under the policy.
- Suicide or attempted suicide or intentional selfinflicted injury, by the life insured, whether sane or not at that time
- Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action
- Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind,scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger
- Any underwater or subterranean operation or activity Racing of any kind other than on foot
- Participation by the insured person in any flying activity other than as a bona fide fare paying passenger, in a licensed aircraft
- Deliberate failure to seek medical advice or intentional delay of medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy
- Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident
- Ayurvedic, Homeopathy, Unani, Herbalist Treatment, any other treatments other than Allopathy / western medicines

Premium Guarantee

The premium rates shall be guaranteed for the first 3 Policy years from the date of commencement of this Policy and reviewable thereafter on prior approval from the IRDAI.
Any revision in the Premium rates shall be notified to the Policyholder at least three months prior to the date of such revision by the Company and Policyholder will be given a period of 30 days from the date of premium due (on or after the effective date of change) to renew the policy. If the Policyholder is not willing to continue the Policy with the revised Premium rates, the Policy will lapse.

Premium rates, if and when revised, shall be guaranteed to the Policyholder for a subsequent period of three Policy years. Such change in rates will apply both to new as well as existing Policyholders.

Below are the Premium amounts of a 35 year old male for Policy term and Premium payment term of 15 years, who can get a ₹10 lakh cover for an Annual premium at different Coverage and Benefit Payout Options:

Coverage Option	Benefit Payout Option	
	CARE	CARE+
Cancer Shield	1,084	1878
Heart Shield	3,694	5709
Cancer & Heart Shield	4,603	7434
Comprehensive Shield	5,344	8831

Please click on the link below to know your Premium amount.

KNOW YOUR PREMIUM

Assignment

Assignment may be done as per Section 38 of the Insurance Act 1938, as amended from time to time.

Nomination

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

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

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 penalty which may extend to ten lakhs rupees.

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

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 nominee(s)/beneficiary(s) or assignees of the insured the grounds and materials on which such decision is based.
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominee(s)/beneficiary(s) 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 nominee(s)/beneficiary(s) or assignees of the insured within a period of ninety days from the date of such repudiation.
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof, that the age of the life insured was incorrectly stated in the proposal. This brochure gives the salient features for the product. Please refer to policy document for further details of the terms and conditions.

The brochure gives the salient features for the product. Please refer to policy bond for further details of the terms and conditions.

About Pramerica Life Insurance Limited (PLIL)

Pramerica Life Insurance Limited is a joint venture between DHFL Investments Limited (DIL), a wholly-owned subsidiary of Dewan Housing Finance Corporation Ltd. (DHFL) and Prudential International Insurance Holdings, Ltd. (PIIH), a fully owned subsidiary of Prudential Financial, Inc. (PFI), a financial services leader headquartered in the U.S. The life insurance joint venture agreement between the two partners was signed in July 2013.

Pramerica Life Insurance Limited, which was earlier known as DHFL Pramerica Life Insurance Company Limited started operations in India on September 01, 2008 and has a pan India presence through multiple distribution channels which have been customized to address the specific insurance needs of diverse customer segments. The Company is committed to providing protection and quality financial advice to its customers.

For further information on the Company, please visit www.pramericalife.in

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This product provides Health Insurance coverage. Pramerica Life Cancer+ Heart Shield UIN: 140N057V03. Goods & Service Tax and applicable cess will be charged over and above the quoted premium. For more details on risk factors and terms & conditions including policy exclusion, please refer to the detailed plan brochure and policy terms and conditions before concluding a sale.

Pramerica Life Insurance Limited. (Erstwhile DHFL Pramerica Life Insurance Company Limited) CIN: U66000HR2007PLC052028. IRDAI Registration No. 140. Registered Office and Communication Address: 4th Floor, Building No. 9, Tower B, Cyber City, DLF City Phase III, Gurgaon-122002. Website: www.pramericalife.in. The Pramerica mark displayed belongs to 'The Prudential Insurance Company of America' and is used by Pramerica Life Insurance Limited under license.

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