
SHRIRAM
Life Insurance
YOUR PARTNER FOR PROSPERITY
SHRIRAM LIFE
CRITICAL ILLNESS
WOMAN
RIDER
Non-linked Non-Participating Health
Individual Pure Risk Premium Rider
UIN – 128B032V01
For the fighter, the nurturer, the woman.
Protection that understands her.

You are the backbone of your family, keeping everything together with love and strength. Juggling family, work, and social life often leaves little time for yourself. While others' health may come first, remember that your own well-being is crucial, it is the foundation that supports everything you do.

As a woman, your health and well-being are invaluable, but life's unexpected challenges can sometimes disrupt even the most carefully laid plans. This rider is specifically designed to offer comprehensive coverage to women during some of life's most critical moments.

We understand that women face distinct health risks throughout their lives, and this rider ensures you have the financial support you need to navigate these challenges with confidence. Whether you are dealing with a serious illness, complications during pregnancy, or supporting your new-born through congenital conditions, we are here to safeguard your health and secure your future.

With this rider attached, you can have peace that comes from knowing that you are protected, no matter what challenges lie ahead. We will help you focus on what matters most—your health.

KEY BENEFITS

- Comprehensive coverage against 29 critical illnesses including female specific critical illnesses
- Lump sum pay-out on diagnosis of any of the covered critical illnesses
- Add on benefit of maternity wellness cover against pregnancy complications or birth of child with congenital disorder
- Premium remains guaranteed throughout the coverage term

RIDER ELIGIBILITY

Eligibility Criteria	Limits
Age at Entry#	**Minimum:** 18 years **Maximum:** **Base Cover -** 65 years **Maternity Wellness Coverage -** 40 years
Age at Maturity#	**Minimum:** 23 years **Maximum :** **Base Cover -** 80 years **Maternity Wellness Coverage -** 45 years
Policy Term	**Regular Pay:** 5 to 40 years **Limited Pay:** 6 to 40 years **Single Pay:** 5 to 40 years Maternity cover term shall not exceed the CI cover term
Premium Payment Term	**Regular Pay -** Same as Policy Term **Limited Pay -** 5 to (Maximum Policy term - 1) years **Single Pay**
Premium Payment Mode	Single, Yearly, Half-Yearly, Quarterly and Monthly
Sum Assured	**Minimum:** ₹ 50,000$ **Base Cover** for **CI** – ₹ 40,000 if maternity cover is opted ₹ 50,000 if maternity cover is not opted **Maternity Wellness Coverage** – ₹ 10,000 **Maximum:** ₹ 25,00,000,subject to Board approved underwriting policy **Base Cover** for **CI –** ₹ 22,50,000 if maternity cover is opted ₹ 25,00,000 if maternity cover is not opted **Maternity Wellness Coverage** – ₹ 2,50,000

Note: $The sum assured under the rider (ie base cover for CI plus and maternity wellness coverage if opted) shall not exceed the sum assured under the base policy. The maternity cover shall not exceed 20% of the rider sum assured

#All references to age in the table are as on age as on last birthday

GST is applicable on premiums as per the prevailing Tax Laws. The tax laws are subject to amendments from time to time.

BENEFITS UNDER THE RIDER*

The rider provides following two types of insurance cover options:

1. **Base cover -** Cover against female specific critical illnesses and other critical illnesses
2. **Add on benefit - maternity wellness coverage –** Add on benefit cover against pregnancy complications or birth of child with congenital disorder

Base cover - Cover against female specific critical illnesses and other critical illnesses

This option provides coverage against female specific critical illnesses and other critical illnesses.

It can be opted on any policy anniversary during the base policy tenure.

The benefit will be payable only upon first occurrence of any of the conditions covered under this benefit during the lifetime of the life insured.

For minor and major stage claims, any previously paid critical illness claims under the policy would be subtracted from the payout amount.

In case, if policyholder gets diagnosed with minor CI first then, 25% of sum assured will be paid and the policy will further continue for remaining sum assured.

Once a minor stage CI claim is paid, no payment for any future claims under the minor stage of the same CI would be admissible. Same CI means same histological type and/ or same organ. Organs which are in pairs are considered as one for this purpose. Multiple minor stage claims would, however, be admissible.

For example, if the life assured undergoes an angioplasty then we would pay 25% of the CI SA. If the life assured is diagnosed with minor staged female specific cancer then we would again pay 25% of CI SA. However, the second or more angioplasties are not covered. This would continue until the 100% of the CI SA is paid.

Upon completion of the CI limit that is after critical illness payout of up to 100% of CI sum assured, the CI benefit shall cease immediately and the rider policy will continue for maternity wellness cover if not claimed earlier for the remaining part of the cover period by continuing the payment of premium for this benefit.

The benefits payable under critical illness is as per the two stages of severity: minor stage, major stage

Critical illnesses covered under care option

S.no	Critical Illnesses	Stage	Critical Illness Benefit Payout
1	CANCER OF SPECIFIED SEVERITY	Major	100%
2	STROKE RESULTING IN PERMANENT SYMPTOMS	Major	100%

S.no	Critical Illnesses	Stage	Critical Illness Benefit Payout
3	MAJOR ORGAN /BONE MARROW TRANSPLANT	Major	100%
4	PERMANENT PARALYSIS OF LIMBS	Major	100%

S.no	Critical Illnesses	Stage	Critical Illness Benefit Payout
5	COMA OF SPECIFIED SEVERITY	Major	100%
6	BENIGN BRAIN TUMOR	Major	100%
7	THIRD DEGREE BURNS	Major	100%
8	END STAGE LUNG FAILURE	Major	100%
9	SURGERY OF AORTA	Major	100%
10	MAJOR HEAD TRAUMA	Major	100%
11	APPALIC SYNDROME	Major	100%
12	LOSS OF LIMBS	Major	100%
13	MINOR STAGED FEMALE SPECIFIC CANCER OF BREAST, CERVICAL, CERVIX UTERI CORPUS UTERI, OVARIES, FALLOPIAN TUBES, VULVA, VAGINA	Minor	25%
14	SEVERE RHEUMATOID ARTHRITIS	Major	100%
15	ANGIOPLASTY	Minor	25%
16	MYOCARDIAL INFARCTION (First Heart Attack of specific severity)	Major	100%
17	KIDNEY FAILURE REQUIRING REGULAR DIALYSIS	Major	100%

S.no	Critical Illnesses	Stage	Critical Illness Benefit Payout
18	OPEN CHEST CABG	Major	100%
19	OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES	Major	100%
20	MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS	Major	100%
21	BLINDNESS	Major	100%
22	ALZHEIMER'S DISEASE / IRREVERSIBLE ORGANIC DEGENERATIVE BRAIN	Major	100%
23	END STAGE LIVER FAILURE	Major	100%
24	MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS	Major	100%
25	PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION	Major	100%
26	DEAFNESS	Major	100%
27	PARKINSON'S DISEASE	Major	100%
28	SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)	Major	100%
29	SEVERE OSTEOPOROSIS	Major	100%

If, any time during the term of the policy, the life assured is diagnosed to be suffering from a critical illness (CI) of specific stage of severity, a percentage of the critical illness sum assured, subject to applicable limits, will be payable in one lump sum as long as the Critical Illness sum assured has not been exhausted, provided the policy is in-force. The critical illness benefit pay-out depends on the stage of the CI and claims previously admitted under the policy.

Add on benefit - Maternity Wellness (PC & BCCD)coverage

At the time of commencement of the policy, you have an option of availing the Maternity Wellness Coverage, which will provide coverage against pregnancy complications or birth of child with congenital disorder (PC&BCCD), can be opted along with the base cover of the rider.

The premium for this optional benefit has to be paid additionally over and above base cover rider premium.

Policy term for PC & BCCD option can be less than or equal to the policy term chosen for the base option.

The PC & BCCD sum assured chosen can be between ₹10,000 to ₹ 2,50,000, but can not be more than 20% of rider sum assured.

Once the additional PC & BCCD sum assured is paid during the term of the option, this option will terminate automatically.

This option will terminate automatically on payment of claim, or at the end of chosen policy term or at age 45, whichever is earlier. The policy will continue for the remaining critical illness sum assured as usual, if not utilized completely till the end of the rider term.

The PC & BCCD benefit will be payable only once and can be opted only at the time of inception only.

It provides cover for one child birth.

It shall be opted along with base cover at the time of rider selection and not allowed to opt during the rider term.

Contingencies covered under the option are

S.no	Pregnancy Complications
1	Disseminated Intravascular Coagulation
2	Ectopic Pregnancy
3	Molar Pregnancy
4	Eclampsia
5	On undergoing hysterectomy due to postpartum haemorrhage

S.no	Congenital Anomalies on childbirth
1	Down's Syndrome
2	Spina Bifida
3	Tetralogy of Fallot
4	Cleft Palate
5	Ventricular Septal Defect
6	Atrial Septal Defect
7	Patent Ductus Arteriosus
8	Surgical Separation of Conjoined Twins
9	Surgical Repair of Transposition of Great Vessels

*Benefits under the rider are payable only if the base plan is in force. The rider benefit will cease immediately if the base plan is terminated or discontinued. The rider benefit will also cease when a claim is paid.

There is no Death or Maturity Benefit payable under this plan.

Additional benefits under the rider

Auto Debit Booster (Nach Payments)

For each payment through NACH mode, policyholders will be eligible to receive 1% of premium as the discount i.e. each premium paid through NACH will be 99% of the original annualised premium. Policyholders will not be eligible for this discount if premiums paid through non-NACH mode even after successful NACH registration due to any reason.

Waiting Period

90 days for Base Cover and 1 year for maternity wellness coverage from rider inception or revival, as applicable.

No benefit will be payable if the claim has occurred during the waiting period.

The plan pays critical illness benefit in the event of the life assured being first diagnosed with any of the covered critical illnesses any time after waiting period.

The critical illness benefit will be payable only if the incidence of any of the covered critical illness condition after policy issuance is the first incidence of that covered critical illness in the lifetime of the policyholder.

Example for Waiting Period:

Date of inception/revival: 01.01.2025
Waiting period of first 90 days from 01.01.2025
which is from 01.01.2025 to 31.03.2025
Cover starts from 01.04.2025

Survival Period

It is a period of 30 days from date of first confirmed diagnosis.

Rider benefit can only be claimed if the critical illness is diagnosed at least 90 days after the date of commencement or the date of revival/reinstatement whichever is later and the life insured survives the specified illness for a period of at least 30 days from the date of first confirmed diagnosis.

Example for Survival Period:

Date of inception: 01.01.2025
Date of first confirmed diagnosis: 01.01.2026
Survival period: 30 days
From 01.01.2026 to 30.01.2026

Definitions of critical illnesses covered and applicable respective disease specific exclusions

1. **Cancer of Specified Severity**
   i. A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
   ii. The following are excluded –
      a. 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.
      b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
      c. Malignant melanoma that has not caused invasion beyond the epidermis;
      d. 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
      e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
      f. Chronic lymphocytic leukaemia less than RAI stage 3
      g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
      h. All gastro-intestinal stromal tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. **Myocardial Infarction (First Heart Attack of Specific Severity)**
   I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for myocardial infarction should be evidenced by all of the following criteria:
      i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial Infarction (for e.g. typical chest pain)
      ii. New characteristic electrocardiogram changes
      iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
   II. The following are excluded:
      i. Other acute coronary syndromes
      ii. Any type of angina pectoris
      iii. A rise in cardiac biomarkers or troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

3. **Stroke Resulting in Permanent Symptoms**
   I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least

3 months has to be produced.

II. The following are excluded:
    I. Transient ischemic attacks (TIA)
    II. Traumatic injury of the brain
    III. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. Major Organ/Bone Marrow Transplant

I. The actual undergoing of a transplant of:
    i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
    ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:
    i. Other stem-cell transplants
    ii. Where only islets of langerhans are transplanted

6. Open Chest CABG

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

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

7. 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

8. Open Heart Replacement or Repair of Heart Valves

I. 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.

9. Coma of Specified Severity

I. 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:
   i. No response to external stimuli continuously for at least 96 hours;
   ii. Life support measures are necessary to sustain life; and
   iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

10. Multiple Sclerosis with Persisting Symptoms

I. 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.

II. Neurological damage due to SLE is excluded.

11. 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:
   Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

12. Blindness

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

II. the Blindness is evidenced by:
   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.

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

13. 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.

14. Alzheimer's Disease

I. Disorders - Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate registered medical practitioner who is also supported by the company's appointed doctor.

II. The following are excluded:
   a. Non-organic disease such as neurosis and psychiatric illnesses; and
   b. Alcohol-related brain damage

15. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
   i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
   ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
   iv. Dyspnea at rest.

16. End Stage Liver Failure

I. 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.

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

17. Surgery of Aorta (Aorta Graft Surgery)

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. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Minimally invasive grafting is excluded.

18. Motor Neuron Disease with Permanent Symptoms

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

19. 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 reliable 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 and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

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

IV. The following are excluded:
   i. Spinal cord injury;

20. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of primary (Idiopathic) pulmonary hypertension by a cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on cardiac cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association classification of cardiac impairment.

II. The NYHA classification of cardiac impairment are as follows:
   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, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the company and the condition must be documented for at least one month with no scope of recovery.

22. Deafness

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

frequencies of hearing" in both ears.

23. 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.

24. Parkinson's Disease

I. The unequivocal diagnosis of idiopathic parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:
   i. The disease cannot be controlled with medication; and
   ii. There are objective signs of progressive deterioration; and
   iii. There is an inability of the life assured to perform (whether aided or unaided) at least 3 of the following five (5) "activities of daily living" for a continuous period of at least 6 months:

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

III. Drug-induced or toxic causes of Parkinsonism are excluded.

IV. Coverage for this impairment will cease at age sixty-five (65) or on maturity data/expiry date, whichever is earlier.

25. Female specific cancer of Breast, Cervical, Cervix Uteri Corpus Uteri, Ovaries, Fallopian tubes, Vulva, Vagina

a. Minor Stage

   i. The diagnosis of the minor cancers listed below must be established by histological evidence and be confirmed by a specialist in the relevant field.
   ii. Carcinoma-in-situ (of breast, cervix uteri, uterus, fallopian tube, vulva/vagina or ovary), the diagnosis of which must be positively established by microscopic examination of fixed tissues, unless specifically excluded, is covered.
   iii. The following are specifically excluded:
   iv. Clinical diagnosis or the Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN 1, CIN 2, and

v. CIN 3 (severe dysplasia without carcinoma-insitu).
vi. Carcinoma in situ in any part of the body other than breast, cervix uteri, uterus, fallopian tube, vulva/vagina or ovary.
vii. All tumors in the presence of HIV infection

b. Major Stage

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

II. The following are specifically excluded:
   i. Tumours showing the malignant changes of carcinoma in situ &tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
   ii. Any skin cancer other than invasive malignant melanoma
   iii. Cancer in any part of the body other than breast, cervix uteri, uterus, fallopian tube, vulva/vagina or ovary
   iv. Papillary micro-carcinoma of the thyroid less than 1 cm in diameter Chronic lymphocyctic leukemia less than Rai stage III
   v. Micro-carcinoma of the bladder
   vi. All tumours in the presence of HIV infection.

Any reference to the 'Rai Classification' in the above definitions will mean:

Stage	Description
0	Lymphocyte count >15,000mm3 (15X109\L) No other abnormalities i.e. no lymph nodes, no hepatosplenomegaly, hemoglobin>11 g/dl, platelets>100,000mm3
I	Lymph nodes present
II	Enlarged liver or spleen
III	Anemia-hemoglobin <11g/dl
IV	Thrombocytopenla - platelets <100,000mm3

26. Systemic Lupus Erythematosus(SLE)

I. The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE.

II. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either

a. Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria
b. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

III. Discoid lupus and medication induced lupus are excluded.

27. Severe Rheumatoid Arthritis

I. The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities.

II. There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Nonsteroidal anti-inflammatory drugs such as acetylsalicyclic acid are not considered a DMARD drug under this definition.

III. Degenerative osteoarthritis and all other forms of arthritis are excluded.

28. Severe Osteoporosis

I. A certified medical consultant must make the definite diagnosis of osteoporosis that follows the WHO definition where there is testing evidence of bone density reading with a T-score of less than –2.5 (2.5 standard deviation below the peak bone density of a normal 25-30 year old adult). The osteoporosis must have caused multiple fractures resulting in the Insured's permanent inability to perform at least 3 of 5 activities of daily living (ADLs).

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

III. WHO Definition of Osteoporosis

IV. Bone density reading with a T-score of less than –2.5 (i.e. 2.5 standard deviation below the peak bone density of a normal 25-30 year old adult).

29. Angioplasty

The undergoing of percutaneous coronary intervention to correct narrowing or blockage of one or more major coronary arteries (LMCA/LAD/RCA/LCX) using balloon angioplasty and involving the use of transluminal coronary Stent to correct significant stenosis of at least 75 % diameter narrowing. Clinical

and ECG evidence of preceding acute coronary syndrome (like NSTEMI / unstable angina), or in case of Stable angina, evidence of ischemia from functional tests like TMT / Stress Echo / Stress Nuclear scan and Angiographic evidence of significant coronary artery stenosis (with FFR evidence in case of doubtful stenosis) to support the necessity for the above operation will be required.

Pregnancy complications and birth of child with congenital abnormalities

1. **Pregnancy Complications**

   i. **Disseminated Intravascular Coagulation (DIC)**
   DIC means a life threatening complication of pregnancy, consisting of a systemic thrombohemorrhagic disorder, that is characterized by generalized bleeding and end organ damage. The diagnosis must be confirmed by a gynecologist or obstetrician as disseminated intravascular coagulation, and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above condition requires treatment with frozen plasma and platelet concentrates.

   ii. **Ectopic Pregnancy**
   Pregnancy, in which the fertilized ovum implants in the fallopian tube. The ectopic pregnancy must have required the immediate surgical removal of the ovum or complete fallopian tube. The diagnosis must be confirmed with a pathology report. No benefit will be payable for partial salpingectomy and any other forms of treatment for ectopic pregnancy.

   iii. **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, and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed.

   iv. **Eclampsia**
   Eclampsia is the occurrence of generalized tonic clonic grand mal seizures after the 20th week of pregnancy in a pregnant women who also has hypertension, proteinuria, and oedema. Eclampsia must be diagnosed by a Gynecologist, Obstetrician or specialist physician. The eclampsia must require the emergency delivery of the fetus and placenta. Seizures due to other causes are excluded. Postpartum eclampsia is excluded.

   v. **Postpartum Haemorrhage**
   It means ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of urgent hysterectomy and a direct result of post partum bleeding or damage to the cervix or uterus that cannot be arrested by other means. The condition must require a hysterectomy and the same must have been performed.

2. Congenital Anomalies

i. Down's Syndrome

Live birth of a baby with Down's syndrome (trisomy 21)- as diagnosed by a specialist physician and proven on chromosomal analysis.

ii. Spina Bifida

Spina Bifida is a neural tube defect where there is failure of the spine to close properly during pregnancy. There must be a resultant meningomyocele or meningocele. The spina bifida must also have required corrective surgery and there must be objective evidence of permanent paralysis a verified by a neurologist.

iii. Tetralogy of Fallot

A congenital abnormality of the heart characterized by pulmonary stenosis, an opening in the interventricular septum, malposition of the aorta over both ventricles, and hypertrophy of the right ventricle. Open heart surgery must have takenplace to correct the congenital defect.

iv. Cleft Palate

Congenital fissure of the roof of the mouth requiring corrective surgical procedures produced by failure of the two maxillae to unite during embryonic development with or without cleft lip.

v. Ventricular Septal Defect

Failure of the interventricular septum to close giving rise to a significant left to right shunt that must be more than 2:1 pulmonary to systemic flow ratio. Open-heart surgery must have taken place to correct the defect.

vi. Atrial Septal Defect

A congenital cardiac defect in the wall between the right and left atria giving rise to a significant left to right shunt. Open heart surgery must have taken place to correct the defect.

vii. Patent Ductus Arteriosus

The condition where the ductus arteriosus fails to close after birth causing significant left to right shunt. Open heart surgery must have taken place to correct the congenital defect.

viii. Separation Surgery of Conjoined Twins

The undergoing of surgical separation of the conjoined twins at least one of the co-twins must be alive at the time of the separation surgery. Conjoined twins here are defined as identical twins that are born with their bodies joined.

ix. Transposition of the Great Vessels

It means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition.

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

Exclusions

No benefit shall be payable in respect of any claims arising directly or indirectly as a result of any of the following:

- Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- Any congenital or inherited disorder or developmental conditions of the Life Assured.
- Narcotics used by the life assured unless taken as prescribed by a registered doctor, or the life assured's abuse of drugs and/or consumption of alcohol.
- Any illness resulting from a physical or mental condition which existed before the effective date of this plan, or in case of reinstatement, from the effective date of such reinstatement (whichever is later) and which was not disclosed in the application for insurance or health statement. Effective date of the plan is the date of commencement of risk or the date of revival, whichever is later.
- Any event giving rise to a claim (including death) on the child of the life assured caused directly or indirectly by the intentional act of the policy owner, life assured or person who will otherwise be entitled to the benefit payable.
- Failure to seek or follow medical advice or treatment under reasonable circumstances from any registered and qualified medical practitioner.
  A medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and who is neither the life insured himself nor related to the life insured by blood or marriage. The term medical practitioner will include surgeons, anaesthetists, consultants, pathologists, radiologists, radiation on cologists and specialists
- 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.
- Taking part in any naval, military or air force operation during peace time.
- 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.
- Participation by the insured person in a criminal or unlawful act with criminal intent.
- 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.

- Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Further conditions for pregnancy complications and congenital abnormalities:

A. Pregnancy Complications

I. The benefit will not be payable if

- Complications happen within waiting period, which is 1 year of policy commencement.
- Any disseminated intravascular coagulation arising during the first 7 months of pregnancy will not be covered
- Any complication arising from surrogacy or fertility treatment including in-vitro fertilizations.

B. Birth of child with congenital disorders / surgeries:

I. The benefit will not be payable if:

- Benefit will not pay for children born before the policy is taken or within waiting period which is 1 year of policy commencement
- Birth of child with congenital disorder or complication arising when LA is a carrier of surrogacy pregnancy is not covered.
- Benefit will not be applicable on adoption of child or child born from a surrogate mother (i,e Birth of child born with disorder when LA is not carrier of child)
- Benefit is not payable if claim arising due to abortion or elective termination of pregnancy other than for medical reasons.

II. The claim is payable only if:

- The congenital illness is diagnosed within 2 years from the date of delivery of the child; and
- The child of the life assured survives at least 30 days from the date of delivery with congenital illness and the necessary surgical / medical intervention as outlined in each of the condition is fulfilled.

Other Rider conditions

1. The rider is applicable for non-linked plans. Rider sum assured payable on affliction with defined CI on or before the end of the policy term.
2. Benefits under the rider are payable only if the base plan is in force.
3. Rider can be opted at the time of proposal or at any time during the policy term. If the life assured is minor at the time of base policy inception, the rider can be chosen on attaining majority. The rider can be allowed only if the outstanding term of the policy is at least 5 years in the case of existing policies.

4. If CI occurs just before end of the term and survival period goes beyond the term, rider payment will be made at the end of survival period.
5. The total rider sum assured under all policies taken by a single life shall not exceed ₹ 25,00,000.
6. The benefit under this rider is restricted to 80 years for care option and 45 years for maternity wellness coverage of completed years of age of the life assured.
7. If at any time after the claim is admitted that it is discovered that the said claim is wrongly paid, all the amounts paid under this benefit shall be recovered with such interest prevailing at that time, from the proceeds of the policy.

Premium Payment:

The premiums can be paid along with the base policy. The premiums shall be determined separately for the base CI cover and the maternity wellness cover, if opted, based on the age, cover term and the premium rate applicable.

The premium payment for CI continue till the earliest of:

- 100% CI claim is paid
- End of rider term
- Reaching exit age
- End of base policy term or termination of base policy by claim

The premium payment for maternity wellness cover continues till the earliest of:

- Maternity claim is paid
- End of maternity cover period
- Reaching exit age of 45 years
- End of base policy term or termination of base policy by claim

Grace Period

Grace period under the rider will be as per the base policy.

Paid up value

Rider cannot be made paid up separately from base policy.

For Limited Pay: If the premium due remains unpaid at the expiry of grace period after the first two years premium have been paid, the policy will not lapse but will continue as a reduced paid up policy.

If the policy becomes paid up, the following benefits are payable -

Paid up value: No. of premiums paid/ No. of premium payable multiplied byrider sum assured.

Single Pay: The policy will be fully paid up on payment of single premium.

Regular Pay: The policy does not acquire any paid up value

Revival

Rider cannot be revived separately from base plan and revival procedure will be as per base policy.

Loan

Loans are not available under the rider.

Surrender Value

Rider cannot be surrendered separately from base policy.

For Regular Pay: No surrender or paid up value shall be payable under the policy.

For Limited Pay and Single Pay: The policy acquires surrender value on payment of two years' premium/single premium. The surrender value payable is as mentioned below:

Surrender value =70% of total premiums paid *(no. of premiums paid/ No. of premium payable -No. of months elapsed/Total cover term in months)

Documents to be submitted at the time of Critical Illness Claim

In case of the policy holder afflicted by defined Critical illness, the claimant should submit the following for consideration of the claims

- Certificate by a medical practitioner authorized by the company
- Hospital treatment records, etc.
- Medical reports (consultation notes, treatment record, admission notes, hospital indoor case paper, discharge summary, investigation/laboratory reports), physician statement etc.
- Policy document
- Critical illness claim form issued by the company duly filled and signed
- Medical certificate from the attending registered/specialist medical practitioner confirming the diagnosis as specified under the definition of the respective critical illness
- Any other document depending on the cause of illness and nature of claim.

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Free Look Period

The free look period for this rider shall be the same as that of the base policy.

Minor Lives

If the life assured is a minor at the time of base policy inception, the rider can be chosen on attaining majority.

Tax benefits

Tax benefits may be available as per prevailing tax laws. Tax benefits are subject to changes according to the tax laws from time to time;

Please consult your tax advisor for details.

Fraud or Misrepresentation

In case of fraud or misrepresentation, action shall be initiated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

Grievance Redressal

At Shriram Life, our customers are our top priority. We pride ourselves on being a service-oriented company that responds quickly to your needs. We understand that there may be times when things don't go as expected, but rest assured, we're here to help. We offer an accessible and responsive mechanism for addressing your grievances and suggestions. You can always reach us at:

Toll-Free Numbers: 1800-3000-6116 / 1800-103-6116

Email-customercare@shriramlife.in

Grievance Redressal Officer: 040-23009400

Email: grievance.redressal@shriramlife.in

For more touchpoints and details,

visit https://www.shriramlife.com/services/grievance-redressal

Important Sections of Insurance Act

Prohibition of Rebates -Section 41 of the Insurance Act, 1938 as amended from time to time -

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take 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.

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

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

About the Company

With a pan-India presence and over 400+ offices, Shriram Life is your trusted partner for prosperity. At Shriram Life, we strive to provide our customers with elegant solutions tailored to individual needs.

SHRIRAM LIFE INSURANCE COMPANY LIMITED

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SHRIRAM Life Insurance
YOUR PARTNER FOR PROSPERITY
associated with Sanlam group

For more details on risk factors, terms and conditions, please read the sales brochure carefully before concluding a sale.
*Provided all the premiums are paid and the policy is in force

For further assistance you can contact us in the following ways:

Visit your nearest branch office for details.
List of our branches is available on our website www.shriramlife.com

Call our toll free number : 1800 103 6116

Phone : +91 40 23009400 (Board)

Mail us at customercare@shriramlife.in

Write to Shriram Life Insurance Company Limited
Plot No. 31-32, 5th Floor, Ramky Selenium,
Financial District, Gachibowli, Hyderabad,
Telangana – 500032.

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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.