

LIFE GOALS. DONE.



Aapke Life Goals ka back-up plan



A Non Linked, Non Participating,
Pure Life Term Insurance Plan

Bajaj Allianz Life Smart Protect Goal

Planning your Life Goals is just the start, securing them against eventualities is the next step.

Here is an affordable term plan with numerous options, to secure your Life Goals and help you live worry free.

Bajaj Allianz Life Smart Protect Goal is an individual, life, non-linked, non-participating, single/limited/regular premium payment, savings (ROP) and pure risk term cover plan, providing protection and add-on covers.

Key Advantages

- Comprehensive coverage with a multitude of features
- Life Cover – for Self
- Option to choose Return of Premium (ROP)¹ as Maturity Benefit
- Option to choose Whole of Life¹ cover up to age 99 years
- Add-on covers to choose from –
 - Accidental Death Benefit (ADB)
 - Accidental Total Permanent Disability Benefit (ATPDB)
 - Critical Illness Benefit (CIB)
 - Waiver of Premium² Benefit (WOPB)
- Flexibility to opt for Single, Limited or Regular Premium

Note - ¹ If Whole Life is opted for, then ROP is not available

² Waiver of Premium (WOPB) is applicable on CI (Incl ATPD)

Add-on Covers, Maturity Benefit option & Whole of Life option can be chosen/opted at inception only and cannot be changed subsequently

Plan Working

Choose your -

1. Sum Assured
2. Maturity Benefit option⁺
3. Add-on cover(s)
4. Policy Term
5. Premium Payment Term

Your premium will be based on your age, gender, smoker or non-smoker categorization, options, add-on covers and the above details.

⁺ If ROP has been chosen as Maturity Benefit, the return of premium as maturity benefit will be applicable both on the premium paid for the variant and on any Add-on cover opted for.

Plan Details

Bajaj Allianz Life Smart Protect Goal has following combinations of variants, maturity benefit option (ROP), whole life option and Add-on cover (s) to choose from:

Variants / Benefits	Death Benefit			ATPDB			CIB			ADB			WOPB - I			WOPB - II			Whole Life			ROP		
	RP	LP	SP	RP	LP	SP	RP	LP	SP	RP	LP	SP	RP	LP	SP	RP	LP	SP	RP	LP	SP	RP	LP	SP
Life Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓
Life Cover with Child Education Extra Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
Life Cover with Joint Life	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
Increasing Life Cover	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
Premium Payment Type	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓

- Single Premium - SP, Limited Premium - LP and Regular Premium - RP
- WOPB – II {CI (Incl ATPD)/Death} is applicable on Life Assured and not on the Spouse
- If Whole Life is opted for, then ROP is not available
- If CIB is opted for, then ATPDB is not available and vice versa
- The cover period for CIB / WOPB will always be equal to CIB / WOPB Premium Payment Terms respectively
- However, the cover period and Premium Payment Term for CIB can be less than or equal to the Variant Premium Payment Term
- The Policy Term and Premium Payment term of all other Add-on Covers (except CIB and WOPB) can be less than or equal to the Policy Term and Premium Payment Term of the variant respectively.

For policies sourced through POS channel:

- Only Life Cover variant will be available
- Add-on covers will not be available
- In Life Cover variant, Whole life will not be available
- Policy terms & conditions shall be as per prevailing POS guidelines, as amended from time to time

Variant Description – Life Cover

Life Cover³ amount is payable on death of the Life Assured.

You can also choose either of the following options –

- **Whole of Life** – Life Cover up to age 99 years
 - This option is only available when limited premium payment option is chosen
- **Return of Premiums (ROP)** – If no claim has been made for the Variant and/or for each Add-on cover(s), the total premiums paid for the Variant and/or each of the Add-on cover(s) opted for, will be returned on their respective maturity dates. If Whole Life is opted, ROP will not be available.

You can also opt for any/all the following Add-on covers –

- **Accidental Death Benefit (ADB)** – In case of death due to an accident, Sum Assured chosen as ADB is payable
- **Accidental Total Permanent Disability Benefit (ATPDB)** – In case of occurrence of total permanent disability of the Life Assured due to an accident, Sum Assured chosen as ATPDB is payable
- **Critical Illness Benefit (CIB)** –
 - In case of diagnosis of any of the listed Critical Illnesses, Sum Assured chosen for Critical Illness benefit is payable
 - In case of Minor CI other than Angioplasty, 25% of the CIB will be payable
 - For Angioplasty, lower of 5 lakhs or 25% of CIB, will be payable

- A maximum of four (4) Minor CI including Angioplasty claims will be payable during the CIB cover period
- For Major CI, 100% of CIB will be payable

The total claims paid under Minor and Major CI will not be more than 100% of CIB. If CIBs have been paid for four (4) Minor CIs including Angioplasty during cover period, no CIB will be payable for any future Minor CI. Any remaining CI Sum Assured shall be payable on the occurrence of a Major CI. Once claim is paid for Minor CI (including Angioplasty), no future claim will be paid for the same Minor CI. The remaining CIB will continue for all listed CI's excluding the Minor CI for which the claim has already been paid.

If ROP option is chosen and 100% of CIB has not been claimed, on maturity the ROP will be a proportion of the total premiums paid for CIB.

- **Waiver of Premium Benefit on CI (incl. ATPD) (WOPB-I) Benefit –**

- On occurrence of fourth (4th) Minor CI or on the date of occurrence of the first (1st) Major CI (incl. ATPD), whichever is earlier, all future premiums due under the policy will be waived and WOPB-I cover will terminate immediately and automatically.

Note-

- The variant/options/Add-on covers can be chosen only at inception and cannot be altered during the term of the Policy.
- ³Life Cover is the Sum Assured on Death which is-
 - for RP / LP - Sum Assured on Death is defined as higher of (a) 10 times Annualized Premium⁴, (b) 105% of total premiums paid* till date of death, (c) Sum Assured
 - for SP - Sum Assured on Death is defined as higher of (a) 1.25 times Annualized Premium⁴, (b) Sum Assured
- ⁴Annualized Premium is the total premium/s payable in a policy year for a LP & RP and the single premium for an SP. The annualized premium is exclusive of extra premium, add-on covers and loadings for modal premiums, if any, and Total Premiums paid shall be equal to (Annualized Premium * number of years for which premiums have been paid). Please note that GST/any other applicable tax levied, subject to changes in tax laws, will be collected over and above the premium under the policy.
- ROP is excluding GST/any other applicable tax levied, subject to changes in tax laws and any extra premium
- Add-on Covers will only be applicable, subject to the conditions, exclusions, waiting period, cooling period & survival period as applicable and mentioned in this document
- The Premium for this variant and add-on cover(s), except CIB & WOPB I, are guaranteed for the entire Policy term. The premiums for CIB & WOPB I are guaranteed for a period of 5 years and reviewable for subsequent cover periods
- In case of a policy where WOPB has already been triggered and subsequently if any Add-on Covers become payable or in case of death, the present value of all future premiums w.r.t. the respective Variant and/or Add-on Covers will be added to the death benefit or Add-on cover benefit payable. The present value will be calculated at 6% per annum
- For policies sourced through POS channel, Waiting Period of sixty (60) days from Date of commencement of risk shall be applicable. During this period, the death benefit due to any reason other than accidental death will be 100% of total premiums paid till date, excluding GST/any other applicable tax levied, subject to changes in tax laws and any extra premium

Sample Premium Table

Without Return of Premium –

Age	Annualized premiums for PT/PPT of 25 years			
	Life Cover of ₹ 1 Cr	Add – on Covers		
		ADB of ₹ 1 Cr	ATPD of ₹ 1 Cr	CIB of ₹ 10 Lakhs
30 years / Male	₹ 7,930	₹ 6,750	₹ 4,459	₹ 2,356
40 years / Male	₹ 15,423	₹ 6,750	₹ 4,460	₹ 6,233
50 years / Male	₹ 34,613	₹ 6,750	₹ 4,464	₹ 14,397

With Return of Premium –

Age	Annualized premiums for PT/PPT of 25 years			
	Life Cover of ₹ 1 Cr	Add – on Covers		
		ADB of ₹ 1 Cr	ATPD of ₹ 1 Cr	CIB of ₹ 10 Lakhs
30 years / Male	₹ 17,898	₹ 12,647	₹ 8,031	₹ 5,582
40 years / Male	₹ 37,044	₹ 12,647	₹ 7,943	₹ 12,860
50 years / Male	₹ 79,176	₹ 12,647	₹ 7,762	₹ 24,370

Whole Life –

Annualized premiums for PPT of 25 years				
Age	Life Cover of ₹1 Cr up to Age 99 years	Add – on Covers		
		PT will be (80 minus Age at entry)		PT – 25 years
		ADB of ₹ 1 Cr	ATPD of ₹ 1 Cr	CIB of ₹ 10 Lakhs
30 years / Male	₹ 23,925	₹ 6,584	₹ 4,255	₹ 2,356
40 years / Male	₹ 41,205	₹ 6,496	₹ 4,221	₹ 6,233
50 years / Male	₹ 73,935	₹ 6,357	₹ 4,167	₹ 14,397

- PPT – Premium Payment Term, PT – Policy Term
- The above premiums are for Non-Smoker
- Premium shown above is exclusive of Goods & Service Tax/any other applicable tax levied, subject to changes in tax laws and any extra premium
- The plan can be purchased directly from the company's website also at the applicable premium rates
- If CIB is opted for, then ATPDB is not available and vice versa
- The Premium for any Add-on covers (if opted) will be over and above the Premium payable for the Life Cover

Eligibility Conditions

Eligibility for this Variant:

Age at Entry		Minimum 18 - Maximum 65 years			
Maximum Age at Maturity	With ROP	75 years			
	Without ROP	85 years			
	Whole Life	99 years			
Sum Assured		Minimum- 50 lakhs	Maximum- As per Board Approved Underwriting Guidelines		
Policy Term (PT) / Premium Payment Term (PPT)					
	Premium Type for Variant	Minimum		Maximum	
		PT (years)	PPT (years)	PT (years)	PPT (years)
Without ROP	RP	5	5	85 minus Age at Entry	67
	LP ⁷	6	5	85 minus Age at Entry	30
	SP	5	1	40	1
With ROP	RP	10	10	75 minus Age at Entry	57
	LP ⁷	10	5	75 minus Age at Entry	30
	SP	10	1	40	1
Whole Life	RP	Not Available			
	LP ⁷	99 minus Age at Entry	5	99 minus Age at Entry	30
	SP	Not Available			

Eligibility for Add-On Covers (if opted) with this Variant:

Age at Entry		Minimum 18 years - Maximum 65 years	
Maximum Age at Maturity	With ROP	75 years	
	Without ROP	80 years	
	Whole Life		
Sum Assured for ADB / ATPDB	Minimum 5 lakhs - Maximum 2 Crores		
Sum Assured for CIB	Minimum 5 lakhs - Maximum 1 Crore		

Add-on cover	Premium Type for Variant	Minimum		Maximum	
		PT (years)	PPT (years)	PT (years)	PPT (years)
"ADB/ATPDB" Without ROP	RP	5	5	80 minus Age at Entry	62
	LP ⁷	6	5	80 minus Age at Entry	30
	SP	5	1	40	1
"ADB/ATPDB" With ROP	RP	10	10	75 minus Age at Entry	57
	LP ⁷	10	5	75 minus Age at Entry	30
	SP	10	1	40	1
"ADB/ATPDB" With Whole Life	RP	Not Available			
	LP ⁷	6	5	80 minus Age at Entry	30
	SP	Not Available			
"CIB & WOPB" Without ROP	RP	5	5	80 minus Age at Entry	62
	LP ⁷	5	5	30	30
	SP	Not Available			
"CIB & WOPB" With ROP	RP	10	10	75 minus Age at Entry	57
	LP ⁷	10	10	30	30
	SP	Not Available			
"CIB & WOPB" With Whole Life	RP	Not Available			
	LP ⁷	5	5	30	30
	SP	Not Available			

⁷For Limited Premium Payment & for Add-on Cover(s) opted, the PPTs available are 5, 10, 15, 20, 25, 30 years; subject to maximum PPT cessation age of 75 years. For Limited Premium with ROP option, the minimum difference between PT and PPT should be 5 years

Note:

- The cover period for CIB / WOPB will always be equal to CIB / WOPB Premium Payment Terms respectively
- However, the cover period and premium payment term for CIB can be less than or equal to the Variant Premium Payment Term
- CIB is not available if Single Premium Payment has been opted for in the Variant

Eligibility for policies sourced through POS channel:

Age at Entry	Minimum		Maximum		
	18 years		Without ROP	60 years	
			With ROP	55 years	
Maximum Age at Maturity	65 years (Maximum age at maturity will be as per prevailing POS guidelines, as amended from time to time)				
Sum Assured (in multiple of ₹50,000)	Minimum- 50 lakhs		Maximum- As per Board Approved Underwriting Guidelines		
Policy Term (PT) / Premium Payment Term (PPT)					
	Premium Type for Variant	Minimum		Maximum	
		PT (years)	PPT (years)	PT (years)	PPT (years)
Without ROP	RP	5	5	65 minus Age at Entry	47
	LP ⁸	6	5		30
	SP	5	1		1
With ROP	RP	10	10	65 minus Age at Entry	47
	Lp ⁸	10	5		30
	SP	10	1		1
Minimum & maximum Policy term will be as per prevailing POS guidelines, as amended from time to time					
Add-on covers	Not available				

⁸For Limited Premium Payment, the PPTs available are 5, 10, 15, 20, 25, 30 years. For Limited Premium with ROP option, the minimum difference between PT and PPT should be 5 years

Non-Payment of Regular or Limited Premiums

For Regular Premium or Limited Premium payment option without ROP:

If any premium is not paid before the end of the grace period, then, the policy will, immediately & automatically, lapse at the expiry of the grace period, and no benefit under the policy will be payable

For Regular Premium or Limited Premium payment option with ROP:

- If at least two (2) full years' premiums under a policy are not paid, the policy (Variant and/or Add-on Covers) will, immediately & automatically, lapse at the expiry of the grace period, and no benefit will be payable under the policy.
- If at least two (2) full years' premiums under a policy are paid, and subsequent premiums are not paid, then, the policy (variant and/or Add-on Cover/s, excluding WOPB Cover), will be, immediately & automatically, converted to a paid-up policy at the expiry of the grace period. The Sum Assured, Sum Assured on Death, Maturity Benefit and Add-on Cover Sum Assured as applicable, will be converted to Paid-up Sum Assured, Paid-up Sum Assured on Death, Paid-up Maturity Benefit and Paid-up Add-on Cover Sum Assured respectively.
- There is no paid-up value available with respect to WOPB-I.

Surrender Value

- a) Surrender Value is available, subject to below conditions –
- i. For Regular premium with ROP, if at least two (2) full years' premiums under a policy are paid
 - ii. For Limited premium –
 1. with ROP only if at least two (2) full years' premiums under a policy are paid
 2. without ROP option only after the premium payment term
 - iii. For single premium with/without ROP anytime

Note –

Under Regular Premium payment for without ROP option, no surrender value shall be available.

- a) *The surrender of a Policy will mean surrender of Variant and the Add-on Cover (s). The Add-on cover (s) cannot be independently surrendered.*
- b) *The surrender value payable shall be higher of the GSV or SSV. The company shall have the right to revise the SSV Factors from time to time, subject to prior IRDAI approval*
- c) *In case of a policy where WOPB has already been triggered and is subsequently surrendered the surrender value payable will be the present value of all future premiums w.r.t. the Variant and/or Add-on Covers. The present value will be calculated at 6% per annum.*

Product Terms and Conditions

- a) **Free Look Condition:** Within fifteen (15) days of the receipt of this Policy and thirty (30) days in case of electronic Policy & Policy obtained through distance mode, you may, if dissatisfied with any of the terms and conditions for any reason, provided no claim has already been made on the Policy, give the Company a written notice of cancellation along with reasons for the same, and return the Policy Document to the Company, subject to which the Company shall send you a refund comprising all Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium (including add-on cover premium/s) for the period you were on cover and the expenses incurred by the Company on medical examination and stamp duty.

**Policies obtained through distance mode will be sold through online sales and tele-calling*

b) High Sum Assured Rebate (HSAR):

- i. HSAR will be applicable on your premium with respect to Sum Assured chosen for Life Cover
- ii. This rebate will be applied on your premium for every additional 1 lacs increase in Sum Assured over and above ₹ 50 Lakhs and will be based on variant, smoker categorization, Sum Assured slab for each age and policy term. HSAR is not applicable for Sum Assured above ₹ 3 cr.

c) Female Life Rebate: Premium rate applicable to female life will be based on the premium rate of 3 years younger male

- d) Suicide Claim Provisions:** If the life assured commits suicide, within 12 months from the date of commencement of risk or the date of latest revival of the policy, whichever is later, the higher of 80% of the total premiums paid or the surrender value as on the date of death will be paid as death benefit, provided the policy is in force.

e) Grace Period for Regular & Limited premium payment: Thirty (30) days for frequencies other than monthly and fifteen (15) days for monthly frequency.

During the grace period, you will be covered for the contingent events in the variant & the Add-on Cover/s chosen. On the

occurrence of the contingent event during the grace period, the due-but-unpaid premium/s will be deducted from the benefit payable

f) Waiting Period:

For Minor / Major CI conditions: A waiting period of 180 days is applicable from the date of issue of policy or date of revival or reinstatement whichever is later

For policies sourced through POS channel: Waiting Period of sixty (60) days from Date of commencement of risk shall be applicable.

g) Survival Period: 14 days survival period from the date of diagnosis of any CI conditions covered under the plan, unless a separate Survival Period is specified for any particular disease/condition

h) Cooling Period: Up to four (4) Minor CI conditions can be claimed over the term of the policy subject to Cooling-off period of 180 days. Cooling-off period of 180 days applies from date of diagnosis of one (1) Minor stage CI condition to the date of diagnosis of another Minor stage CI condition. However, Cooling-off will not apply in case of diagnosis of any Major stage condition claim following a claim made for a Minor stage condition.

i) Policy Loan: Policy Loan is not available

Option to Change Premium Payment Frequency

The Premium Payment Frequency may be changed on any policy anniversary during the policy term, subject to the availability, then, of the premium payment frequency and the minimum premium allowed under the product then.

The Premium payment frequency factors are:

Premium frequency	Monthly	Quarterly	Half yearly	Yearly
Frequency Factor (freq)	0.09	0.26	0.51	1.00

Tax Benefits

Premium paid, Return of Premiums, Death, Accidental Death, Accidental Permanent Total Disability, Critical Illness Benefit and Surrender Value may be eligible for tax benefits as per extant Income Tax Act, subject to the provision stated therein and as amended from time to time. You are requested to consult your tax consultant and obtain independent advice for eligibility, before claiming any benefit under the Policy

Revival

A policy, which has lapsed/paid-up for non-payment of due premium after the grace period, may be revived, subject to the following conditions:

- A written application for revival is received from you by the company within five (5) years of the due date of the first unpaid premium.
- The arrears of premiums together with interest, at such rate as the company may decide from time to time along with applicable taxes are paid. The current applicable revival interest is 9% per annum, compounded half-yearly.

- c) You, at your own expense, agree to undergo medical examination and provide evidence of continuity of insurability.
- d) The revival of the policy may be on terms different from those applicable to the policy before it lapsed, based on prevailing board approved underwriting guidelines.
- e) The Company may revive or refuse to revive the policy based on the prevailing board approved underwriting norms of the Company. If the policy is refused revival based on the board approved underwriting guidelines, the Company will refund the amount deposited for the purposes of revival of the policy
- f) The revival will only be effective when the Company has specifically communicated the same to you.
- g) On revival, the Sum Assured, Sum Assured on Death, Add-on Cover Sum/s Assured and Maturity Benefit, as applicable, under the Policy which prevailed before the date of latest lapse/paid-up will be reinstated.

Note: The revival interest rate will be benchmarked to the G-Sec based on the information from Financial Benchmark India Private Ltd (FBIL). It will be equal to [10-year G-Sec yield PLUS 2%] rounded-up to the next full interest rate. The revival interest rate will be reviewed on an annual basis.

Any change in bases used for determination of applicable interest rate will be subject to prior approval of IRDAI.

Termination

This Policy shall, immediately and automatically, terminate on the earliest occurrence of any of the following events:

- i) On the expiry of the revival period of 5 years from the date of first unpaid Premium for lapsed policies.
- ii) On the payment of Death Benefit
- iii) On the payment of Maturity Benefit
- iv) On payment of refund in case of cancellation under Free look
- v) On payment of Surrender Value
- vi) On refund of eligible Premiums / Surrender value under Suicide clause on suicide of Life Assured

The risk cover under the Policy and Add-on Cover(s) shall, immediately and automatically, terminate on the occurrence of any of the following events:

- i) On payment of full Add-on Sum Assured with respect to ATPDB or CIB
- ii) Once WOPB is triggered
- iii) On the cessation of respective Add-on Cover period(s)
- iv) On the date of death of Life Assured
- v) On the Maturity date of the Policy

Definitions

A) **Accidental Death Benefit:**

'Accident' shall mean a sudden, unforeseen and involuntary event caused by external, visible, and violent means.

'Accidental Death' means death caused by sudden, violent, unforeseen and involuntary event caused by external and visible means as revealed by an autopsy provided such death was caused directly by such Accident, and independently of any physical or mental illness within one hundred and eighty (180) days of the date of Accident.

B) **Accidental Total Permanent Disability:**

"Accidental Total Permanent Disability" shall mean disability of the rider life insured as a result of bodily injury caused by an accident (a sudden unforeseen and involuntary event caused by external and visible means) and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the rider life assureds disability which must be permanent and total and must result in at least one of the following:

- (a) Loss of both eyes; (b) Loss of both arms and both hands; (c) Loss of one arm and one leg; (d) Loss of one arm and one foot; (e) Loss of one hand and one foot; (f) Loss of one hand and one leg; (g) Loss of both legs; (h) Loss of both feet

The disability must be documented for an uninterrupted period of at least six months.

- Loss of both eyes means total loss of vision in both eyes, certified by an ophthalmologist
- If the disability is due to amputation/ dismemberment, loss of hand will mean amputation/ dismemberment above wrist, loss of arm will mean amputation/ dismemberment above elbow, loss of feet will mean amputation/ dismemberment above ankle and loss of leg will mean amputation/ dismemberment above knee
- If the disability is not due to amputation/dismemberment, loss will mean loss of usage of both limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only.
- The Accidental Permanent Total Disability has to be certified by a registered Medical Practitioner, appointed by the company. Claim intimation should be received in writing within 60 days of occurrence of the Accident, which is causing total disability of the rider life assured.
- The Disability Benefit is paid if and only if disability is detected as per above Disability Condition.

C) Critical Illness:

Minor CI Conditions:

1. Percutaneous Heart Valve Repair

The actual undergoing of percutaneous intravascular Valvotomy or percutaneous intravascular Valvuloplasty not involving the deployment of any device or prosthesis necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram.

All other surgical corrective methods will be excluded from this benefit.

The following are specifically excluded:

- Chronic constrictive pericarditis related to alcohol or drug abuse
- Acute pericarditis due to any reason
- Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration.

2. Angioplasty

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

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

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

The benefit payout for Angioplasty claim is capped at lower of INR 5 lakhs and 25% of CISA.

3. Minimally Invasive Surgery of Aorta

The actual undergoing of surgery via minimally invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram and confirmed by a specialist in the relevant field. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches

4. Infective Endocarditis

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

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

5. Carotid Artery Surgery

Angioplasty or Endarterectomy for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one (1) or more of carotid arteries. Both (a) and (b) below must be met:

- a) Either:
- i) Actual undergoing of endarterectomy to alleviate the symptoms; or
 - ii) Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

6. Early Cancer (including Carcinoma in-situ)

The diagnosis of any of the listed below conditions must be established by histological evidence and be confirmed by an independent Medical Practitioner who is an Oncologist.

- Carcinoma in-situ: Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis of which must be positively established by microscopic examination of fixed tissues.
- Prostate Cancer – early stage: Early Prostate Cancer that is histologically described using the TNM classification as T1N0M0
- Thyroid Cancer – early stage: All thyroid cancers that are less than 2.0 cm and histologically classified as T1N0M0 according to TNM classification.
- Bladder Cancer – early stage: All tumors of the urinary bladder histologically classified as T1N0M0 according to TNM classification.
- Chronic Lymphocytic Leukaemia – early stage: Chronic Lymphocytic Leukaemia categorized as stage 1 (one) to 2 (two) as per the Rai classification.

The following are specifically excluded from all early cancer benefits:

- All tumors which are histologically described as benign, borderline malignant, or low malignant potential
- Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
- Carcinoma in-situ of skin and Melanoma in-situ
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- Malignant melanoma that has not caused invasion beyond the epidermis.

7. Guillain Barre Syndrome

Guillain-Barre syndrome is an acute, inflammatory, post-infectious polyneuropathy resulting in progressive and ascending paralysis. The diagnosis must be confirmed by a Neurologist, have been treated with plasma exchange or intravenous immunoglobulin, and must be of a severity to have documented evidence of persistent neurological symptoms lasting for a period of at least six months from the time of diagnosis.

8. Nephrectomy

The complete surgical removal of one kidney necessitated by any illness or accident of the Life Assured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.

Donation is excluded

9. Chronic Primary Sclerosing Cholangitis

This benefit is payable for chronic primary sclerosing cholangitis confirmed on cholangiogram imaging confirming progressive obliteration of the bile ducts. The diagnosis must be made by a gastroenterologist and the condition must have progressed to the point where there is permanent jaundice. The benefit is payable only where there is a need immunosuppressive treatment, drug therapy for intractable pruritis or if biliary tract obliteration has required balloon dilation or stenting of the bile ducts. Biliary tract sclerosis or obstruction as a consequence of biliary surgery, gall stone disease, infection, inflammatory bowel disease or other secondary precipitants is excluded.

10. Secondary Pulmonary Hypertension

Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The Diagnosis must be established by cardiac catheterisation by a specialist in the relevant field.

11. Ulcerative Colitis

Ulcerative colitis refers to chronic pan colitis with inflammation involving the entire colon which has been unequivocally diagnosed as ulcerative colitis on the basis of endoscopic appearances and biopsy proof. The diagnosis must be confirmed by a specialist gastroenterologist & there must be a requirement for ongoing systemic immunosuppression therapy or immuno-modulatory therapy for a period of at least 6 months supervised by the specialist in gastroenterology. Other forms of inflammatory colitis are specifically excluded. Ulcerative colitis confined to the rectum is specifically excluded.

12. Pericardectomy

The undergoing of a pericardiectomy as a result of pericardial disease. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field.

The following are specifically excluded:

- Chronic constrictive pericarditis related to alcohol or drug abuse
- Acute pericarditis due to any reason
- Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle

13. Implantable Cardioverter Defibrillator

Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Documentary evidence of ventricular tachycardia or fibrillation must be provided.

14. Acute Necrohemorrhagic Pancreatitis

Acute inflammation and necrosis of pancreas parenchyma, focal enzyme necrosis of pancreatic fat and haemorrhage due to blood vessel necrosis, where all of the following criteria are met:

- The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
- The diagnosis is based on histopathological features and confirmed by a Specialist in gastroenterology.

Pancreatitis caused directly or indirectly, wholly or partly, by alcohol or drug abuse is excluded

15. Endovascular treatment for Cerebral Aneurysm

Endovascular Treatment for Cerebral Aneurysm shall mean the actual undergoing of an endovascular intervention, such as endovascular embolization, endovascular coiling, angioplasty and/or stenting or the insertion of a flow diverter, to prevent rupture of a cerebral aneurysm or to alleviate the bleeding due to rupture of a cerebral aneurysm. The procedure must be considered Medically Necessary and performed by a Registered Medical Practitioner who is a specialist in the relevant field.

16. Insertion of cerebral shunt

The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.

17. Less Severe Lung Disease

Chronic Lung Disease shall mean the Diagnosis of interstitial fibrosis requiring at least intermittent oxygen therapy and showing consistent reduction in FEV₁ of one point two (1.2) litres or less under appropriate medication. Diagnosis, severity and test results must be confirmed by a Registered Medical Practitioner

18. Small Bowel Transplant

The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

The undergoing of the transplant has to be confirmed by a specialist medical practitioner.

19. Cirrhosis of the Liver

Cirrhosis of the liver with a HAI-Knodell Scores of 6 and above as evident by liver biopsy. The diagnosis must be unequivocally confirmed by a specialist in the relevant field and based on the histological findings of the liver biopsy.

Liver disease secondary to the following are excluded: (i) Alcohol, (ii) Drug abuse, (iii) Hepatitis B virus, (iv) Hepatitis C virus

Major Conditions:

20. Cancer of Specified Severity

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

The following are excluded –

- 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;

21. Myocardial Infarction (First Heart Attack Of Specific 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 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
- iv. biochemical markers.

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.

22. 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 are excluded: Angioplasty and/or any other intra-arterial procedures

23. 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.

24. 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:

- 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.

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

25. 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.

26. 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 at least 3 months has to be produced.

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.

27. Major Organ / Bone Marrow Transplant

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.

The following are excluded:

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

28. 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.

29. 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.

30. Multiple Sclerosis With Persisting Symptoms

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

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE is excluded.

31. Benign Brain Tumor

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.

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.

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.

32. 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 aids or surgical procedure.

33. 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.

34. End Stage Lung Failure

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

35. End Stage Liver Failure

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

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

36. Loss Of Speech

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

All psychiatric related causes are excluded.

37. 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.

38. Major Head Trauma

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.

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.

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.

The following are excluded: Spinal cord injury

39. Primary (Idiopathic) Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment are as follows:

- 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.

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.

40. 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

41. 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 5 "Activities of Daily Living" for a continuous period of at least 6 months:

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.

Psychiatric illnesses and alcohol related brain damage are excluded.

42. Aplastic Anaemia -

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

1. Absolute neutrophil count of less than 500/mm³
2. Platelets count less than 20,000/mm³

3. Reticulocyte count of less than 20,000/mm³

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anaemia is excluded and not covered in this policy.

43. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- Isolated or benign kidney cysts are specifically excluded from this benefit.

44. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- 1) The disease cannot be controlled with medication; and
- 2) There are objective signs of progressive deterioration; and
- 3) 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:

Activities of Daily Living are defined as:

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

Drug-induced or toxic causes of Parkinsonism are excluded.

45. Systemic Lupus Erythematosus - with Lupus Nephritis

A multi-system, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of your Policy, systemic lupus erythematosus 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 Physician specializing in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I - Minimal Change Lupus Glomerulonephritis

Class II - Mesangial Lupus Glomerulonephritis

Class III - Focal Segmental Proliferative Lupus

Glomerulonephritis

Class IV - Diffuse Proliferative Lupus Glomerulonephritis

Class V - Membranous Lupus Glomerulonephritis

46. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- Complete unawareness of the self and the environment
 - Inability to communicate with others
 - No evidence of sustained or reproducible behavioural responses to external stimuli
 - Preserved brain stem functions
 - Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
- The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

47. Major Surgery of the Aorta

The undergoing of major surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta through surgical opening of the chest or abdomen. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta
- Surgery performed using only minimally invasive or intra-arterial techniques

48. Fulminant Viral Hepatitis - resulting in acute liver failure

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis
- Development of hepatic encephalopathy
- Decrease in liver size
- Increase in bilirubin levels
- Coagulopathy with an international normalized ratio (INR) greater than 1.5
- Development of liver failure within 7 days of onset of symptoms
- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- Fulminant viral hepatitis associated with intravenous drug use

49. Primary Cardiomyopathy

The unequivocal Diagnosis of Cardiomyopathy which have resulted in the presence of permanent physical impairments of at least Class IV of the New York Heart Association (NYHA) classification of Cardiac Impairment. The Diagnosis must be confirmed by a consultant cardiologist.

Cardiomyopathy that is directly related to alcohol or drug misuse is excluded.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

50. Muscular Dystrophy - resulting in permanent loss of physical abilities

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on at least three (3) out of four (4) of the following conditions:

- Family history of other affected individuals;
- Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex

reduction;

iii. Characteristic electromyogram; or

iv. Clinical suspicion confirmed by muscle biopsy.

The disease must also result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again

51. Poliomyelitis - resulting in paralysis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

52. Sporadic Creutzfeldt-Jakob Disease (sCJD)

The occurrence of Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the following six (6) "Activities of Daily Living".

Activities of Daily Living:

- (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
- Disease caused by human growth hormone treatment is excluded.

53. Chronic Recurring Pancreatitis

The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by a gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

For the above definition, the following are not covered:

- Chronic pancreatitis due to alcohol or drug use
- Acute pancreatitis

54. Bacterial Meningitis - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered: Aseptic, viral, parasitic or non-infectious meningitis

55. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following:

- There is raised of blood ACTH greater than 50 pg/ml
- There is evidence of no response of raised aldosterone (serum cortisone) with ACTH test.
- There is a need for life long glucocorticoid and mineral corticoid replacement therapy.

For the above definition, the following are not covered: Secondary, tertiary and congenital adrenal insufficiency

Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

Medical Practitioner:

A medical practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. This would mean a practitioner treating the Life Insured must be holding a degree equivalent to MD or MS in the relevant field to certify the medical condition.

The Medical practitioner should not be

- the policyholder/insured person himself/herself; or
- an authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- employed by or under contractual engagement with the insurance company;
- related to the policyholder/insured person by blood or marriage.

Paid-up Sum Assured is arrived by multiplying the Sum Assured by the proportion of the number of Premiums paid to the number of Premiums payable

Paid-up Maturity Benefit if ROP is opted for is the sum of premiums paid till date of paid-up. For CIB cover, the same will be adjusted for any CIB paid for any Minor CI before the date of paid-up

Paid-up Sum Assured on Death is arrived by multiplying the Sum Assured on Death by a proportion of the number of Premiums paid to the number of Premiums payable

Paid-up Add-on Cover Sum Assured is arrived by multiplying the Add-on Cover Sum Assured by the proportion of the number of Premiums paid to the number of Premiums payable

Paid-up CI Sum Assured is arrived by multiplying the Add-on Cover Sum Assured by the proportion of the number of Premiums paid to the number of Premiums payable; adjusted for any CIB paid for any Minor CI before the date of paid-up

Exclusions

A) **Accidental Death:**

The accidental death benefit will not be payable in the following situations:

- 1) Death occurs as a result of the insured person committing any breach of law with criminal intent
- 2) Death as a consequence of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner.
- 3) Death as a result of self-inflicted injuries.
- 4) Death occurs as a result of the insured person taking part in any naval, military or air force operation during peace time.
- 5) Death occurs as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition
- 6) Death occurs as a result of suicide
- 7) Death occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognized airline on regular routes and on a scheduled timetable
- 8) Death occurs as a result of war, invasion, civil war, rebellion, riots.
- 9) Failure to follow medical advice
- 10) Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

B) **Accidental Total Permanent Disability:**

The Accidental Permanent Total Disability will not be payable in the following situations:

- 1) Disability as a result of the insured person committing any breach of law with criminal intent;
- 2) Disability of insured person as a result of war, invasion, civil war, rebellion or riot;
- 3) Disability as a consequence of the insured person being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
- 4) Disability as a result of the insured person taking part in any naval, military or air force operation;
- 5) Disability as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
- 6) Disability of insured person as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
- 7) Disability of insured person as a result of attempted self-injury
- 8) Disability of insured person as a result of poison, gas or fume (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
- 9) Failure to follow medical advice
- 10) Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

C) **Critical Illness and Waiver of Premium on CI Benefit:**

The Critical Illness benefit shall not be paid in the event of any claim occurring directly or indirectly as a result of any of the following:

- 1) If the diagnosis of such Critical Illness was made within 180 days of the start of coverage (i.e. during the waiting period). This would not be applicable on consecutive renewal of the Critical Illness cover for the member with the company;
- 2) If the insured dies within the survival period as per definition from date of the diagnosis of the covered CI;
- 3) Intentional self-inflicted injury, suicide or attempted suicide,
- 4) For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.

- 5) Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;
- 6) Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
- 7) Participation by the insured person in a criminal or unlawful act with criminal intent;
- 8) For any medical condition or any medical procedure arising from 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;
- 9) For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
- 10) For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- 11) Any External Congenital Anomaly which is not as a consequence of Genetic disorder
- 12) Failure to follow medical advice

Statutory Information

Assignment

Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time.

Nomination

Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time

Prohibition of Rebate

Prohibition of Rebate should be in accordance with provisions of 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 provision of this section shall be liable for a penalty that may extend up to ten lakh rupees.”

Fraud, Misstatement & Forfeiture

Fraud, Misstatement and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time.

Applicability of Goods & Service Tax

Goods and Service Tax is charged based on type of policy communication address of Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.

About Bajaj Allianz Life Insurance

Bajaj Allianz is a joint venture between Bajaj Finserv Limited and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture Company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of Allianz SE, and in-depth market knowledge and goodwill of "Bajaj brand" in India.

Contact Details

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Bajaj Allianz Life Smart Protect Goal

UIN: 116N163V02

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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.

Disclaimer: This sales literature gives the salient features of the plan only. The policy document is the conclusive evident of contract and provides in details all the conditions and exclusions related to Bajaj Allianz Life Smart Protect Goal Standard terms and conditions of the policy are available on Company website.

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