

# Bajaj Allianz Life Group Accelerated Critical Illness Rider



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## Bajaj Allianz Life Group Accelerated Critical Illness Rider

Your members can face a financial crunch if an unfortunate event strikes, like a critical illness. Keeping this concern in mind we present a solution to provide your members the complete reassurance of a lasting financial security and peace of mind. Bajaj Allianz Life Group Accelerated Critical Illness Rider financially protects your members in case of occurrence of a critical illness. This ensures availability of money when needed the most.

### Rider Benefit

On diagnosis of any of the specified 11 critical illnesses of member or the first of the joint members, an amount equal to the Rider Sum Assured is payable.

If Rider Sum Assured is equal to Sum Assured under the base policy, then the risk-cover for the member and joint member, if any, under the base policy, including the rider, will terminate after the critical illness benefit is paid.

If Rider Sum Assured is less than the Sum Assured under the base policy, then, the rider cover will terminate but the risk cover for the member and joint members, if any, under the base policy will continue for the balance Sum Assured.

### Maturity Benefit

There is no maturity benefit under the rider.

## Important Details of the Bajaj Allianz Life Group Accelerated Critical Illness Rider

Parameter	Details
Minimum Size of the Group	As per base policy
Minimum Entry Age	18 years In case of joint life the younger life should have attained the minimum age.
Maximum Entry Age	69 years In case of joint life the older life should be within the maximum attained age.
Maximum Age at Maturity	70 years
Rider Sum Assured	As per base plan Minimum and Maximum Sum Assured under the rider can be between the minimum and maximum sum assured allowed under the base plan The rider sum assured can be up to 100% of sum assured under the base policy, as per your choice
Rider Premium Payment Term	As per base policy
Rider Term	As per base policy
Premium Payment Frequency	As per base policy

### Rider Premium

Rider Premium would be collected over and above the base policy premium and it would be based on age at entry of the member/joint member, rider sum assured, nature of the group and members occupation classification as applicable to the base policy.

Joint life premium rates (for lives aged x and y) where the critical illness benefit is payable only on first occurrence of critical illness will be 90% of the sum of the individual premium rates for lives aged x and y.

*The premium rates are guaranteed throughout the membership term of the member.*

## Inclusion / Exclusion of Rider

- Your member will have the option to include the rider under the policy at inception or annual renewal date.
- In case of exclusion, the Rider Benefit will immediately cease and no further rider premium will be collected. Once this rider is excluded, it can be added back again on any subsequent annual renewal date, subject to underwriting.

## Non-Payment of Premiums

If rider premiums are not paid before the expiry of the grace period, the rider benefit ceases immediately and no rider benefit will be paid. The rider can be revived based on the conditions as applicable to the base policy.

## Definitions

### i. Critical illnesses covered

#### 1. CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised 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.

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;
- (ix) All tumours in the presence of HIV infection.

#### 2. FIRST HEART ATTACK – OF SPECIFIED SEVERITY

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will 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.

The following are excluded: (a) Other acute Coronary Syndromes (b) Any type of angina pectoris. (c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

#### 3. 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:

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

**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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**5. 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.

**6. 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.

**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. 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 and HIV are excluded.

**9. AORTIC SURGERY**

The undergoing of surgery to correct any narrowing, dissection, obstruction or aneurysm of the thoracic or abdominal aorta, but not its branches.

The surgery must be considered medically necessary by a recognized consultant cardiologist and must be the most appropriate treatment.

All minimally invasive procedures such as keyhole, catheter, laser, angioplasty or other intra-arterial techniques are excluded.

Congenital narrowing of the aorta and traumatic injury of the aorta are specifically excluded.

**10. PRIMARY PULMONARY HYPERTENSION**

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.

**11. 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 a specialised medical practitioner. 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 three (3) of the following six (6) "Activities of Daily Living" for a continuous period of at least three (3) months.

Activities of Daily Living are defined as: (a) 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; (b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, or artificial limbs or other surgical appliances; (c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa; (d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; (e) Feeding – the ability to feed oneself once food has been prepared and made available. (f) Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded: (i) Drug-induced or toxic causes of Parkinsonism; (ii) Any other type of irreversible organic disorder/dementia; (iii) Non-organic disease such as neurosis and psychiatric illnesses; and (iv) Alcohol-related brain damage.

Note -

- The rider will be chosen at inception or any annual renewal date.
- The rider cover can be up to 100% of the Sum Assured chosen under base group plan.
- The Critical Illness benefit can be triggered after the waiting period of 90 days from the inception.
- The Company should be informed of the critical illness within 30 days of diagnosis of the Critical Illness.
- The Critical Illness benefit shall be paid on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and is supported by acceptable clinical, radiological, histological and laboratory evidence.
- No subsequent death benefit is paid for the member or any of the joint life member, if joint life coverage is opted, after the payment of the rider benefit.
- Joint life is allowed only for spouses.

## Grace Period

As per base policy.

## Exclusions

The critical illness benefit shall not be paid on any of the lives covered in case of the following conditions:

- On diagnosis of critical illness due to attempted suicide within one year from the date of commencement of membership.
- Any critical illness which occurred within 90 days of the entry date or date of revival.
- The member committing or attempting to commit a criminal act whether alone or with others.
- AIDS, any AIDS related illness or HIV infection.
- The member's intentional self-inflicted injury, attempted suicide, while sane or insane.
- War, invasion, civil war, rebellion or riot.
- Alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- 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.

- 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.  
Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured member whether he is trained or not.
- Participation by the Rider Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Any Pre-existing medical condition. "Pre-existing medical condition" definition will be as per health regulation.

## Termination

The rider will terminate on the life of the member or both the joint life members in case joint life cover was opted, on the earlier occurrence of either of the following events:

- if premiums are discontinued under the base policy
- if the member through policyholder opts out of the rider option
- on maturity or termination of the base group policy
- on receipt of Critical Illness Benefit
- if membership ceases under base group policy
- on exclusion of the rider by the member through policyholder
- on member, or in case of joint life the older life, attaining the age of 70 years

## Statutory Information

### Nomination: Section 39 of the Insurance Act, 1938

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

### Prohibition of Rebate: Section 41 of the Insurance Act, 1938

"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 punishable with a fine which may extend upto ten lakh rupees."

### Fraud & Misrepresentation: Section 45 of the Insurance Act, 1938

Fraud, Misrepresentation 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. Competitive pricing and quick honest response have earned the Company the customer's trust and market leadership in a very short time.

## Disclaimer

All Charges applicable shall be levied. This brochure should be read in conjunction with the Benefit Illustration. The Policy document is the conclusive evident of contract and provides in details all the conditions and exclusions related to Bajaj Allianz Life Group Accelerated Critical Illness Rider. Please ask for the same along with the quotation

## Contact Details

### Regd. Office Address

Bajaj Allianz Life Insurance Company Limited, Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006.  
Reg. No.: 116 | Fax: (020) 6602 6789. | [www.bajajallianzlife.com](http://www.bajajallianzlife.com) | CIN: U66010PN2001PLC015959

### For any queries please contact:

Sales: 1800 209 4040

Service: 1800 209 7272

Mail us : [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in)

Visit: [www.bajajallianzlife.com](http://www.bajajallianzlife.com)

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**For More Information: Kindly consult our “Insurance Consultant” or call us today on the TOLL FREE numbers mentioned above. This Sales Literature should be read in conjunction with the Benefit Illustration and Policy Exclusions. Please ask for the same along with the quotation.**

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