

Bajaj Allianz Life Insurance Company Limited
Bajaj Allianz Life Group Critical Illness Rider

Part A

FORWARDING LETTER

As per Base Policy

PREAMBLE

The Bajaj Allianz Life Group Critical Illness Rider is a Rider attached with the Base Policy. This document should be read along with the Base Policy Document and form part of the Base Policy Document and Customer Information Sheet (CIS). The continuance of risk cover under the Base Policy is necessary precondition for continuance of cover under this Rider. Wherever term & conditions are not specified in this Rider Document, the terms & conditions of the Base Policy will apply, to the extent applicable to the Rider. This Group Critical Illness Rider is issued on the basis of the information given and declarations made by the Policyholder/Member in the Proposal Form/respective Enrolment Form for the Group Critical Illness Rider which is incorporated herein and forms the basis of this Rider benefit.

SCHEDULE

As per Base Policy or Policy Endorsement (as applicable)

On Examination of the Policy, if the Policyholder notices any mistake in the above Schedule, the Rider Policy Document is to be returned for correction to the Company.

Part B DEFINITIONS & ABBREVIATIONS

1) Definitions & abbreviations:

- a. **"Accelerated Critical Illness Sum Assured"** is either the whole or a portion of the Base Sum Assured which will be payable on diagnosis of Critical Illness and on the basis of the Rider Plan Option opted for as provided in Section 4 hereunder
- b. **"Additional Critical Illness Sum Assured"** is the amount payable on the diagnosis of Critical Illness, separate from the Base Sum Assured, and on the basis of the Rider Plan Option opted for as provided in Section 4 hereunder;
- c. **"Annual Renewal Date"** shall mean the date corresponding numerically with the Date of Commencement of Rider each subsequent year.
- d. **"Base Policy"** shall mean the Policy under which the Rider has been opted.
- e. **"Base Sum Assured"** shall mean the Sum Assured as and duly defined in Base Policy;
- f. **"Critical Illness"** shall mean the illnesses listed in Seventeen (17) Critical Illness and Thirty-Two (32) Critical Illness in Annexure K hereunder;
- g. **"Customer Information Sheet"** is the document provided to the Policyholder along with the Policy Document that explains the basic features of the Rider in simple words
- h. **"Rider"** shall mean the Bajaj Allianz Life Group Critical Illness Rider;
- i. **"Rider Benefit"** is the benefit payable as an addition to or as an acceleration of the Base Policy benefits, on the diagnoses of Critical Illness as per the Rider Plan Option;
- j. **"Rider Coverage Term"** means the period between the Date of Commencement of Rider and the Annual Renewal Date.
- k. **"Rider Maturity Benefit"** is the benefit payable on rider maturity as per Section 4 hereunder, if any.
- l. **"Rider Plan"** shall mean the optional plans available under the Rider as provided in Section 2 hereunder
- m. **"Rider Premium"** means the amount as mentioned in the Schedule, that is payable by the Policyholder as part of the Regular/Single Premium under the Policy from the Date of Commencement of Rider and on each subsequent premium due dates (mentioned in the Policy Schedule) during the Rider premium paying term, to secure the Rider Benefits. This amount will be inclusive of Extra Rider Premium, if any, but excludes any applicable taxes & cess.
- n. **"Rider Surrender Benefit"** is the benefit payable upon rider surrender as per Section 4 hereunder, if any.

- o. **"Seventeen (17) Critical Illness"** shall mean the specific seventeen (17) Critical Illness covered as per the Rider Plan Option and detailed in Annexure K hereunder;
- p. **"Survival Period"** means a period of thirty (30) days after the date of first diagnosis of a Critical Illness that the Member has to survive to be eligible for the benefit under the Rider;
- q. **"Thirty-Two (32) Critical Illness"** shall mean the specific thirty-two (32) Critical Illness covered as per the Rider Plan Option and detailed in Annexure K hereunder;
- r. **"Waiting Period"** means a period of ninety (90) days from the date of commencement of Rider cover.

PART C

2) Rider Description

- a) This is a non-participating, non-linked, group health Rider to be attached to a base Policy.
- b) The Accelerated/Additional Critical Illness Sum Assured to be opted by the Member and can be up to 100% of the Base Sum Assured. The Rider has to be chosen at inception or any Annual Renewal Date.
- c) The Rider provides Four (4) Rider Plans, of which any one may be opted for, at the Base Policy commencement date.
- d) The Rider Plans are as under:
 - (i) Additional Critical Illness covering Seventeen (17) Critical Illnesses
 - (ii) Additional Critical Illness covering Thirty-Two (32) Critical Illnesses
 - (iii) Accelerated Critical Illness covering Seventeen (17) Critical Illnesses
 - (iv) Accelerated Critical Illness covering Thirty-Two (32) Critical Illnesses

3) Rider Premium

The Rider Premium shall form part of the Base Policy Premium and will be collected additional along with the Premium under the Base Policy. In the event of the premium collected by the Policyholder during the Grace Period, not being remitted to the insurer, the Rider cover shall continue notwithstanding the expiry of Grace Period

4) Rider Benefit

i. Critical Illness Benefit

- a) On first diagnosis of the Seventeen (17) Critical Illnesses or Thirty-Two (32) Critical Illnesses, as opted for, on the life of a Member during the Rider Coverage Term, provided the Rider is

not terminated as per Section 9 below and all due Rider Premiums are paid, then, the Company, subject to Section 6, Section 7 and Section 8 below, shall pay to the Member the Accelerated Critical Illness Sum Assured or Additional Critical Illness Sum Assured as per the Rider Plan opted for under the Rider.

- b) In the event of any Additional Critical Illness Rider Plan being opted for, in that case the Additional Critical Illness Sum Assured would be paid and the Rider shall thereafter terminate. However, the Base Sum Assured under the Base Policy will continue to be available to the Member as per the terms of the Base Policy.
- c) In the event of any Accelerated Critical Illness Rider Plan being opted for and the Accelerated Critical Illness Sum Assured is equal to the Base Sum Assured, in such an event the risk cover for the Rider, along with any other accelerated benefit (if opted) and the Base Policy will terminate after the Accelerated Critical Illness Sum Assured has been paid.
- d) In the event either of any Accelerated Critical Illness Rider Plan being opted for and the Accelerated Critical Illness Sum Assured is less than the Base Sum Assured, in such an event the Accelerated Critical Illness Sum Assured shall be paid and the Base Sum Assured shall be reduced by the Accelerated Critical Illness Sum Assured amount. The Rider will thereafter terminate. The Base Policy with the reduced Base Sum Assured will continue as per the terms of the Base Policy along with any other accelerated benefit (if opted). Please refer Annexure K for Definitions, Conditions and Exclusions under Seventeen (17) Critical Illness and Thirty two (32) Critical Illness, applicable for both Additional Critical Illness Benefit and Accelerated Critical Illness Benefit

ii. Maturity Benefit

No Rider Maturity Benefit is available under the Rider.

iii. Surrender Benefit

No Rider Surrender Benefit is available under the Rider

PART D
As per base Policy

5) Option to include/exclude the Rider

- a. The Member through Policyholder can include this Rider from inception or any Annual Renewal Date.
- b. At each Annual Renewal Date, the Policyholder/Member has the option of exclusion of the Rider coverage.
- c. In case of exclusion, the Rider Benefit above will immediately cease, and no further Rider Premium will be collected.
- d. Once this Rider is excluded, it can be added back again on any subsequent Annual Renewal Date, subject to underwriting.
- e. In case of exclusion, no Surrender Value with respect to the Rider is payable.

6) Non Forfeiture

All benefits under this Rider shall continue if the risk cover under Base Policy is continued, subject to Section 9 below. If Rider Premium is not paid before the expiry of the Grace Period, the Rider will lapse immediately and no benefit with respect to the Rider will be payable. On occurrence of Critical Illness during the Grace Period, the Critical Illness Benefit shall be payable subject to deduction of due but unpaid Rider Premium.

7) Revival

A lapsed Rider can be revived subject to the revival conditions applicable to the Base Policy. If the Rider is not reinstated within the allowed revival period, the rider will be terminated immediately.

8) Exclusions

The exclusions w.r.t. this Rider are as given in the Annexure K of the Rider (which form part of this Policy Document).

9) Termination of Rider

The Rider shall automatically terminate on the life of the Member on earlier occurrence of either of the following:

- a) On exclusion of this Rider by the Member through Policyholder
- b) On payment of Sum Assured under the Base Policy
- c) On maturity or termination of the base Policy
- d) Membership cessation under the Base Policy
- e) On discontinuation of Premium under the

Base Policy

- f) On receipt of Accelerated Critical Illness Sum Assured, as per Rider Plan chosen
- g) On receipt of Additional Critical Illness Sum Assured, as per Rider Plan chosen
- h) On the membership anniversary where the Member has attained the age of Seventy (70) years

In the event the Accelerated Critical Illness Sum Assured is equal to the Base Sum Assured, on Payment of the Accelerated Critical Sum Assured amount the Base Policy shall also be terminated, along with other accelerated benefit, if any.

10) Free Look

As per Base Policy but will be applicable from the Date of Commencement of Rider, if different from the Date of Commencement of Risk (of the Base Policy).

PART E
CHARGES, FUND OPTIONS, PORTFOLIO
STRATEGIES, Etc

Not Applicable

PART F
General Conditions

11) Payment of Claim

Upon occurrence of any of the covered Critical Illness, Benefit as under Section 4 above becomes payable subject to the Policy Terms and Conditions and the Company's right to receive all information and documentation sought, which includes but is not limited to following:

- a. Original Claim Form
- b. Copies of all treatment records (Discharge Summary, Hospitalization Indoor Papers, Consultation papers)
- c. All Copies of Investigation Reports (Including Radiological Investigations during Hospitalization)
- d. Attending Physician Certificate Confirming Critical Illness Details
- e. Nominee's photo identity and address proof such as copy of passport, voter Identity card, Aadhar (UID) Card etc.
- f. NEFT Mandate Form attested by bank authorities or copy of cancelled cheque or bank account passbook.
- g. Certificate of Treating Doctor (Where ever Applicable)

- h. Copy of MLC/FIR
- i. Certificate of Insurance issued by the Company.
- j. Medical records from the physician last seen.
- k. Any other document that may be relevant in establishing the validity of the claim.
- l. The payment will only be made on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence.
- m. The Company should be informed of the Critical illness within 30 days of diagnosis of the Critical Illness. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.

12) All other General Conditions:

As per the Base Policy

PART G
As per base Policy

Definitions, Conditions and Exclusions for 17 & 32 Critical Illnesses (Additional & Accelerated)

17 Critical Illness (CI) (applicable for both Additional Critical Illness Benefit and Accelerated Critical Illness Benefit)

Definition, Conditions & Exclusions:

Following Critical Illness are covered under this benefit:

1. Cancer of Specified Severity

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

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. 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. 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.

5. 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.

6. 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.

7. 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.

8. 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

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

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. 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.

32 Critical Illness (CI) (applicable for both Additional Critical Illness Benefit and Accelerated Critical Illness Benefit)

Definition:

Following Critical Illness are covered under this benefit:

1. Cancer of Specified Severity

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following 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,
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 - 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:
 - iv. Other acute Coronary Syndromes
 - v. Any type of angina pectoris
 - vi. 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

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The following are excluded:

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4. Open Heart Replacement Or Repair Of Heart Valves

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 - 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.

6. 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.

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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:

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8. 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:

- iii. Other stem-cell transplants
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11. 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.

12. 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.

13. 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.

14. 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.

15. End Stage Lung Failure

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); 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. 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.

18. 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;

19. 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 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.
- 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.

20. 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

21. Surgery of the Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. 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:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta

22. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- i. Bone marrow stimulating agents
- ii. Immunosuppressants

- iii. Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

23. Chronic Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- ii. Endocrine pancreatic insufficiency with pancreatic diabetes
- iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- i. Chronic pancreatitis due to alcohol or drug use
- ii. Acute pancreatitis

24. Fulminant Viral Hepatitis

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

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

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

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

25. Idiopathic Parkinson's Disease [before age 65] - resulting in permanent loss of physical abilities

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- i. Muscle rigidity
- ii. Tremor
- iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] 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 despite adequate drug treatment.

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. 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.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- i. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- ii. Essential tremor

- iii. Parkinsonism related to other neurodegenerative disorders

26. Loss of Independent Existence [before age 65]

A definite diagnosis [before age 65] of 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:

- 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. 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.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

27. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- i. Polycystic kidney disease
- ii. Multicystic renal dysplasia and medullary sponge kidney
- iii. Any other cystic kidney disease

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

A definite diagnosis of one of the following muscular dystrophies:

- i. Duchenne Muscular Dystrophy (DMD)
- ii. Becker Muscular Dystrophy (BMD)
- iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
- iv. Limb-Girdle Muscular Dystrophy (LGMD)
- v. Facioscapulohumeral Muscular Dystrophy (FSHD)
- vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- vii. Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must 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:

- 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. 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.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

29. Persistent Vegetative State

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:

- i. Complete unawareness of the self and the environment
- ii. Inability to communicate with others
- iii. No evidence of sustained or reproducible behavioural responses to external stimuli
- iv. Preserved brain stem functions
- v. 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.

30. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- i. Dilated Cardiomyopathy
- ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- iii. Restrictive Cardiomyopathy
- iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- ii. Transient reduction of left ventricular function due to myocarditis
- iii. Cardiomyopathy due to systemic diseases
- iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

31. Systemic Lupus Erythematosus

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

- i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- iii. Continuous treatment with corticosteroids or other immunosuppressants

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

- i. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- ii. Libman-Sacks endocarditis or myocarditis
- iii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

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

For the above definition, the following are not covered:

- i. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus

- ii. Drug-induced lupus erythematosus

32. Systemic Sclerosis

A definite diagnosis of systemic sclerosis evidenced by all of the following:

- i. Typical laboratory findings (e.g., anti-Scl-70 antibodies)
- ii. Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
- iii. Continuous treatment with corticosteroids or other immunosuppressants

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

- i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- iii. Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- iv. Echocardiographic signs of significant left ventricular diastolic dysfunction

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

For the above definition, the following are not covered:

- i. Localized scleroderma without organ involvement
- ii. Eosinophilic fasciitis
- iii. CREST-Syndrome

Exclusions applicable for both Additional CI Benefit (covering 32 CIs or 17 CIs) and Accelerated CI Benefit (covering 32 CIs or 17 CIs)

1. If the diagnosis of such CI was made within 90 days of the start of coverage (i.e. during the Waiting Period). This would not be applicable on consecutive renewal of the CI cover for the member with the company;
2. If the insured dies within the Survival Period of 30 days of the diagnosis of the covered Critical Illness;
3. Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Company or
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its reinstatement.
4. Intentional self-inflicted injury, suicide or attempted suicide.
5. For any medical conditions suffered by the Member 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.
6. 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;
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 seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event.

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY-HEALTH

This document provides key information about your policy. You are also advised to go through your policy document. We request you to kindly review the CIS and acknowledge the same through a link shared to you on your registered mobile number/Email ID/WhatsApp.

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Bajaj Allianz Life Group Critical Illness Rider UIN: 116B054V02	-
2	Policy Number	<<XXXXXX>>	-
3	Type of Insurance Product/ Policy	Benefit(Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	-
4	Sum Assured (Basis) (Along with amount)	Not Applicable	Not Applicable
5	Policy Coverage (What the policy covers) (Policy Clause Number/s)	<p>On first diagnosis of any of the 17/32 Critical Illnesses on the life of the Member, during the coverage term of the Rider, subject to the Waiting Period and Survival Period, if any, then, the Company, shall pay the Accelerated/ Additional Critical Illness Sum Assured to the Member.</p> <p>a) If Accelerated Critical Illness Benefit was chosen in the Policy:</p> <p>i) If the Accelerated Critical Illness Sum Assured is equal to Sum assured under the base Policy, then, the risk-cover for the Member under the base Policy including the Rider, will terminate after the Accelerated Critical Illness Benefit is paid.</p> <p>ii) If the Accelerated Critical Illness Sum Assured is less than the Sum Assured under the base Policy, then, the Rider cover will terminate after the Accelerated Critical Illness Benefit is paid. But, the risk cover for the Member under the base Policy will continue for the balance Sum Assured (which is equal to the base Sum Assured minus the Accelerated Critical Illness Sum Assured).</p> <p>b) If Additional Critical Illness Benefit was chosen in the Policy, then, the Rider cover will terminate after the Additional Critical Illness Benefit is paid. But, the risk cover for the Member under the base Policy will continue for the base Sum Assured</p>	Part C - Section 4
6	Exclusions	<ol style="list-style-type: none"> 1. If the diagnosis of such CI was made within 90 days of the start of coverage (i.e. during the Waiting Period). This would not be applicable on consecutive renewal of the CI cover for the member with the company; 2. If the insured dies within the Survival Period of 30 days of the diagnosis of the covered Critical Illness; 3. Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease: 	Part D - Section 8/Annexure K

		<ol style="list-style-type: none"> a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Company or b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its reinstatement. <ol style="list-style-type: none"> 4. Intentional self-inflicted injury, suicide or attempted suicide. 5. For any medical conditions suffered by the Member 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. 6. 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; 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 seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event. 	
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7	<p>Waiting Period</p> <ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered <p>It is counted from the beginning of the policy coverage</p>	Period of ninety (90) days from the date of commencement of Rider cover	Annexure K
8	<p>Financial limits of coverage</p> <p>i) Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii) Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p> <p>iii) Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> Up to which an insurance company will not pay any claim, and Which will be deducted from total claim amount (if claim amount is more than the specified amount) <p>iv) Any other limit (as applicable)</p>	<p>i) Sub limit – Not Applicable</p> <p>ii) Co-payment – Not Applicable</p> <p>iii) Deductible – Not Applicable</p> <p>iv) Any other limit (as applicable) – Not Applicable</p>	Not Applicable
9	Claims/Claims Procedure	<p>Turn Around Time (TAT) for claims settlement and brief procedure:</p> <p>Link for Brief Procedure : https://www.bajajallianzlife.com/life-insurance-claim-assistance.html</p> <p>Link for Turn Around Time (TAT) for claims settlement: https://www.bajajallianzlife.com/content/dam/bajalic/pdf/customer-services/services-tat.pdf</p> <p>Helpline/Call Centre Numbers:</p> <p>Toll free no (24*7) : 1800 2201 02</p> <p>Sr. Citizens Toll free no. : 1800 2269 70</p> <p>Customer Care No: (022) 40881000</p> <p>Board No.: (022) 66867575</p> <p>Contact details of the insurer: Bajaj Allianz Life Insurance Company Limited House, Ground Floor, Bajaj Allianz, Airport Rd, Yerawada, Pune, Maharashtra 411006</p>	Part F - Section 11

		<p>Link for downloading claim form and list of documents required including bank account details: https://www.bajajallianzlife.com/life-insurance-claim-assistance.html WhatsApp-8806727272</p>	
10	Policy Servicing	<p>Turn Around Time (TAT): https://www.bajajallianzlife.com/content/dam/balicc/pdf/customer-services/services-tat.pdf</p> <p>Helpline/Call Centre number: 1800 209 7272</p> <p>Contact details of the insurer: In case you have any query, you may communicate with the Company: By post at: Customer Care Desk, Bajaj Allianz Life Insurance Company Ltd., Bajaj Allianz House, 5th floor, Airport Road, Yerawada, Pune – 411006 By Email: customercare@bajajallianz.co.in</p> <p>Link for downloading applicable forms and list of documents required including bank account details : https://bajajallianzlifeonline.co.in/online/portal/login/serviceRequest.do?user_name=WEBSITE&p_flag=0</p>	Part G - Grievance Redressal is as per the base policy
11	Grievances/Complaints	<p>Contact details of Grievance Redressal Officer of the insurer: Grievance Redressal Officer of the insurer - In case you do not receive a response within 15 days or if you are not satisfied with the resolution, you may approach Grievance Redressal Officer at gro@bajajallianz.co.in</p> <p>Link for registering the grievance with the insurer's portal: Insurance company grievance portal - https://webpartner.bajajallianz.com/GrvOnlineApi/indexOnlineGrv.jsp#_ga=2.7272630.541013491.1717475077-1601763320.1694668355&_gac=1.52751388.1715749803.EA1aIQobChMly_eqivKOhgMVdWsPAh0NFQrEEAAYASAAEqJObPD_BwE</p> <p>Contact details of Ombudsman: Find your nearest Ombudsman office at http://www.cioins.co.in/ombudsman</p>	Part G – Grievance Redressal and Ombudsman are as per the base policy
12	Things to remember	<ul style="list-style-type: none"> • Free look cancellation – As per Base Policy • Policy Renewal – Not applicable • Migration and Portability – Not applicable • Change in sum insured – Not applicable • Moratorium Period – Not applicable 	Part D - Section 10
13	Your obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a rider. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of material information while applying for the rider and changes during the rider period should</p>	Proposal form

		be communicated to Bajaj Allianz Life Insurance customer care ID via registered email id of the customer.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Web-link for the product where sample policy document can be downloaded:

<https://www.bajajallianzlife.com/riders-insurance-plans.html>

Place:

Date:

(Signature of the Policy)