

Bajaj Allianz Life Insurance Company Limited

Bajaj Allianz Critical Illness Benefit Rider

Part A

FORWARDING LETTER

As per Base Policy

Free Look Conditions:

Within 15 days [thirty (30) days in case this Rider is issued under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] of the receipt of this Rider, the Policyholder has the option to review the terms and conditions of the Rider and if the Policyholder disagrees to any of the terms & conditions, he has an option to return the Rider stating the reasons for his objections. The Policyholder shall be entitled to a refund comprising the Rider Premium (excluding applicable taxes) paid, less the proportionate amount of rider risk premium, for the period the Rider Life Assured was on cover and the expenses incurred by the Company on medical examination, if any and stamp duty charges, if any.

PREAMBLE

The Bajaj Allianz Critical Illness Benefit Rider is an additional rider benefit attached with the base Policy. This document should be read along with the base Policy Document and form part of the base Policy Document. Wherever term & conditions are not specified in this Rider Document, the term & conditions of the base policy will apply, to the extent applicable to the Rider. The continuance of risk cover under the base Policy is necessary precondition for continuance of cover under this Rider.

This Rider is issued on the basis of the information given and declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Rider.

SCHEDULE

As per Base Policy Schedule or Policy Endorsement (as applicable)

Part B

DEFINITIONS & ABBREVIATIONS

The following terms shall have the meaning assigned to them below. The singular includes the plural and references to the male include the female where the context so permits.

- 1) Definitions & abbreviations:
 - a. "Critical Illness" means on first diagnosis of any one of the 11 critical illnesses [mentioned in Section 4a) below], subject to the exclusions [mentioned in Section 8 below].
 - b. "Date of Commencement of Rider" means the date specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the Rider Benefit commences under the Rider.
 - c. "Claimant" means the Policyholder (if different from the Rider Life Assured) or the Nominee or the legal heirs to whom the Rider Benefit will be payable.
 - d. "Rider Benefit" means the benefit payable under the Rider on the happening of the contingent event covered under the Rider. For more details, refer to Section 4 below.
 - e. "Rider" means the arrangements established by the Rider Policy Document.
 - f. "Rider Life Assured" means the person named as the Rider Life Assured in the Schedule whose life is assured under this Rider.
 - g. "Rider Maturity Benefit" means the benefit payable under the Rider on the Rider Maturity Date. For more details, refer to Section 4b) below
 - h. "Rider Maturity Date" means the date as mentioned in the Schedule
 - i. "Rider Premium" means the amount exclusive of applicable taxes, if any, payable by the Policyholder at regular intervals during the Rider Premium Paying Term, in amount (along with and as part of the Regular Premium) and at the Premium Payment Frequency. For more details, refer to Section 3 below.
 - j. "Rider Premium Paying Term" means the period specified in the Schedule during which the Rider Premium is payable.
 - k. "Rider Sum Assured" means the sum assured as mentioned in the Schedule.
 - l. "Rider Surrender Benefit" means the benefit payable if the Rider is surrendered/excluded or terminated. For more details, refer to Section 5 below.
 - m. "Rider Term" means the period between the Date of Commencement of Rider and the Rider Maturity Date, as mentioned in the Schedule.
 - n. "Rider Surrender Value" has the meaning as in Section 5 below.

Part C

- 2) Rider Description
 - a. This Rider is a regular/limited premium payment critical illness benefit rider attached to the base Policy.
 - b. The Rider provides benefit on first diagnosis of any of 11 critical illnesses mentioned in Section 4 below.
 - c. Death Benefit or Maturity Benefit is not available with respect to this Rider.
 - d. The Rider does not in any way confer any right whatsoever on the Policyholder or the Rider Life Assured to share in the assets, the profits or surplus of the business of the Company.
- 3) Rider Premium

Rider Premiums, including applicable taxes, as a part of the Regular Premium under the Policy, is payable in full on the premium due dates specified in the Schedule or within the Grace Period allowed, during the Rider Premium Paying Term.
- 4) Rider Benefit
 - a. Critical Illness Benefits
 - i) On first diagnosis of any one of the 11 Critical Illness (listed below), subject to the exclusions mentioned below, the Rider Sum Assured under the Policy shall be payable. The Rider will terminate after the Rider Benefit is paid. For any Critical

Illness, there is a waiting period of 90 days from inception or from the latest revival.

- ii) If the Rider Life Assured is diagnosed as suffering from breast cancer which requires reconstructive breast surgery, and the same is intimated to the company within 30 days of diagnosis, an additional benefit amount of 30% (thirty percentage) of the sum assured under the Rider will be payable. This payment will be made on the diagnosis of the breast cancer and it being confirmed by an oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the company.
- iii) The Critical Illness benefit shall be payable only 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.
- iv) Survival Period: The Critical Illness benefit shall be payable only after 30 days from the date of diagnosis provided if the Rider Life Assured survives this period.
- v) The above benefit will be payable provided the Rider has not been terminated as per Section 9 below, and subject to Section 6, Section 8, Section 10 and Section 15 below.

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 & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- (i) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3; (ii) Any skin cancer other than invasive malignant melanoma; (iii) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0; (iv) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter; (v) Chronic lymphocytic leukaemia less than RAI stage 3; (vi) Microcarcinoma of the bladder; (vii) All tumours in the presence of HIV infection.

(2) FIRST HEART ATTACK – OF SPECIFIED SEVERITY

The first occurrence of 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).Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; (b) Other acute Coronary Syndromes (c).Any type of angina pectoris.

(3) OPEN CHEST CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are: (i) Angioplasty and/or any other intra-arterial procedures; (ii) any key-hole or laser surgery.

(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 atleast 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 definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- (i) investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- (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, and
- (iii) well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. 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

Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant permanent physical impairment to the degree of at least Class 3 of the NEW YORK Heart Association Classification of cardiac impairment and resulting in the Life Insured being unable to perform his/her usual occupation. The condition must be documented for at least three consecutive months.

(11) ALZHEIMER'S DISEASE

Means the unequivocal diagnosis of Alzheimer's disease made by a recognized consultant neurologist holding an appointment in this capacity at a major hospital and supported by clinical evidence and standardized testing. The diagnosis must confirm permanent failure of brain function resulting in significant cognitive impairment.

Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity to the extent that it results in the requirement for continual

supervision.

Alzheimer's disease resulting from the following is excluded: (i) Alcohol or drug abuse; and (ii) Non-organic diseases such as neurosis or psychiatric illness.

The Company does not cover any other Critical Illnesses other than those mentioned in Section 4 above under the rider.

b. Rider Maturity Benefit

No Rider Maturity Benefit is available under the Rider.

Part D

5) Rider Surrender Benefit

The Rider can be excluded anytime before the maturity date. The rider surrender value will be available to rider life assured on exclusion of the rider if rider premium payment term is less than rider policy term and if two full years premium has been paid in case of rider term less than 10 years and three full years premium is paid in case of rider term greater than or equal to 10 years.

Rider Surrender value = $70\% * \{(n-t)/n\}^2 * \text{Total rider premiums paid}$

where, n – Rider Term and t - elapsed duration (in years and fraction thereof) from the Date of Commencement of Rider

6) Revival

A lapsed Rider can be revived subject to the revival conditions applicable to the base Policy.

7) Flexibilities: Option to include/exclude the rider:

a) The Policyholder will have the option to include the Rider under the Policy only at inception.

b) The Policyholder will have the option to exclude the rider at any time during the Rider Term. On exclusion the Rider will immediately cease and the Surrender Value, if any, as per Section 5 above shall be payable.

Once this Rider is excluded, it cannot be added back again.

8) Exclusions

The Rider does not cover any other risk, other than those mentioned in Section 4 above.

Some of the salient exclusions under the Rider are as given below:

a) Any of the listed Critical Illness conditions where death occurs within 30 days of the diagnosis.

b) Any medical condition which first manifests itself within 90 days of the risk commencement date or reinstatement date whichever is later.

c) Any Pre-existing medical condition. "Pre-existing medical condition" definition will be as per health regulation.

d) Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or insane.

e) Rider Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.

f) War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.

g) Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray

h) Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.

i) Any underwater or subterranean operation or activity. Racing of any kind other than on foot.

j) Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the

- presence of any Human Immuno-deficiency Virus (HIV).
- k) Participation by the insured person in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the life insured does not, at the time have any duty on board such aircraft.
- l) Nuclear reaction, Radioactive, Biological or chemical contamination due to nuclear accident.
- 9) Termination of Rider
 The Rider Benefit shall automatically terminate on the earlier occurrence of either of the following.
- a. If Rider Premiums are discontinued
- b. On termination of the Rider
- c. On termination of the base Policy
- d. On receipt of Critical Illness Benefit.
- e. On the Policy Anniversary in which the attained age is 65 years.
- f. On maturity of the Rider.

Part E

CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc

Not Applicable

Part F

General Conditions

- 10) Nonpayment of Regular Premium and Forfeiture
 All benefits under this rider shall continue if the risk cover under base Policy is continued, subject to Section 9 above.
- 11) Assignment
 Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time.
 [A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure –AA for reference]
- 12) Nomination
 Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time.
 [A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure –BB for reference]
- 13) Fraud, Misrepresentation and forfeiture
 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.
 [A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure –CC for reference]
- 14) Age
 Age related conditions are as per the base Policy provisions.
- 15) Payment of Claim
 The Company shall be under no obligation to make any payment under Section 4 above unless and until the Company has received from the Claimant (at no expense to the Company) any information and documentation it requests, including but not limited to:
- i) Written notice as soon as possible and in any event within 60 days of diagnosis of the Critical illness of Rider Life Assured.
- ii) The claimant's proof of entitlement to receive payment under the Policy.
- iii) Original Policy Document.
- iv) The Critical Illness benefit shall be payable only on confirmation of the diagnosis

- v) by a registered Medical Practitioner appointed by the Company and is supported by acceptable clinical, radiological, histological and laboratory evidence.
- v) Any other document as asked for by the Company depending on the facts and circumstances of each case.
- vi) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and the decide to pay the claim, if the Company is satisfied of the same.
 The above mentioned 60 days may be condoned by the Company if it is satisfied as to the genuineness of the reasons for the delay.
- 16) All other General Conditions as per the base Policy

Part G

As per base Policy provisions