

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

Part A
FORWARDING LETTER

As per Base Policy

Preamble

The Bajaj Allianz Life Group Accelerated Critical Illness Rider is an accelerated 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. The continuance of risk cover under the base Policy is necessary precondition for continuance of cover under this Rider.

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

Part B

DEFINITIONS & ABBREVIATIONS

1) Definitions & abbreviations:

- a) "Critical Illness" means Cancer of Specified severity; First Heart Attack – of specified severity; Open Chest CABG; Kidney Failure requiring regular dialysis; Stroke resulting in permanent symptoms; Major Organ/ bone marrow transplant; Permanent paralysis of limbs; Multiple Sclerosis with persisting symptoms; Aortic Surgery; Primary Pulmonary Hypertension; Alzheimer's Disease, all as defined in Section 4 below and subject to exclusions mentioned in Section 9 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) "Rider Benefit" has the meaning as in Section 3 below.
- d) "Rider" means the arrangements established by the Rider Policy Document.
- e) "Rider Maturity Benefit" has the meaning as in Section 3ii) below
- f) "Rider Sum Assured" means the Sum Assured as mentioned in the Schedule.
- g) "Rider Surrender Benefit" has the meaning as in Section 3iii) below

Part C

2) Policy Description

- a) This is a non-participating, non-linked, life, pure risk premium accelerated Rider to be attached to a base traditional group plan on one year platform.
- b) The Rider Sum Assured to be opted by the Member and can be up to 100% of the Sum Assured chosen under the base group plan. The Rider has to be chosen at inception or any Annual Renewal Date.
- c) If this Rider is opted for and if the Member or the first of the joint Members is diagnosed as suffering from any of these 11 critical illnesses (as defined below) after the waiting period of 90 days, then, the Rider Sum Assured chosen is payable immediately.
This 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. No subsequent death benefit is payable for the Member or any of the joint life member (if joint life coverage is opted) after the payment of the Rider Benefit.
- d) 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
- e) 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 Member, if any, under the base Policy will continue for the balance Sum Assured.
- f) 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.

3) Rider Benefit

i. Critical Illness Benefit

On first diagnosis of any of the 11 Critical Illnesses (as defined in Section 4 below) on the life of the Member or joint member, in case of joint life coverage is opted, during the term of the base Policy, provided the Rider is not terminated as per Section 10 below, then, the Company, subject to Section 7, Section 8 and Section 9 below, shall pay the Rider Sum Assured to the Member.

ii. Maturity Benefit

No Rider Maturity Benefit is available under the Rider.

iii. Surrender Benefit

No Rider Surrender Benefit is available under the Rider.

4) Critical Illness

The diagnosis of the Critical Illness needs to be confirmed by a registered Medical Practitioner appointed by the Company and has to be supported by acceptable clinical, radiological, histological and laboratory evidence. The Company should be informed of the Critical Illness within 30 days of diagnosis of the Critical Illness.

Critical Illnesses covered

a) 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;

b) FIRST HEART ATTACK – OF SPECIFIED SEVERITY

The first occurrence of myocardial infarction which means the first occurrence of heart attack or myocardial infarction, which means the of a 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.

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.

c) 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

d) 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.

e) 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 extra-cranial 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.

f) 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.

g) 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.

h) 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
- (iii) Other causes of neurological damage such as SLE is excluded.

i) 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.

j) PRIMARY PULMONARY HYPERTENSION

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

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.

k) 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 (iv) Alcohol-related brain damage.

5) Rider Premium

The Rider Premium depends on the Rider Sum Assured, Age of the Member/joint member, nature of the group and Members occupation classification as applicable to the base Policy. The Rider Premium will be collected additional along with the Premium under the base Policy.

Part D
As per base Policy

6) Option to include/exclude the Rider

- a. The Member through Policyholder can include this Rider from inception or any Annual Renewal Date.
- b. In case of exclusion the Rider Benefit under Section 3 above 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.

- c. The Critical illness benefit can be chosen, by the Member at inception or any Annual Renewal Date. At each Annual Renewal Date the Policyholder/Member has the option of exclusion of the Rider coverage. In case of exclusion, no surrender value is payable.

7) Non Forfeiture

All benefits under this Rider shall continue if the risk cover under base Policy is continued, subject to Section 10 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.

8) Revival

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

9) Exclusions

No critical illness benefit shall be paid on diagnosis of critical illness due to attempted suicide within one year from the date of commencement of Membership.

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

- 1) Any critical illness which occurred within 90 days of the Entry Date or the date of Revival.
- 2) The Member committing or attempting to commit a criminal act whether alone or with others;
- 3) The Member's intentional self-inflicted injury, attempted suicide
- 4) War, invasion, civil war, rebellion or riot;
- 5) 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;
- 6) 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
- 7) Taking part in any naval, military or air force operation during peace time
- 8) 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
- 9) Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- 10) Any Pre-existing medical condition. "Pre-existing medical condition" definition will be as per health regulation.

10) Termination of Rider

The Rider Benefit shall automatically 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.

- a) On exclusion of this Rider by the Member through Policyholder
- b) On maturity or termination of the base Group Policy
- c) Membership ceases under the base Policy
- d) On discontinuation of Premium under the base Policy
- e) On receipt of Critical illness Benefit
- f) On Member, or in case of joint life the older life, attaining the age of 70 years.
- g) If the Member opts out of this rider option.

Part E

CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc
Not Applicable

Part F

General Conditions

11) Payment of Claim

- a) 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. No subsequent death benefit is payable after the payment of the Rider Benefit.
- b) The Company should be informed of the Critical illness within 30 days of diagnosis of the Critical Illness.
- c) If Rider Sum Assured is equal to Sum Assured under the base Policy, than 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
- d) 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 Member, if any, under the base Policy will continue for the balance Sum Assured.

12) All other General Conditions as per the base Policy

Part G

As per base Policy