

Rider Document

This Group Accelerated Critical Illness Rider is issued on the basis of the information given and declarations made by the Policyholder in the Proposal Form of the base Policy, which is incorporated herein and forms the basis of this Policy.

1. Policy Description

The 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.

2. Critical Illness

Critical Illness shall mean any of the eleven (11) Critical Illnesses, viz., First Heart Attack, Coronary Artery Disease (requiring Surgery), Stroke, Cancer, Kidney Failure, Major Organ Transplant, Multiple Sclerosis, Aorta Graft Surgery, Primary Pulmonary Hypertension, Alzheimer's disease and Paralysis as defined below, occurring to the Primary Member or, in case of joint life cover, the first of the Primary Member or the Spouse,

- a) **First Heart Attack:** The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis should be based on all of the following:
 - (i) Confirmatory new and recent electrocardiogram (ECG) changes indicating myocardial infarction;
 - (ii) Diagnostic elevation of cardiac enzymes CK-MB, Troponin I, Troponin T or other biochemical markers above standard laboratory levels of normal; and
 - (iii) Left ventricular ejection fraction of less than 50% measured 3 months or more after the event.Diagnosis based on the elevation of Troponin T alone shall not be considered diagnostic of a heart attack. Angina or chest pain is specifically excluded.
- b) **Coronary Artery Disease Requiring Surgery:** The undergoing of open chest surgery to correct narrowing or blockage of the left main coronary artery or three or more other coronary arteries with the use of bypass graft(s) in persons with limiting anginal symptoms and compromise of blood supply supported by appropriate cardiac investigations. Narrowing of the affected artery should be more than 75 % (seventy five percent).
Angioplasty and all other intra-arterial techniques and laser and "keyhole" procedures are excluded.
- c) **Stroke:** Any cerebro-vascular accident or event resulting in permanent neurological deficit lasting for more than six consecutive months. There must be evidence of infarction of brain tissue, intra-cranial or subarachnoid haemorrhage or embolisation from an extra-cranial source on a CT, MRI or similar scan. The diagnosis must be certified by a recognized consultant neurologist holding an appointment in this capacity with a major hospital. The following are excluded:
 - (i) Transient ischaemic attacks; (ii) Cerebral symptoms associated with reversible neurological deficit; (iii) Symptoms due to migraine or headache; (iv) Vascular disease affecting the eye, optic nerve or vestibular functions and (v) Brain tissue damage caused by head injury.
- d) **Cancer:** The presence of one or more malignant tumours characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. The diagnosis must be confirmed by pathology tests and certified by a recognized consultant oncologist. Also included are Hodgkin's disease, lymphoma & Leukemia other than chronic lymphocytic leukemia. The following are excluded:
 - (i) Tumours that are histologically described as micro-carcinoma, pre-malignant or showing the malignant changes of carcinoma in situ including cervical dysplasia rated as CIN1, CIN2 or CIN 3 or Ductal carcinoma in situ of the breast;

- (ii) All skin cancers except Melanomas of 1.5 millimeters or more in thickness or Clark Level 3 or more depth of invasion, unless there is evidence of metastases;
 - (iii) Kaposi's sarcoma or any other tumours associated with HIV infection or AIDS; and
 - (iv) Papillary carcinoma of the bladder and Prostate tumours histologically described as TNM Classification T1 (including T1a & T1b) or of another equivalent or lesser classification.
- e) **Kidney Failure:** End stage renal disease characterized by chronic irreversible failure of both kidneys that requires permanent dialysis or renal transplantation.
- f) **Major Organ Transplantation:** The medically necessary human-to human organ transplant from a donor to the life insured of one or more of the following organs:
- (i) Heart; (ii) Lung; (iii) Liver; (iv) Kidney (v) Pancreas (excluding the transplantation of the islets of Langerhans only) Or (vi) Bone marrow.
- g) **Multiple Sclerosis:** The Unequivocal diagnosis of Multiple Sclerosis by a recognised consultant neurologist holding an appointment in this capacity in a major hospital. The diagnosis must include all of the following, which have been present for a period of at least six (6) consecutive months:
- (i) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
 - (ii) A multiplicity of discrete lesions; and
 - (iii) A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.
 - (iv) Confirmed by modern investigational techniques.
- h) **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 also specifically excluded.
- i) **Primary Pulmonary Hypertension:** Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterization, 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 Assured being unable to perform his/her usual occupation. The condition must be documented for at least three consecutive months.
- j) **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
- k) **Paralysis:** Means the total and permanent loss of use of two or more limbs caused by illness and persisting for at least six (6) consecutive months from the original date of diagnosis.
- The diagnosis must be certified by a recognized consultant neurologist holding an appointment in this capacity at a major hospital.

3. Sum Assured

This is an accelerated rider benefit which accelerates the payment of Sum Assured under the base Policy on the happening of the any of the eleven (11) Critical Illnesses, as per Section 2 above, and, therefore, once the Sum Assured is paid or becomes payable, as per Section 5 below, under this rider, no Death Benefit under the base Policy will be payable thereafter. Similarly, if Death Benefit under the base Policy becomes payable, before the claim under this rider is accepted, the claim under this rider will automatically become void.

4. Rider Premium

The amount that is payable by the Policyholder as part of the Premium with respect to the Member to continue the Rider Benefits, as per Section 5 below, for each Member under this Policy.

5. Rider Benefits

a. Critical Illness Benefit

On diagnosis of Critical Illness, as mentioned in Section 2 above, after the waiting period of 90 days, provided the rider cover is not terminated as per Section 13 below, the Company, subject to Section 8, Section 10, Section 11 and Section 12 below, shall pay the following benefit as per the benefit payment option mentioned in the Membership Register or in the Certificate of Insurance.

- i) Option I - Lump sum amount equal to the Sum Assured, as mentioned in the Membership Register or in the Certificate of Insurance
- ii) Option II - A certain percentage (x%) (as mentioned in the Membership Register or in Certificate of Insurance) of the Sum Assured as lumpsum and balance amount of the Sum Assured in equal installments in arrears spread over the Installment Period as chosen by the Member subject to a maximum of ten (10) years.

The Installment Amount shall be computed as given below.

- o $\text{Installment Amount} = [(1-x\%) * \text{Sum Assured} / \text{Installment Period}] * \text{Installment Factor}$
- o The Installment Factor is given below in the table:

Installment Period (in Yrs)	1	2	3	4	5	6	7	8	9	10
Installment Factor	1.04	1.06	1.08	1.10	1.12	1.14	1.16	1.18	1.21	1.23

The Installment Amount for the payment frequencies other than annual will further be multiplied by following Frequency Factors .

Installment Frequency	Monthly	Quarterly	Half-yearly
Frequency Factor	0.080	0.242	0.490

The Member can intimate the Company at Entry Date or at any membership anniversary thereafter about the benefit payment option, percentage (x%), Installment Period and Installment Frequency.

Once the Critical Illness benefit has become payable, no benefit with respect to the base Policy Benefit is payable. After the Critical Illness benefit has been paid as per Option I or agreed to be paid as per Option II, the Membership of the Primary Member and Spouse (in case of joint life) is terminated from the Scheme.

Incase of Option II being opted by the Member and if the Member dies during the Installment Period, the outstanding installment payment shall be paid to the Beneficiary as and when due.

b. Maturity Benefit

No maturity benefit is payable under the Group Accelerated Critical Illness Rider.

c. Surrender Benefit

No surrender benefit is payable under the Group Accelerated Critical Illness Rider.

6. Joint Life Coverage

Joint life cover is allowed for Spouse only. In case of joint life cover, the Critical Illness benefit as per Section 5a shall be payable on diagnosis of Critical Illness as per Section 2 on the life of Primary Member or Spouse, whosoever first, provided Death Benefit under base Policy has not been paid. Thereafter the Membership for both lives shall terminate.

7. Option to include/exclude the rider:

This rider can be included by any Member at the Policy Commencement Date or at any Annual Renewal Date of the Policy. At each Annual Renewal Date, the Policyholder/Member has the option of excluding the rider coverage. Once this rider is excluded, then it can not be included again.

8. Non payment of Premium

In case of non-payment of Premium with respect to a Member / Members even during the Grace Period, the risk cover with respect to that/those Member/s under the rider will be terminated along with the risk cover under the base Policy. All benefits under this rider shall continue only if the risk cover under the base Policy is continued, subject to Section 13 below.

9. Grace Period

Grace Period is the same as that mentioned under the base Policy.

10. Waiting Period

Any Critical Illness which existed at or has occurred within 90 days from the Entry Date.

11. Payment of Claim

If a claim arises due to a Critical Illness, the claim settlement requirements and processes shall be as below.

- a. All notices, applications or notification of claim must be received and approved at the office of the Company authorized to deal with the claim.
- b. Claim intimation should be received in writing within 30 days of the diagnosis of the Critical Illness.
- c. Confirmation of the diagnosis of Critical Illness by a registered Medical Practitioner appointed by the Company, and supported by acceptable clinical, radiological, histological and laboratory evidence.

12. Exclusions

The Critical Illness benefit shall not be payable if Critical Illness is directly or indirectly caused-by, related-to or arises-from any of the following cases:

- a) Diagnosis of Critical Illness due to attempt to commit suicide within one year from the Entry Date.

- b) Any Critical Illness which existed at or occurred within 90 days of the Entry Date or Date of Revival of insurance cover for any Member which had lapsed on account of non payment of premium
- c) The Member committing or attempting to commit a criminal act whether alone or with others;
- d) AIDS, any AIDS related illness or HIV infection
- e) The Member actual or attempted self injury whilst sane or insane;
- f) War, invasion, civil war, rebellion or riot;
- g) The Member being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
- h) The Member participation in any naval, military or air force operation or participation in any dangerous or hazardous sport, competition or riding or driving in any form of race or competition;
- i) The Member participation in aviation, gliding or any form of flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
- j) The Member failure to seek or follow medical advice;
- k) A congenital condition of the Member.

13. Termination of Rider Benefit

The Rider Benefit shall automatically terminate on the earlier occurrence of either of the following.

- a. On exclusion of this rider by the Policyholder
- b. On termination of the base Policy
- c. Membership ceases under the base Policy
- d. On diagnosis of the Critical Illness on the life of the Primary Member or, in case of joint life cover, the first of the Primary Member or the Spouse
- e. On the Member attaining the Age of 70 years

14. Section 45 of the Insurance Act, 1938

No Policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Dated at _____ this ____Day of _____20__

For and behalf of Bajaj Allianz Life Insurance Company Limited

Authorized Signatory