

Rider Document

This Rider Document should be read in conjunction with the Policy Document of the base Policy.

1. Definitions:

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

- a) **"Age"** means age at last birthday.
- b) **"Life Assured"** means the person named in the Schedule whose life is insured to receive the Rider Benefit as per Section 4a) below.
- c) **"Rider"** means this Mahila Gain Rider (Option - Mahila Gain I)
- d) **"Rider Premium"** means the premium payable by the Policyholder with respect to the Rider (as part of the Regular Premium under the Policy) at regular intervals during the Rider Term at the frequency as specified in the Schedule.
- e) **"Rider Sum Assured"** means the Sum Assured specified in the Schedule, which is referred-to to determine the amount payable under the Rider to the Policyholder as per Section 4a) below upon diagnosis of any of the Insured Critical Conditions on the life of the Life Assured during the Rider Term.
- f) **"Rider Term"** means the period commencing from the Date of Commencement of Risk till the end of the Policy Term or the Policy Anniversary on which the Life Assured attains the Age of 45 years, whichever is earlier.

2. **Rider Description**

- a) The Mahila Gain Rider (Option - Mahila Gain I) is a Rider attached with the base Policy. This document should be read along with the base Policy Document.
- b) This Rider is a regular premium, non-linked, non-participating rider providing the benefits mentioned in the Section 4 below.
- c) The benefit under the Rider is available during the Rider Term as long as the Rider Premiums are paid before the expiry of the grace period.

3. **Rider Premium**

- a) The Rider Premium depends on the Rider Sum Assured chosen by the Policyholder and the Age of the Life Assured on the Date of Commencement of the Risk of the Rider or on any date of revision of the Rider Premium per Section 11 below.
- b) The Rider Premium is guaranteed for a period of five (5) years from the Date of Commencement of Risk or from the date of any previous revision of the Rider Premium (subject to Section 11 below).

4. **Benefits**

a) **Rider Benefit**

- i) Subject to Sections 5, 7, 8 & 9 below and provided the Rider is not terminated per Section 13 below, the lump sum Benefits, as mentioned in the table below, shall be payable to the Policyholder on the diagnosis of any of the Insured Critical Conditions [per Section 8 below] on the life of the Life Assured or the child/children of the Life Assured as applicable.

Insured Critical Conditions	Benefit
Critical Illnesses per Section 8a) below	Maximum of 100% of prevailing Rider Sum Assured, payable for any one Critical Illness only
Complications of Pregnancy per Section 8b) below	20% of the prevailing Rider Sum Assured, subject to a maximum of Rs. 25000, payable for any one of the Complications of Pregnancy only
Congenital Disabilities per Section 8c) below	50% of the prevailing Rider Sum Assured for each child birth available for maximum two children (subject to a maximum of Rs. 2.5 Lac) only
Reconstructive Breast Surgery per Section 8d) below	30% of the prevailing Rider Sum Assured (subject to a maximum of Rs. 30,000) for one breast, and 40% of the prevailing Rider Sum Assured (subject to a maximum of Rs. 40,000) for two breasts

- ii) The cover for each of the Insured Critical Condition shall terminate on the payment of full benefit for that condition as mentioned below and the Rider shall continue for the other Insured Critical Conditions, if they are not terminated before.
 - 1) Critical Illnesses: On first payment of benefit [mentioned under Sub-Section i) above] for any of the Critical Illnesses covered under Section 8a) below.
 - 2) Complications of Pregnancy: On first payment of benefit [mentioned under Sub-Section i) above] for any one of the conditions covered under Section 8b) below.
 - 3) Congenital Disabilities: On payment of benefit [mentioned under Sub-Section i) above] for Conditions covered under Section 8c) below.

- 4) Reconstructive Breast Surgery: On payment of benefit [mentioned under Sub-Section i) above] for conditions covered under Section 8d) below.

b) Maturity Benefit

No maturity benefit is payable under the Rider.

c) Surrender Benefit

No surrender benefit is payable under the Rider.

5. Waiting Period

The Company will not be liable to make any payment of benefit per Section 4 a) above for any Insured Critical Condition mentioned therein, if the Insured Critical Condition is diagnosed within the Waiting Periods mentioned below, from the Date of Commencement of Risk or the date of latest revival of the Policy, whichever is later.

Insured critical conditions	Waiting Period
Critical Illnesses	180 days
Complications of Pregnancy	1 year
Congenital Disabilities	1 year
Reconstructive Breast Surgery	180 days

6. Flexibilities

a) Options to remove the Rider

- i) At any Policy Anniversary, the Policyholder can remove the Rider by giving a written notice to the Company at least 30 days before the Policy Anniversary.
- ii) In case of such removal, the Rider Benefit per Section 4 a) above will immediately cease and no Rider Premium will be payable subsequently.
- iii) Once this Rider is removed, it cannot be added back again.

b) Option to decrease the Rider Sum Assured

- i) At any Policy Anniversary, the Policyholder can decrease the Rider Sum Assured by giving a written notice to the Company at least 30 days before the Policy Anniversary, subject to Sub-Section ii) below.
- ii) The revised Rider Sum Assured cannot fall below the minimum sum assured allowed under the Rider.
- iii) Once decreased, the Policyholder will not have the right to increase the Rider Sum Assured.
- iv) The benefit under Section 4 above will be based on the revised Rider Sum Assured.

c) Option to change the Rider

- i) At any Policy Anniversary, without the Company calling for any information / documents to verify the good health of the Life Assured or requiring the Life Assured to undergo any medical examination, the Policyholder will have the option to change out of this Rider and to the below mentioned option / rider,

provided the Company has not discontinued selling the below mentioned option / rider and subject to Sub-Sections ii) & iii) below.

1. Bajaj Allianz Mahila Gain Rider (Option - Mahila Gain II)
 2. Bajaj Allianz Critical Illness Rider
- ii) The terms & conditions and the Rider Premium will be as applicable for that option / rider at that time.
- iii) The sum assured under the option / rider can not be higher than the prevailing Rider Sum Assured.
- iv) If the Policyholder opts for a sum assured (under the new option / rider) that is higher than the prevailing Rider Sum Assured,
1. The Company reserves the right to call upon and request for any information / documentation to verify the good health of the Life Assured and require the Life Assured to undergo any medical examination for this purpose.
 2. The Company reserves the right to disallow a sum assured (under the new option / rider) that is over and above the prevailing Rider Sum Assured.
- v) Once the Policyholder has exercised this Option, he will not be able to opt for this Rider again in the future.

7. Grace Period, Lapse and Revival

- a) The grace period, lapse and revival of this Rider will be governed by the terms and conditions of the base Policy.
- b) The Company will not be liable to make any payment under Section 4 a) above, if the Insured Critical Condition is diagnosed or occurs during the period when the Policy is in lapse or paid-up status (due to non-payment of Regular Premiums due under the Policy).

8. Insured Critical Conditions

a) Critical Illnesses

The Critical Illnesses covered are defined below.

- i) **First Heart Attack:** The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis should be based on all of the following:
 - 1) a history of typical chest pain, if any
 - 2) new and recent electrocardiographic changes indicating myocardial infarction
 - 3) elevation of cardiac enzymes
 - 4) Diagnosis based on the elevation of Troponin T Test, alone shall not be considered diagnostic of a heart attack.
 - 5) Angina and chest pain are especially excluded.
- ii) **Coronary Artery Disease (Requiring Surgery):** Heart surgery to correct narrowing of blockage of left main coronary artery or three or more coronary arteries with bypass grafts in persons with limiting anginal symptoms and compromise of blood supply supported by investigation but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction or other forms of Coronary

artery clearing through catheters or similar devices. Narrowing of the affected artery should be more than 75 % (seventy five percent).

- iii) **Stroke:** Any cerebro-vascular incident producing neurological sequel lasting more than twenty-four hours and including infarction of brain tissue by thrombosis, haemorrhage and embolisation from an extra-cranial source. There must be evidence of permanent neurological deficit for more than six months. The diagnosis must be based on changes seen in a CT scan or MRI & certified by a recognised consultant neurologist holding an appointment in this capacity with a major hospital.
Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system are excluded.
- iv) **Cancer:** The presence of one or more malignant tumours including leukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkins disease characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue diagnosed by a medical practitioner who is a consultant oncologist. The following cancers are not covered: -
- 1) Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN- 3) or, which are histologically described as pre malignant and Ductal carcinoma in situ of the breast.
 - 2) Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or less than Clark Level 3 Depth of invasion;
 - 3) All hyper-keratoses or basal cells carcinomas of the skin;
 - 4) All squamous cell carcinomas of the skin unless there has been a spread to other organs;
 - 5) Kaposi's sarcoma and other tumours associated with HIV infections or AIDS;
 - 6) Papillary carcinoma of the bladder and Prostatic cancers which are histologically described as TNM Classification T1(includingT1(a) T2 (b) or are of another equivalent or lesser classification) and
 - 7) Hodgkins disease stage 1.
- v) **Kidney Failure:** End stage renal disease of chronic irreversible failure of kidneys of the insured person undergoing regular peritoneal dialysis or haemo-dialysis or having had a renal transplantation.
- vi) **Major Organ Transplantation:** The undergoing as a recipient of a transplant of a heart, heart and lung, liver, kidney, pancreas (excluding the transplantation of the islets of Langerhans only) or bone marrow.
- vii) **Multiple Sclerosis:** The following criteria must have persisted for a continuous period of at least six months:
- 1) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits ;
 - 2) A multiplicity of discrete lesions ; and
 - 3) A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.

- 4) Confirmed by modern investigational techniques.
Unequivocal diagnosis by a recognised consultant neurologist holding an appointment in this capacity in a major hospital.
- viii) **Aorta Graft Surgery:** The undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.
Narrowing of Aorta of congenital is excluded. Surgery of the branches of the abdominal aorta as well as traumatic injury of the aorta are also excluded.
- ix) **Primary Pulmonary Arterial Hypertension:** Primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible 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 usual occupation.
The condition has to be documented for at least three months.
- x) **Alzheimer's Disease:** Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's disease excluding neurosis, psychiatric illness, and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life insured.
The diagnosis must be clinically confirmed by recognized consultant neurologist holding an appointment in this capacity in a major hospital.
- xi) **Paralysis:** The complete and permanent loss of use of both arms or both legs or one arm and one leg, through paralysis of grade 0-2/6 motor power caused by illness, persisting for at least six months from the date of illness.
Unequivocal diagnosis by recognized consultant neurologist holding an appointment in this capacity in a major hospital.

b) Complications of Pregnancy

The Complications of Pregnancy covered are defined below.

- i) **Disseminated Intravascular Coagulation (DIC):** A disorder of diffused activation of the clotting cascade resulting in depletion of clotting factors in the blood resulting from complication caused by pregnancy. Major symptoms are bleedings, possibly from multiple sites in the body or thrombosis formation (e.g. deep vein thrombosis, renal failure). The disorder should require immediate replacement therapy by either transfusion of blood, platelet concentrates, fresh frozen plasma or Anti-thrombin III.

- ii) **Ectopic Pregnancy:** A condition in which implantation occurs outside the uterine cavity, such as in the cervix uteri, ovary, fallopian tube, abdominal or pelvic cavity. The condition must have been terminated by laparotomy or laparoscopic surgery.

- iii) **Pre-/eclampsia:** A pregnancy complication which can result in hypertension, protein-uria, excessive weight gain, edema and abnormal blood coagulation. Severe pre-eclampsia has to be diagnosed by an obstetrician and has to meet at least 3 of the following criteria:
 - 1) Systolic blood pressure > 160 mm Hg
 - 2) Diastolic blood pressure > 110 mm Hg
 - 3) Proteinuria (24 h - urine containing > 5 g protein)
 - 4) Creatinine elevation
 - 5) Edema
 - 6) Oliguria
 - 7) Grandmal seizures (====> Eclampsia)
 - 8) Intra-uterine death of the baby
 - 9) HELLP Syndrome

- iv) **Chorio-carcinoma & Hydatiform Mole:** The life insured suffers from a malignant (often metastatic) gestational tropho-blastic disease following a pregnancy. Subsequent hysterectomy must have been performed.

c) Congenital Disabilities

The Congenital Disabilities covered are defined below.

- i) **Down's Syndrome:** A specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterised by muscular hypotonicity, microcephaly, brachycephaly and flattened occiput.
The diagnosis must be supported by the fact that physical and mental development is retarded and must be confirmed by a pediatrician.

- ii) **Spina Bifida:** Means the congenital defect of vertebral occlusion of the new born baby with or without defect of the spinal cord and its covering exposing through a gap in the spinal column with resultant meningomyelocele, meningocele or myelocystomeningocele. Spina bifida occulta is excluded.
The diagnosis must be confirmed by a pediatrician.

- iii) **Fallot's Tetralogy:** Means the congenital malformation of the heart in which there is pulmonary stenosis, enlargement of the right ventricle and a ventricular septal defect over which the origin of the aorta lies allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a pediatrician and supported by echocardiography.

- iv) **Esophageal Atresia / Tracheoesophageal Fistula:** Esophageal atresia means a form of congenital malformation in which the esophagus cannot develop as a one way passage but results in a sac with one open end. Tracheo-esophageal fistula means a communication between the trachea and the esophagus. These malformations will lead to feeding difficulties and respiratory distress for the neonate in the first days of life. The new born baby should have both conditions of esophageal atresia and tracheo-esophageal fistula.
The diagnosis must be confirmed by a pediatrician.
- v) **Anorectal Atresia (Imperforate Anus):** Means the congenital absence or abnormal narrowing of the anorectal opening resulting in corrective surgery.
The diagnosis must be confirmed by a pediatrician.
- vi) **Cleft lip, cleft palate, Cleft lip & cleft palate:** Cleft lip means a separation of the upper lip. Cleft palate means an opening in the roof of the mouth in which the two sides of the palate did not join together. Cleft lip and palate mean a combination of these two malformations. Corrective surgery will be necessary in any case. Coverage includes cleft lip, cleft palate or cleft lip & cleft palate.
The diagnosis must be confirmed by a pediatrician.
- vii) **Transposition of the Great Vessels:** Means a congenital anomaly in which the aorta arises from the right ventricle and the pulmonary trunk from the left ventricle. This exchange leads to a circulation in parallel and is often accompanied by an atrial septal defect or a ventricular septal defect. Corrective surgery will be necessary and performed either shortly after birth or when the child is older.
The diagnosis must be confirmed by a pediatrician and supported by echocardiography
- viii) **Progeria:** Means
1. Hutchinson-Gilford Progeria syndrome (HGPS), a childhood disorder caused by a point mutation in position 1824 of the LMNA gene, replacing cytosine with thymine, creating an unusable form of the protein Lamin A.
 2. Werner's Progeria syndrome (WS), a defect on the WRN gene that codes DNA helicase and located on the short arm of the 8th chromosome. The disorder is directly caused by shorter-than-normal length telomere maintenance.
- The diagnosis must be supported by the fact that physical changes are present, supported by a genetic test and must be confirmed by a recognized competent authority.

d) Reconstructive Breast Surgery

Reconstructive Breast Surgery will mean the surgical procedure to rebuild the contour of breast(s) after removal (mastectomy) due to breast cancer. Reconstruction can either be done by using a breast implant (prosthesis) or by using the woman's own tissue (tissue flap techniques). Breast cancer as the underlying disease must have been evidenced by definite histology and a surgical report must confirm the actual undergoing of reconstructive breast surgery.

No benefit is payable until the Life Assured has provided satisfactory proof to the Company of the relevant Reconstructive Breast surgery. This includes authentic evidence of actual undergoing of reconstructive breast surgery due to breast cancer diagnosed by an oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the company.

9. Exclusions

The Company will not be liable to make any payment of benefit per Section 4 a) above for any Insured Critical Condition mentioned therein, if the Insured Critical Condition existed on the Date of Commencement of Risk or the date of latest revival of the Policy, whichever is later.

Further, the following exclusions shall be applicable for the different Insured Critical Conditions.

a) **Critical Illnesses**

The Company will not be liable to make payment of benefit under Section 4 a) above, if Critical Illness is directly or indirectly caused by, related to or arises from:

- i) Any critical illness which existed at or occurred within 6 months of the Date of Commencement of Risk or of the date of latest revival.
- ii) The life assured committing or attempting to commit a criminal act whether alone or with others;
- iii) AIDS, any AIDS related illness or HIV infection;
- iv) The Life Assured's actual or attempted self injury whilst sane or insane;
- v) War, invasion, civil war, rebellion or riot;
- vi) The life assured 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;
- vii) The Life Assured's 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;
- viii) The Life Assured's 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;
- ix) The Life Assured's failure to seek or follow medical advice;
- x) A congenital condition of the life assured

b) **Complications of Pregnancy**

The Company will not be liable to make payment of benefit under Section 4 a) above, if Insured Critical Condition is directly or indirectly caused by, related to or arises from any Condition which existed at or occurred within 1 year of the Date of Commencement of Risk or of the date of latest revival.

c) **Congenital Disabilities**

The Company will not be liable to make payment of benefit under Section 4 a) above, if Insured Critical Condition is directly or indirectly caused by, related to or arises from any Condition which existed at or occurred within 1 year of the Date of Commencement of Risk or of the date of latest revival.

d) Reconstructive Breast Surgery

The Company will not be liable to make payment of benefit under Section 4 a) above,

- i) If Insured Critical Condition is directly or indirectly caused by, related to or arises from any Condition which existed at or occurred within 6 months of the Date of Commencement of Risk or of the date of latest revival.
- ii) If the claim is for reduction / augmentation mammoplasty of the unaffected breast(s).

General Conditions

10. Age Proof

- a) The Rider Premium Charge payable under the Policy is calculated on the basis of the Age of the Life Assured as declared in the Proposal. If the Age of the Life Assured has not been admitted by the Company, the Policyholder shall furnish such proof of the Age of the Life Assured as is acceptable to the Company and have the Age admitted.
- b) In the event the Age so admitted (the "correct Age") is found to be different from the Age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act 1938, the following actions shall be taken:
 - i) If the correct Age is such as would have made the Life Assured uninsurable under this Rider, this Rider shall stand cancelled with immediate effect by the Company without any surrender value or refund of Rider Premium.
 - ii) If the correct Age of the Life Assured is higher than the Age declared in the Proposal, the Rider Premium payable under this Rider shall be altered corresponding to the correct Age of the Life Assured and the accumulated difference between the corrected Rider Premium and the original Rider Premium collected from the Date of Commencement of Risk of Benefit up to the date of such payment shall be from the Policyholder.

11. Revision of Rider Premium

- a) A Rider Premium quoted to the Policyholder is guaranteed for a period of five (5) years from the Date of Commencement of Risk or from the date of any previous revision of the Rider Premium. The Company reserves the right to revise the Rider Premium at the end of each fifth (5th) year, with approval from the IRDA.
- b) The Company shall notify the Policyholder of any revision in his Rider Premium. If the Policyholder objects in writing to the revised Rider Premium, he can exclude the Rider and discontinue the payment of the Rider Premiums.

12. Claim Information and Documentation

The payment of Rider Benefit under Section 4 a) above will be subject to the following conditions:

- 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) Diagnosis of Insured Critical Condition is confirmed by a registered Medical Practitioner appointed by the Company as mentioned under each of the Insured Critical Conditions in Section 8 above and must be supported by acceptable hospital, clinical, radiological, histological and laboratory evidence at the Policyholder's cost.
- c) The Company should be intimated about the diagnosis of Insured Critical Condition within 60 days from the date of its diagnosis.

13. Termination of Rider Benefit

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

- a) End of the Policy Term
- b) The Policy Anniversary on which the Life Assured attains the Age of 45 years
- c) The Policyholder has already claimed the full Rider Benefit
- d) On exclusion of this Rider by the Policyholder
- e) On the termination of the base Policy

14. Section 45

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

Authorised Signatory