

## **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 and forms part of the Base Policy Document. The continuance of the Base Policy is a necessary precondition for the continuance of the cover under this Rider.

#### **SCHEDULE**

As per Base Policy

Part B

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 Clause 3 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 Clause 3 hereunder;
- c. "Base Policy" shall mean the Policy under which the Rider has been opted and duly defined as Policy in Clause 1 thereunder.
- d. "Base Sum Assured" shall mean the Sum Assured as and duly defined in Clause 1 of the Base Policy;
- e. "Critical Illness" shall mean the illnesses listed in Seventeen (17) Critical Illness and Thirty-Two (32) Critical Illness in Clause 4 hereunder;
- f. "Rider" shall mean the Bajaj Allianz Life Group Critical Illness Rider;
- g. "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;
- h. "Rider Maturity" is the termination of the Rider due to the Base Policy maturing as per the terms and conditions thereunder;
- i. "Rider Maturity Benefit" is the benefit payable on Rider Maturity as per Clause 3 hereunder, if any.
- j. "Rider Plan" shall mean the optional plans available under the Rider as provided in Clause 2 hereunder
- k. "Rider Surrender" shall mean the termination of the Rider due to the Base Policy being surrendered as per the terms and conditions thereunder
- l. "Rider Surrender Benefit" the benefit payable upon Rider Surrender as per Clause 3 hereunder, if any.
- m. "Seventeen (17) Critical Illness" shall mean the specific seventeen (17) Critical Illness covered as per the Rider Plan Option and detailed in Clause 4(a) hereunder;
- n. "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;
- o. "Thirty-Two (32) Critical Illness" shall mean the specific thirty-two (32) Critical Illness covered as per the Rider Plan Option and detailed in Clause 4(b) hereunder;
- p. "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 group plan.
- b. The Rider provides Four (4) Rider Plans, of which any one may be opted for at the Base Policy commencement date
- c. 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 Benefits
  - a. Critical Illness Benefit:
    - i. 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 coverage term of the Rider, and subject to the Waiting Period, Survival Period and the terms and conditions herein contained the Company 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.
    - ii. 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.
    - iii. 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 and the Base Policy will terminate after the Accelerated Critical Illness Sum Assured has been paid.
    - iv. 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.

- b. Maturity Benefit: No Rider Maturity Benefit is available under the Rider.
- c. Surrender Benefit: No Rider Surrender Benefit is available under the Rider
4. Critical Illness
  - a. Seventeen (17) Critical Illnesses  
The Definitions, Conditions and Exclusions under Seventeen (17) Critical Illnesses are as under:
    - i. Cancer of Specified Severity  
A malignant tumour 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 leukaemia, lymphoma and sarcoma. The following are excluded –
      1. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
      2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
      3. Malignant melanoma that has not caused invasion beyond the epidermis;
      4. 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
      5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
      6. Chronic lymphocytic leukaemia less than RAI stage 3
      7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
      8. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
    - ii. Myocardial Infarction (First Heart Attack Of Specific Severity)  
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:
      1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)
      2. New characteristic electrocardiogram changes
      3. Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers.The following are excluded:
      1. Other acute Coronary Syndromes
      2. Any type of angina pectoris
      3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
  - iii. 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 breastbone) 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: Angioplasty and/or any other intra-arterial procedures
  - iv. 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.
  - v. Coma Of Specified Severity  
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:
    1. no response to external stimuli continuously for at least 96 hours;
    2. life support measures are necessary to sustain life; and
    3. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
  4. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
  - vi. 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.
  - vii. 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 embolization 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: (1) Transient ischemic attacks (TIA); (2) Traumatic injury of the brain; (3) Vascular disease affecting only the eye or optic nerve or vestibular functions.
- viii. Major Organ/Bone Marrow Transplant  
The actual undergoing of a transplant of:
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - 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: (a) Other stem-cell transplants; (b) Where only islets of Langerhans are transplanted
- ix. 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.
- x. 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.
- xi. Multiple Sclerosis With Persisting Symptoms  
The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
  - Neurological damage due to SLE is excluded.
- xii. Benign Brain Tumour
- Benign brain tumour is defined as a life threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.
  - This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist.
    - Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
    - Undergone surgical resection or radiation therapy to treat the brain tumour.
  - The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord.
- xiii. Blindness
- Total, permanent, and irreversible loss of all vision in both eyes as a result of illness or accident.
  - The Blindness is evidenced by:
    - corrected visual acuity being 3/60 or less in both eyes; or
    - the field of vision being less than 10 degrees in both eyes.
  - The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
- xiv. 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.
- xv. End Stage Lung Failure  
End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  - Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
  - Dyspnoea at rest.
- xvi. End Stage Liver Failure
- Permanent and irreversible failure of liver function that has resulted in all three of the following: (a) Permanent jaundice; (b) Ascites; and (c) Hepatic encephalopathy.
  - Liver failure secondary to drug or alcohol abuse is excluded.
- xvii. 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.
- b. Thirty-Two (32) Critical Illnesses  
The Definitions, Conditions and Exclusions under Thirty-Two (32) Critical Illnesses are as under:
- Cancer of Specified Severity  
A malignant tumour 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 leukaemia, lymphoma and sarcoma. The following are excluded –
    - All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
    - Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
    - Malignant melanoma that has not caused invasion beyond the epidermis;
    - 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
  - All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - Chronic lymphocytic leukaemia less than RAI stage 3
  - Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
  - Myocardial Infarction (First Heart Attack Of Specific Severity)  
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:
    - A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)
    - New characteristic electrocardiogram changes
    - Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers.
 The following are excluded:
    - Other acute Coronary Syndromes
    - Any type of angina pectoris
    - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
- iii. 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 breastbone) 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: Angioplasty and/or any other intra-arterial procedures
- iv. 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.
- v. Coma Of Specified Severity  
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:
- no response to external stimuli continuously for at least 96 hours;
  - life support measures are necessary to sustain life; and
  - permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
4. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

- vi. **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.
- vii. **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 embolization 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: (1) Transient ischemic attacks (TIA); (2) Traumatic injury of the brain; (3) Vascular disease affecting only the eye or optic nerve or vestibular functions.
- viii. **Major Organ/Bone Marrow Transplant**  
The actual undergoing of a transplant of:
  1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
  3. The following are excluded: (a) Other stem-cell transplants; (b) Where only islets of Langerhans are transplanted
- ix. **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.
- x. **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.
- xi. **Multiple Sclerosis With Persisting Symptoms**  
The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
  3. Neurological damage due to SLE is excluded.
- xii. **Benign Brain Tumour**
  1. Benign brain tumour is defined as a life threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.
  2. This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist.
    - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
    - b. Undergone surgical resection or radiation therapy to treat the brain tumour.
  3. The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord.
- xiii. **Blindness**
  1. Total, permanent, and irreversible loss of all vision in both eyes as a result of illness or accident.
  2. The Blindness is evidenced by:
    - a. corrected visual acuity being 3/60 or less in both eyes; or
    - b. the field of vision being less than 10 degrees in both eyes.
  3. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
- xiv. **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.
- xv. **End Stage Lung Failure**  
End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
  1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
4. Dyspnoea at rest.
- xvi. **End Stage Liver Failure**
  1. Permanent and irreversible failure of liver function that has resulted in all three of the following: (a) Permanent jaundice; (b) Ascites; and (c) Hepatic encephalopathy.
  2. Liver failure secondary to drug or alcohol abuse is excluded.
- xvii. **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.
- xviii. **Major Head Trauma**  
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.  
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.  
The Activities of Daily Living are:
  1. 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;
  2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
  3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
  4. Mobility: the ability to move indoors from room to room on level surfaces;
  5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  6. Feeding: the ability to feed oneself once food has been prepared and made available.
- xix. **Primary (Idiopathic) 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:
  1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  2. 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.
- xx. **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
- xxi. **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:
  1. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
  2. Surgery of the aorta related to hereditary connective tissue disorders (e.g.

	Marfan syndrome, Ehlers–Danlos syndrome)		
3.	Surgery following traumatic injury to the aorta		
xxii.	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:		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.
1.	Bone marrow stimulating agents	1.	Activities of Daily Living are:
2.	Immunosuppressants		
3.	Bone marrow transplantation	1.	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.
4.	The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.	2.	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.
xxiii.	Chronic Pancreatitis	3.	Feeding oneself – the ability to feed oneself when food has been prepared and made available.
	A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:	4.	Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
1.	Exocrine pancreatic insufficiency with weight loss and steatorrhea	5.	Getting between rooms – the ability to get from room to room on a level floor.
2.	Endocrine pancreatic insufficiency with pancreatic diabetes	6.	Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
3.	Need for oral pancreatic enzyme substitution		The diagnosis has to be confirmed by a Specialist.
4.	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).	xxvii.	Medullary Cystic Disease
	For the above definition, the following are not covered:		A definite diagnosis of medullary cystic disease evidenced by all of the following:
1.	Chronic pancreatitis due to alcohol or drug use	1.	Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
2.	Acute pancreatitis	2.	Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
xxiv.	Fulminant Viral Hepatitis	3.	Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
	A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:	4.	The diagnosis must be confirmed by a Consultant Nephrologist.
1.	Typical serological course of acute viral hepatitis		For the above definition, the following are not covered:
2.	Development of hepatic encephalopathy	1.	Polycystic kidney disease
3.	Decrease in liver size	2.	Multi-cystic renal dysplasia and medullary sponge kidney
4.	Increase in bilirubin levels	3.	Any other cystic kidney disease
5.	Coagulopathy with an international normalized ratio (INR) greater than 1.5	xxviii.	Muscular Dystrophy resulting in permanent loss of physical abilities
6.	Development of liver failure within 7 days of onset of symptoms		A definite diagnosis of one of the following muscular dystrophies:
7.	No known history of liver disease	1.	Duchenne Muscular Dystrophy (DMD)
	The diagnosis must be confirmed by a Consultant Gastroenterologist.	2.	Becker Muscular Dystrophy (BMD)
	For the above definition, the following are not covered:	3.	Emery-Dreifuss Muscular Dystrophy (EDMD)
1.	All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)	4.	Limb-Girdle Muscular Dystrophy (LGMD)
2.	Fulminant viral hepatitis associated with intravenous drug use	5.	Facioscapulohumeral Muscular Dystrophy (FSHD)
xxv.	Idiopathic Parkinson's Disease [before age 65] resulting in permanent loss of physical abilities	6.	Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
	A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:	7.	Oculopharyngeal Muscular Dystrophy (OPMD)
1.	Muscle rigidity		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.
2.	Tremor		Activities of Daily Living are:
3.	Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)	1.	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.
4.	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.	2.	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.
	Activities of Daily Living are:	3.	Feeding oneself – the ability to feed oneself when food has been prepared and made available.
1.	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.	4.	Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
2.	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.	5.	Getting between rooms – the ability to get from room to room on a level floor.
3.	Feeding oneself – the ability to feed oneself when food has been prepared and made available.	6.	Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
4.	Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.		The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.
5.	Getting between rooms – the ability to get from room to room on a level floor.		For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia
6.	Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.	xxix.	Persistent Vegetative State
	The diagnosis must be confirmed by a Consultant Neurologist.		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:
	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.	1.	Complete unawareness of the self and the environment
	For the above definition, the following are not covered:	2.	Inability to communicate with others
1.	Secondary parkinsonism (including drug- or toxin-induced parkinsonism)	3.	No evidence of sustained or reproducible behavioural responses to external stimuli
2.	Essential tremor	4.	Preserved brain stem functions
3.	Parkinsonism related to other neurodegenerative disorders	5.	Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging
xxvi.	Loss of Independent Existence [before age 65]		



<p>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.</p>	<p>xxx. Primary Cardiomyopathy A definite diagnosis of one of the following primary cardiomyopathies:</p>	<p>1. Dilated Cardiomyopathy 2. Hypertrophic Cardiomyopathy (obstructive or non-obstructive) 3. Restrictive Cardiomyopathy 4. Arrhythmogenic Right Ventricular Cardiomyopathy</p>	<p>The disease must result in at least one of the following:</p>	<p>1. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.</p>	<p>2. 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.</p>	<p>3. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death</p>	<p>The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI, or cardiac CT scan findings.</p>	<p>The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.</p>	<p>For the above definition, the following are not covered:</p>	<p>1. Secondary (ischaemic, valvular, metabolic, toxic, or hypertensive) cardiomyopathy</p>	<p>2. Transient reduction of left ventricular function due to myocarditis</p>	<p>3. Cardiomyopathy due to systemic diseases</p>	<p>4. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)</p>	<p>xxxi. Systemic Lupus Erythematosus A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:</p>	<p>1. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies</p>	<p>2. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)</p>	<p>3. Continuous treatment with corticosteroids or other immunosuppressants</p>	<p>Additionally, one of the following organ involvements must be diagnosed:</p>	<p>1. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)</p>	<p>2. Liebman-Sacks endocarditis or myocarditis</p>	<p>3. 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.</p>	<p>The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.</p>	<p>For the above definition, the following are not covered:</p>	<p>1. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus</p>	<p>2. Drug-induced lupus erythematosus</p>	<p>xxxi. Systemic Sclerosis A definite diagnosis of systemic sclerosis evidenced by all of the following:</p>	<p>1. Typical laboratory findings (e.g., anti-Scl-70 antibodies)</p>	<p>2. Typical clinical signs (e.g., Raynaud's phenomenon, skin sclerosis, erosions)</p>	<p>3. Continuous treatment with corticosteroids or other immunosuppressants</p>	<p>Additionally, one of the following organ involvements must be diagnosed:</p>	<p>1. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted</p>	<p>2. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation</p>	<p>3. Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)</p>	<p>4. Echocardiographic signs of significant left ventricular diastolic dysfunction</p>	<p>The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.</p>	<p>For the above definition, the following are not covered:</p>	<p>1. Localized scleroderma without organ involvement</p>	<p>2. Eosinophilic fasciitis</p>	<p>3. CREST-Syndrome</p>	<p>c. 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 cover shall continue notwithstanding the expiry of Grace Period</p>	<p>Part D</p>	<p>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. Free Look Option As per the base Policy 7. Non-Forfeiture 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. 8. Revival A lapsed Rider can be revived subject to the revival conditions applicable to the base Policy. 9. Exclusions a. If the diagnosis of Critical Illness 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 Critical Illness cover for the member with the company; b. If the insured dies within 30 days of the diagnosis of the covered CI; c. Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury, or disease: i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer; or ii. 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. d. Intentional self-inflicted injury, suicide, or attempted suicide. e. For any medical conditions suffered by the life assured 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. f. 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; g. Participation by the insured person in a criminal or unlawful act with criminal intent; h. 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; i. 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; j. 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. k. Any External Congenital Anomaly which is not as a consequence of Genetic disorder l. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event. 10. Termination: 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 maturity or termination of the base Group Policy</p>
---	---	---	--	--	--	--	--	---	---	---	---	---	---	---	--	--	---	---	---	---	--	--	---	---	--	---	--	---	---	---	---	---	--	---	--	---	---	----------------------------------	--------------------------	---	---------------	---

## Bajaj Allianz Life Group Critical Illness Rider

UIN: 116B054V02

- c. Membership cessation under the base Policy
  - d. On discontinuation of Premium under the base Policy
  - e. On receipt of Accelerated Critical Illness Sum Assured
  - f. On receipt of Additional Critical Illness Sum Assured
  - g. On Member attaining the age of Seventy (70) years
  - h. If the Member opts out of this Rider
- 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

### Part E

(Not Applicable)

### Part F

11. Payment of Claim
- Upon occurrence of any of the covered Critical Illness, Benefit as under Clause 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. Certificate of Insurance issued by the Company.
  - b. Medical records from the physician last seen.
  - c. Any other document that may be relevant in establishing the validity of the claim.
  - d. 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.
12. All other General Conditions as per the Base Policy

### Part G

(As per Base Policy)