

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)

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Part B
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 3 ii) below.
f)	Rider Sum Assured	means the Sum Assured as mentioned in the Schedule.
g)	Rider Surrender Benefit	has the meaning as in Section 3 iii) below.

Part C

2) Policy Description

- a) This is a non-participating 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, 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.
- 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 & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
The following are excluded –
(i) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3; (ii) Any skin cancer other than invasive malignant melanoma; (iii) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0; (iv) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter; (v) Chronic lymphocytic leukaemia less than RAI stage 3; (vi) Micro carcinoma of the bladder; (vii) All tumours in the presence of HIV infection.
 - b) **FIRST HEART ATTACK – OF SPECIFIED SEVERITY**
The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
(i) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain); (ii) new characteristic electrocardiogram changes; (iii) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
The following are excluded: (a).Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; (b) Other acute Coronary Syndromes (c).Any

type of angina pectoris.

c) **OPEN CHEST CABG**

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

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

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 atleast 3 months has to be produced.

The following are excluded: (i) Transient ischemic attacks (TIA); (ii) Traumatic injury of the brain; (iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

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

- (i) investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- (ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- (iii) well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. Other causes of neurological damage such as SLE and HIV are excluded.

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**

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

k) **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.

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. AIDS, any AIDS related illness or HIV infection;
4. The Member's intentional self-inflicted injury, attempted suicide, while sane or insane;
5. War, invasion, civil war, rebellion or riot;
6. 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;
7. 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
8. Taking part in any naval, military or air force operation during peace time
9. 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
10. 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.
11. 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.

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, 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
- 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