

Bajaj Allianz Life Insurance Company Limited

Bajaj Allianz ULIP Critical Illness Benefit Rider

Part A

FORWARDING LETTER

As per Base Policy

Free Look Condition:

Within fifteen (15) days [thirty (30) days in case this Rider is issued under the provisions of IRDAI Guidelines on Distance Marketing of Insurance Products] of the receipt of this Rider, the Policyholder may, if dissatisfied with any of the terms and conditions for any reason, give the Company a written notice of cancellation along with reasons for the same, and return the Rider Document to the Company, subject to which the Company shall reverse the Rider Premium Charge to the Unit Account after deduction of proportionate Rider Premium Charge for the period of rider cover, expenses incurred on medical examination, if any, and stamp duty charges, if any.

PREAMBLE

The Bajaj Allianz Unit Linked Critical Illness Benefit Rider is an additional 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. Wherever term & conditions are not specified in this Rider Document, the term & conditions of the base policy will apply, to the extent applicable to the Rider. The continuance of risk cover under the base Policy is necessary precondition for continuance of cover under this Rider.

SCHEDULE

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

Part B

DEFINITIONS & ABBREVIATIONS

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

- 1) Definitions & abbreviations:
 - a. "Critical Illness" means on first diagnosis of any one of the 11 critical illnesses (mentioned Section 3a below), subject to the exclusions (mentioned in Section 8 below).
 - b. "Claimant" means the Policyholder (if different from the Rider Life Assured) or the Nominee or the legal heirs to whom the Rider Benefit will be payable.
 - c. "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.
 - d. "Rider" means the arrangements established by the Rider Policy Document.
 - e. "Rider Benefit" means the benefit payable under the Rider on the happening of the contingent event covered under the Rider. For more details, refer to Section 3 below.
 - f. "Rider Premium Charge" means the charge deducted to provide the Rider benefit. For more details, refer to Section 4 and Section 10 below.
 - g. "Rider Life Assured" means the person named as the Rider Life Assured in the Schedule whose life is assured under this Rider.
 - h. "Rider Maturity Benefit" means the benefit payable under the Rider on the Rider Maturity Date. For more details, refer to Section 3c) below
 - i. "Rider Maturity Date" means the date as mentioned in the Schedule
 - j. "Rider Sum Assured" means the sum assured as mentioned in the Schedule.
 - k. "Rider Surrender Benefit" means the benefit payable if the Rider is surrendered/excluded or terminated. For more details, refer to Section 5 below
 - l. "Rider Term" means the period between the Date of Commencement of Rider and the Rider Maturity Date, as mentioned in the schedule.

Part C

- 2) Policy Description
 - a. This Rider is a Unit Linked critical illness benefit rider attached to the base Policy.
 - b. The Rider provides benefit on first diagnosis of any of 11 critical illnesses mentioned in Section 3a below.
 - c. Rider Death Benefit or Rider Maturity Benefit is not available with respect to this Rider.
 - d. The Rider does not in any way confer any right whatsoever on the Policyholder or the Rider Life Assured to share in the assets, the profits or surplus of the business of the Company.
- 3) Rider Benefit
 - a) Critical Illness Benefits
 - i) On first diagnosis of any one of the 11 critical illness (listed below), the Rider Sum Assured under the Policy shall be payable. The Rider will terminate after the benefit is paid.
 - ii) For any Critical Illness, there is a waiting period of 90 days from inception or from the latest revival.
 - iii) If the Rider Life Assured is diagnosed as suffering from breast cancer requiring reconstructive breast surgery, and the same is intimated to the company within 30 days of diagnosis, an additional benefit amount of 30% (thirty percentage) of the Rider Sum Assured shall be payable. This payment shall be made on the diagnosis of the breast cancer and it being confirmed by an oncologist supported by surgical, clinical, radiological, histological and laboratory evidence acceptable to the Company.
 - iv) The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and is supported

by acceptable clinical, radiological, histological and laboratory evidence.

- v) Survival Period: The Critical Illness benefit shall be payable only after 30 days from the date of diagnosis provided the Rider Life Assured survives this period.
- vi) The above benefit will be payable provided the Rider has not been terminated as per Section 9 below, and subject to Section 6, Section 8, Section 11 and Section 16 below.

Critical illnesses covered

(1) 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) Microcarcinoma of the bladder; (vii) All tumours in the presence of HIV infection.

(2) 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.

(3) 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.

(4) 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.

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

(6) 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.

(7) 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.

(8) 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.

(9) 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.

(10) 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 Rider Life Assured being unable to perform his/her usual occupation. The condition must be documented for at least three consecutive months.

(11) 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.

The Company does not cover any other Critical Illnesses other than that mentioned in Section 3a) above under the Rider.

b) Rider Maturity Benefit

No Rider Maturity Benefit is available under the Rider.

c) Rider Death Benefit

No Rider Death Benefit is available under the Rider.

4) Rider Premium Conditions

The Rider Premium Charge will be deducted from the Fund/s under the base Policy on the Date of Commencement of Rider and on each Monthly Due Date thereafter.

Part D

5) Rider Surrender Benefit

No Rider Surrender Benefit is available under the Rider.

6) Revival

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

7) Option to include/exclude the rider

a. The Policyholder will have the option to include the Rider under the base Policy only at the inception of base Policy.

b. The Policyholder will have the option to exclude the rider at any Monthly Anniversary during the Rider Term. On exclusion the Rider will immediately cease and no further Rider Premium Charge shall be deducted from the immediately next Monthly Due Date.

Once this Rider is excluded, it cannot be added back again under the base Policy.

8) Exclusions

The Rider does not cover any other risk, other than those mentioned in Section 3 above.

Some of the salient exclusions under the rider are as given below:

a) Any of the listed Critical Illness conditions where death occurs within 30 days of the diagnosis.

b) Any medical condition which first manifests itself within 90 days of the Date of Commencement of Risk or latest date of Revival

c) Any Pre-existing medical condition. "Pre-existing medical condition" definition will be as per health regulation.

d) Suicide or attempted suicide or intentional self-inflicted injury, by the Rider Life Assured, whether sane or insane

e) Rider Life Assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner

f) War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.

g) Participation by the Rider Life Assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray

h) Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger

i) Any underwater or subterranean operation or activity. Racing of any kind other than on foot

j) Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV).

k) Participation by the Rider Life Assured in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the Rider Life Assured does not, at the time have any duty on board such aircraft.

l) Nuclear reaction, Radioactive, Biological or chemical contamination due to nuclear accident

9) Termination of Rider

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

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| <p>a. On the risk cover being discontinued under the base Policy</p> <p>b. On expiry of the Rider Term</p> <p>c. On Policy Anniversary at which the Rider Life Assured attains Age of 65 years.</p> <p>d. On exclusion of this Rider by Rider Life Assured</p> <p>e. On receipt of Critical Illness Benefit</p> <p>f. On maturity or termination of the Base Policy</p> | <p>vi) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and the decide to pay the claim, if the Company is satisfied of the same.</p> <p>The above mentioned 60 days may be condoned by the Company if it is satisfied as to the genuineness of the reasons for the delay.</p> |
| <p>Part E</p> | <p>Part G</p> |
| <p>CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc</p> | <p>As per base Policy provisions</p> |
| <p>10) Rider Premium Charge</p> <p>The Rider Premium Charge (as per the Rider Premium Charge table in Annexure I) depends on the Rider Sum Assured and the attained Age of the Rider Life Assured, both, as on the Date of Commencement of Rider and on each Monthly Due Date thereafter.</p> | |
| <p>Part F</p> | |
| <p>General Conditions</p> | |
| <p>11) Non Forfeiture</p> <p>All benefits under this Rider shall continue if the risk cover under base Policy is continued, subject to Section 9 below.</p> | |
| <p>12) Assignment</p> <p>Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure – AA for reference]</i></p> | |
| <p>13) Nomination</p> <p>Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure – BB for reference]</i></p> | |
| <p>14) Fraud, Misrepresentation and forfeiture</p> <p>Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time.</p> <p><i>[A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure – CC for reference]</i></p> | |
| <p>15) Age</p> <p>Age related conditions are as per the base Policy provisions</p> | |
| <p>16) Payment of Claim</p> <p>The Company shall be under no obligation to make any payment under Section 3 above unless and until the Company has received from the Claimant (at no expense to the Company) any information and documentation it requests, including but not limited to:</p> | |
| <p>i) Written notice as soon as possible and in any event within 30 days of diagnosis of the Critical illness of Rider Life Assured.</p> | |
| <p>ii) The claimant's proof of entitlement to receive payment under the Policy.</p> | |
| <p>iii) Original Policy Document.</p> | |
| <p>iv) The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and is supported by acceptable clinical, radiological, histological and laboratory evidence. The company should be informed of the critical illness within 60 days of diagnosis of the Critical Illness.</p> | |
| <p>v) Any other document as asked for by the Company depending on the facts and circumstances of each case.</p> | |

Annexure I: Annual Rider Charge Per '000 Sum at Risk (SAR) for Critical Illness for both Male and Female Lives

Age Attained	CI Rider Charge	Age Attained	CI Rider Charge
18	0.26	51	8.49
19	0.26	52	9.47
20	0.26	53	10.52
21	0.29	54	11.66
22	0.32	55	12.89
23	0.35	56	14.19
24	0.38	57	15.57
25	0.42	58	17.03
26	0.47	59	18.57
27	0.53	60	20.21
28	0.59	61	21.93
29	0.65	62	23.73
30	0.74	63	25.61
31	0.83	64	27.57
32	0.93	65	29.61
33	1.05		
34	1.17		
35	1.32		
36	1.49		
37	1.67		
38	1.86		
39	2.07		
40	2.34		
41	2.66		
42	2.99		
43	3.35		
44	3.75		
45	4.23		
46	4.76		
47	5.36		
48	6.02		
49	6.75		
50	7.59		

Note: SAR = Sum Assured under the rider