

ALLIANZ BAJAJ LIFE INSURANCE COMPANY

CRITICAL ILLNESS BENEFIT

The critical illness coverage can only be chosen where the issue age of the life assured is not less than 18 (eighteen) and not more than 50 (fifty) years. Coverage shall be provided until the age being the premium ceasing age or 65 (sixty five), whichever is earlier. The minimum sum assured that can be opted for critical illness is Rs. 50000 with the maximum sum assured being the amount equal to the basic sum assured. There is a waiting period of 6 (six) months, i.e. the critical illness benefit can only be claimed if the illness is diagnosed at least 6 (six) months after the date of commencement or reinstatement of risk. In case the life assured is diagnosed with critical illness after such said period of six months and the policy is in force for the full sum assured, the company shall pay a sum equal to the critical illness benefit, as mentioned in the policy bond, and the policy will continue with all other benefits. The critical illness benefit and the hospital cash benefit under the policy will immediately cease and the premium will also be payable accordingly. However, where the life assured dies within 60 (sixty) days of such diagnosis for which critical illness benefit has become payable, death benefit will be payable after the deduction of critical illness benefit. This deduction will not be applicable when the life assured dies after 60 (sixty) days from the date of diagnosis of the illness for which critical illness benefit becomes payable. No benefit shall be payable until the insured person has provided satisfactory proof to the company of the occurrence of the relevant critical illness. This includes a diagnosis confirmed by a registered Medical Practitioner appointed by the company and must be supported by acceptable clinical, radiological, histological and laboratory evidence. If the life assured has been diagnosed with any of the condition mentioned under critical illness, the company should be intimated of the same within 30 days from the date of diagnoses. After electing this option if the life assured decides not to renew or if his attained age at the time of renewal is 65 (sixty five) or premium payment term under the basic policy is completed or if he has already claimed critical illness benefit, he loses the right to renew the critical illness benefit, if he has reduced the sum assured of critical illness benefit, he cannot increase the sum assured of this benefit in later years.

Critical illnesses to be covered

1) 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:

- a history of typical chest pain, if any
- new and recent electrocardiographic changes indicating myocardial infarction
- elevation of cardiac enzymes

Diagnosis based on the elevation of Troponin T Test, alone shall not be considered diagnostic of a heart attack.

Angina or chest pain are especially excluded.

2) Coronary Artery Disease Requiring Surgery

The undergoing of heart surgery to correct narrowing or 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).

3) Stroke

Any cerebrovascular 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.

4) Cancer

The presence of one or more malignant tumours including leukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkins disease characterised 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 by the policy: -

- I.** 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.
- II.** Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or less than Clark Level 3 Depth of invasion;
- III.** All hyperkeratoses or basal cells carcinomas of the skin;
- IV.** All squamous cell carcinomas of the skin unless there has been a spread to other organs;
- V.** Kaposi's sarcoma and other tumours associated with HIV infections or AIDS;
- VI.** 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
- VII.** Hodgkins disease stage 1.

5) **Kidney Failure**

End stage renal disease of chronic irreversible failure of kidneys of the insured person undergoing regular peritoneal dialysis or haemodialysis or having had a renal transplantation.

6) **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.

7) **Multiple Sclerosis**

Unequivocal diagnosis by a recognised consultant neurologist holding an appointment in this capacity in a major hospital. The following combination, which has persisted for at least a continuous period of six (6) months: -

- I. Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits ;
- II. A multiplicity of discrete lesions ; and
- III. A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.
- IV. Confirmed by modern investigational techniques.

8) **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.

9) **Primary Pulmonary Arterial Hypertension**

Means 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/her usual occupation. The condition has to be documented for at least three months.

10) **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 recognised consultant neurologist holding an appointment in this capacity in a major hospital.

11) **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 recognised consultant neurologist holding an appointment in this capacity in a major hospital must certify it.

Exclusions

In the following cases the critical illness benefit shall not be paid:

- (a) Critical illness occurs as a result of the insured person committing any breach of law;
- (b) Critical illness existed at the date of commencement or reinstatement of risk;
- (c) Critical illness is diagnosed within 6 month of the date of commencement or reinstatement;
- (d) Critical illness as a result of AIDS, any AIDS related illness or HIV infection;
- (e) Critical illness as a result of self-inflicted injuries whilst sane or insane;
- (f) Critical illness as a result of war, invasion, civil war, rebellion or riot;
- (g) Critical illness as a consequence of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner;
- (h) Critical illness occurs as a result of the insured person taking part in any naval, military or air force operation;
- (i) Critical illness occurs as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
- (j) Critical illness occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognised airline on regular routes and on a scheduled timetable;
- (k) Critical illness as a result of failure to seek or follow medical advice.

Occupation

The insured must notify the Company in writing as soon as possible and in any case within 10 (ten) days upon a change of occupation.

The new occupation shall be classified according to the underwriting rules of the Company at the time of change.

If either/both of Hospital Cash Benefit and Critical illness Benefit are chosen and:

- the new occupation is in the class of risk which the Company declines for such Benefits, the Critical Illness Benefit and/or Hospital Cash Benefit shall cease as from the date of change of occupation. If the Rider Premiums have been paid the Company shall refund the prorated excess Rider Premiums after adjusting the amount which is required for covering such Rider benefits till the date of change of occupation as per adjustment made. There shall be no retrospective effect of

premium refund beyond the policy year in which the occupation change occurs and risk is declined.

- If the new occupation is in a class of lower risk and such change in occupation is informed **after** the policy year when the change in occupation occurs the Company shall refund the difference between the rider premium paid and the rider premium that would have been paid if the lower risk had been charged , such refund shall be made only for such Premium difference for the running policy year in which such change is informed, no backdated refunds shall be paid notwithstanding the fact that occupation change with lower risk occurred earlier than the running policy year .
- If the new occupation is in a class of lower risk and such change in occupation is informed **within** the policy year when the change in occupation occurs then the reduced rider premium shall be applicable from the policy year following the policy year when the change of occupation occurs.
- the new occupation is in a class which the Company accepts but is a higher risk , the Company shall charge revised Premiums for increased risk from the date of commencement of policy year in which the change of occupation occurs irrespective of the time when the Company is informed of such change.
- Where there is failure in notifying the Company and renewal premium is paid based on the former occupation class and the new occupation is in a class of higher risk, in case of claim the Company shall pay the benefit according to the ratio which the premium paid bears to the premium which would have been paid if the higher risk class had been charged.