

Policy Document

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

1. Definitions:

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

- a) **"Age"** means age at last birthday.
- b) **"Company"** means BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED.
- c) **"Critical Illness"** means First Heart Attack, Coronary Artery Disease (requiring Surgery), Stroke, Cancer, Kidney Failure, Major Organ Transplant, Multiple Sclerosis, Aorta Graft Surgery, Primary Pulmonary Hypertension, Alzheimer's disease, and Paralysis; the definitions of which are mentioned in Section 8.
- d) **"Date of Commencement of Risk of the Rider"** means the date same as Policy Commencement Date under the base Policy from when the rider cover commences.
- e) **"Life Assured"** means the person named in the Schedule whose life is insured to receive the Rider Benefit as per Section 4.a.
- f) **"Monthly Due Date"** means the date corresponding numerically with the Policy Commencement Date in each subsequent month.
- g) **"Maturity Date"** means the date specified in the Schedule on which the Maturity Benefit under the base Policy shall become payable to the Policyholder and the Policy terminates.
- h) **"Policy"** means the arrangements established by the base Policy Document along with the Riders.
- i) **"Policy Anniversary"** means the date corresponding numerically with the Policy Commencement Date of the base Policy in each subsequent year during the Policy Term.
- j) **"Policy Commencement Date"** means the date of commencement of the base Policy as specified in the Schedule.
- k) **"Policy Document"** means the Policy wording in the base Policy and that of the Additional Rider Benefits, if any, the Schedule (which is attached to and forms part of this Policy and includes any Annexure or endorsement to it and if more than one then the latest in time) and the Proposal Form.
- l) **"Policyholder"** means the adult person named in the Schedule who has concluded the Policy with the Company.
- m) **"Policy Term"** means the period between the Policy Commencement Date and the Maturity Date as specified in the Schedule.
- n) **"Policy Year"** means the year commencing on the Policy Commencement Date or a Policy Anniversary thereof.
- o) **"Premium Paying Term"** means the period specified in the Schedule during which the Regular Premium is payable.
- p) **"Proposal Form"** means the Policyholder's statements in the proposal for this Policy submitted by or on behalf of the Policyholder along with any other information or documentation provided to the Company prior to inception of the Policy.
- q) **"Regular Premium"** is as defined in base Policy Document.

- r) **“Regular Premium Fund Value”** is as defined in base Policy Document.
- s) **“Rider”** means this Accelerated Critical Illness Rider
- t) **“Rider Sum Assured”** means the Sum Assured specified in the Schedule, which is referred-to to determine the amount payable to the Policyholder as per Section 4.a upon diagnosis of any of the Critical Illness on the life of the Life Assured after the Date of Commencement of Risk for the Rider.
- u) **“Unit”** is as defined in base Policy Document.

2. Policy Description

The Unit-linked Accelerated Critical Illness Rider, referred to as Rider in this document, is an Rider Benefit attached with the base Policy. This document should be read along with the base Policy Document. Rider Premium Charge per Section 10 below will be deducted on each Monthly Due Date by cancellation of Units under the base Policy.

3. Waiting Period

The Company will not be liable to make any payment under Section 4.a for any Critical Illness, which existed at, or diagnosed within, six (6) months of the Date of Commencement of Risk of the Rider.

4. Benefits

a. Rider Benefit

- i. Subject to Section 3, 6, 7, 9 and 12, a lump sum benefit equal to the Rider Sum Assured shall be payable to the Policyholder on diagnosis of any of the Critical Illness per Section 8 below on the life of Life Assured.
- ii. The Company will not be liable to make payment of Sum Assured on death of the Life Assured under the base Policy subsequent to the payment of Rider Sum Assured per Sub-Section (i) above
- iii. The Hospital Cash Benefit Rider, if taken by the Policyholder will cease immediately subsequent to the payment of Rider Sum Assured.

b. Maturity Benefit

No maturity benefit is payable under the UL Accelerated Critical Illness Rider.

c. Surrender Benefit

No surrender benefit is payable under the UL Accelerated Critical Illness Rider.

5. Options

a. Option to Remove the Rider

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

6. Grace Period, Lapse and Revival

- i. The grace period, lapse and revival of this Rider will be governed by the terms and conditions of the base Policy.
- ii. If the Life Assured is diagnosed of any of the Critical Illness during the grace period, the Rider would be treated as inforce and the Company shall be liable to make payment as per Section 4.a.
- iii. The Company will not be liable to make any payment under Section 4.a if the Critical Illness on the life of Life Assured was diagnosed or occurred during the period the Policy was in lapse status.

7. Claim Information and Documentation

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

- i. All notices, applications or notification of claim must be received and approved at the office of the Company, authorized to deal with the claim.
- ii. Diagnosis of Critical Illness is confirmed by a registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence at Policyholder's cost.
- iii. The Company should be intimated about the diagnosis of Critical Illness within 60 days from the date of its diagnosis.

8. Critical Illnesses to be covered

Critical Illness means First Heart Attack, Coronary Artery Disease (requiring Surgery), Stroke, Cancer, Kidney Failure, Major Organ Transplant, Multiple Sclerosis, Aorta Graft Surgery, Primary Pulmonary Hypertension, Alzheimer's Disease, Paralysis all as defined below:

i. First Heart Attack

The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis should be based on all of the following:

- i) a history of typical chest pain, if any
- ii) new and recent electrocardiographic changes indicating myocardial infarction
- iii) elevation of cardiac enzymes
- iv) Diagnosis based on the elevation of Troponin T Test, alone shall not be considered diagnostic of a heart attack.
- v) Angina or chest pain are especially excluded.

ii. Coronary Artery Disease (Requiring Surgery)

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).

iii. Stroke

- a) 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 .

- b) Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system are excluded.

iv. Cancer

- a) The presence of one or more malignant tumours including leukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkins disease characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue diagnosed by a medical practitioner who is a consultant oncologist. The following cancers are not covered: -
- b) 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.
- c) Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or less than Clark Level 3 Depth of invasion;
- d) All hyperkeratoses or basal cells carcinomas of the skin;
- e) All squamous cell carcinomas of the skin unless there has been a spread to other organs;
- f) Kaposi's sarcoma and other tumours associated with HIV infections or AIDS;
- g) Papillary carcinoma of the bladder and Prostatic cancers which are histologically described as TNM Classification T1(including T1(a) T2 (b) or are of another equivalent or lesser classification) and
- h) Hodgkins disease stage 1.

v. Kidney Failure

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

vi. Major Organ Transplantation

The undergoing as a recipient of a transplant of a heart, heart and lung, liver, kidney, pancreas (excluding the transplantation of the islets of Langerhans only) or bone marrow.

vii. Multiple Sclerosis

- a) Unequivocal diagnosis by a recognised consultant neurologist holding an appointment in this capacity in a major hospital. The following criteria must have persisted for a continuous period of at least six months: -
- b) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits ;

- c) A multiplicity of discrete lesions ; and
- d) A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.
- e) Confirmed by modern investigational techniques.

viii. Aorta Graft Surgery

The undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Narrowing of Aorta of congenital is excluded. Surgery of the branches of the abdominal aorta as well as traumatic injury of the aorta are also excluded.

ix. Primary Pulmonary Arterial Hypertension

Primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least class 3 of the NEW YORK Heart Association Classification of cardiac impairment and resulting in the Life Insured being unable to perform his usual occupation. The condition has to be documented for at least three months.

x. Alzheimer's Disease

Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's disease excluding neurosis, psychiatric illness, and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life insured. The diagnosis must be clinically confirmed by recognized consultant neurologist holding an appointment in this capacity in a major hospital.

xi. Paralysis

- a) 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.
- b) Unequivocal diagnosis by recognized consultant neurologist holding an appointment in this capacity in a major hospital.

9. Exclusions

No payment under Section 4.a. shall be payable, if Critical Illness on the life of the Life Assured is directly or indirectly caused by, related to or arises from:

- a) Any critical illness which existed at or occurred within 6 months of the date of commencement of risk or of the date of revival.
- b) The life assured committing or attempting to commit a criminal act whether alone or with others;
- c) AIDS, any AIDS related illness or HIV infection;

- d) The life assured's actual or attempted self injury whilst sane or insane;
- e) War, invasion, civil war, rebellion or riot;
- f) The life assured being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
- g) The life assured's participation in any naval, military or air force operation or participation in any dangerous or hazardous sport, competition or riding or driving in any form of race or competition;
- h) The life assured's participation in aviation, gliding or any form of flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
- i) The life assured's failure to seek or follow medical advice;
- j) A congenital condition of the life assured

10. Rider Premium Charge

- i. The Rider Premium Charge depends on the Rider Sum Assured, the Age and Gender of the Life Assured on the Policy Commencement Date and on each Policy Anniversary thereafter.
- ii. The charges for the Rider Benefit are reviewable after five years from the Date of Commencement of Risk for the Rider.
- iii. The deduction of Rider Premium Charge under this Policy will be through cancellation of Units and will be governed by the relevant section on the Charges under the base Policy Document.

11. Age Proof

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

12. Termination of Rider Benefit

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

- i. On Policy Anniversary at which the Life Assured attains Age 65 years.
- ii. The Policyholder has already claimed the Rider Benefit.
- iii. On exclusion of this Rider by the Policyholder
- iv. On maturity, surrender or termination of the base Policy

13. Section 45

No Policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Dated at _____ this ___Day of _____200_

For and behalf of Bajaj Allianz Life Insurance Company Limited

Authorised Signatory