PART A
Welcome to Max Life Insurance

<Date>
<Name of the Policyholder>
<Address 1>
<Address 2>
<City> - <Pin Code> - <State>

Policy no.: <Policy number>
Telephone: <Telephone number>
Email id: <Email address>

Dear <Name of the Policyholder>,
Thank you for opting for **Max Life Group Critical Illness Secure (Accelerated Benefit) Rider** (You / your / Your Participating Group/ You, Risk Premium Health Insurance Rider). We request you to go through the enclosed Rider.

What we do in case of error

On commencement of the Rider (enclosed herewith), if you notice any mistake or error, proceed as follows:
1. Contact our customer helpdesk or your agent immediately at the details mentioned below.
2. Return the Rider to us for rectifying the same.

Cancelling the Policy

In case You and/or the Member are not completely satisfied with the Rider, You and/or the Member, have a period of 15 (Fifteen) days (30 days if the Rider/Certificate of Insurance has been issued through distance marketing i.e. by any means of communication other than in person) from the date of receipt of the Rider/Certificate of Insurance to review the terms and conditions of the Rider/Certificate of Insurance. If You / the Member disagree to any of the terms or conditions of the Rider/Certificate of Insurance, You/the Member have an option to return the original Rider/Certificate of Insurance to Us by stating the objections/reasons for such disagreement in writing.

If here free look cancellation is exercised by You, the Rider shall terminate forthwith and all rights, benefits and interests under the Rider shall cease immediately. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance. No new Member will be enrolled under the Rider.

If here free look cancellation is exercised by Member, Certificate of Insurance shall terminate forthwith and all rights, benefits and interests shall cease immediately. We will only refund the Rider Premium received by Us for the member, after deducting the proportionate risk Rider Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any.

Long term protection

We are committed to provide you financial advice and offering you long-term savings, protection and retirement solutions backed by the highest standards of customer service. We will be delighted to offer you any assistance or clarification you may require about your Rider or other related services at the address mentioned below. We look forward to being your partner for life.

Yours Sincerely,
Max Life Insurance Co. Ltd.

<NAME>
<DESIGNATION>

Agent / Intermediary details: <Name>, <Code>, <Address>, <Contact>

RIDER PREAMBLE

MAX LIFE INSURANCE COMPANY LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533

Max Life Group Critical Illness Secure (Accelerated Benefit) Rider

Non Linked Non Participating Group Pure Risk Premium Health Insurance Rider

UIN – [illegible]

Max Life Insurance Company Limited has entered into this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule.

We agree to pay the benefits under the Rider on the happening of the insured event, while the Base Policy is in force, subject to the terms and conditions stated herein.

Max Life Insurance Company Limited

Place of Issuance: Gurugram, Haryana

MAX LIFE INSURANCE

RIDER SCHEDULE

I. DETAILS OF BASE POLICY AND RIDER

BASE POLICY – Max Life Group Credit Life Secure
TYPE OF BASE POLICY –
BASE POLICY UIN – [illegible]
BASE POLICY NO: [a]
PROPOSAL NO:[b]
DATE OF PROPOSAL:[c]
DATE OF COMMENCEMENT OF RISK UNDER BASE POLICY: [d]
MASTER POLICYHOLDER:[e]
OFFICE DETAILS
BASE POLICY TERM
RIDER NAME – Max Life Group Critical Illness Secure | Accelerated Benefit Rider
TYPE OF RIDER – Non Linked Non Participating Group Pure Risk Premium Health Insurance Rider
RIDER UIN – [illegible]
RIDER TERM -

IDENTIFICATION SOURCE & LD NO.:
Details of Insured as at the Effective Date of Coverage: As per Register of Members provided by Master Policyholder
ADDRESS (for all communication purposes) Same as Base Policy
TEL. NO.: Same as Base Policy
MOBILE NO.: Same as Base Policy
EMAIL: Same as Base Policy
Maturity Date under Rider: N/A
Date on which Survival Benefit is payable under Rider: N/A
Death Benefit Option Chosen under Base Policy: Increasing Level Sum Level

NAME OF THE INSURANCE AGENT/ INSURANCE INTERMEDIARY:
INSURANCE AGENT/ INSURANCE INTERMEDIARY LICENSE NO.:
INSURANCE AGENT/ INSURANCE INTERMEDIARY CODE:
ADDRESS:
TEL. NO.:
MOBILE NO.:
EMAIL:
Details of Sales Personnel (for direct sale only):

II. ELIGIBILITY CRITERIA

Eligibility criteria for admission in the group and other special terms and conditions (The eligibility criteria are to be mentioned on a case specific basis – below is only an indicative list)

(i) There must be a clear relationship between each critical Members and the Master Policyholder.
(ii) The Master Policyholder would be the authorized person to act on behalf of all Members of group for the purpose of this Rider.
(iii) The group should not be formed for the sole purpose of taking the insurance coverage under this Rider.

III. DETAILS OF POLICY COVERAGE

Number of Members Admitted on the Date of Commencement of Risk/ Effective Date of Coverage: [e]
Total Rider Sum Assured: [e]
Total Rider Premium: [e]
Extra Rider Premium: [e]
Total applicable Taxes, cesses and levies[e]
Critical Illness coverage options: Gold, Silver and Gold and Silver
Premium Mode: Single Premium

MAX LIFE INSURANCE

II. Details of Riderss

Rider(s)	Number of Members	Rider Sum Assured (INR)	Rider Premium (INR) A	Extra Rider Premium (INR) B	Applicable taxes, cesses & levies (INR) C	Total Rider Premium along with Extra Premium and applicable taxes, cesses and levies payable (INR) D= (A+B+C)
Max Life Group Critical Illness Return Assurance Benefit Rider						

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PART B

DEFINITIONS APPLICABLE TO YOUR RIDER

The words and phrases listed below shall have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The words and terms that are not defined, will derive their meaning from the base Policy.

1. **"Accident"** shall mean a sudden, unforeseen and involuntary event caused by external, violent and visible means.
2. **"Age"** means Months/Years age on last birthday as on the Date of Commencement of Risk.
3. **"Claimant"** means Member, nominee(s) or valid nominee(s) in case of death, assignee, or their heirs, legal representatives or holders of a succession certificate or any person(s) in case no other claimant is there.
4. **"Critical Illness"** means the first time Diagnosis of the Member with any of the illnesses or the first occurrence of any of the certain medical procedures/surgeries, as defined in **Annexure I** to this Rider, by a Medical Practitioner in respect of the Member during the Rider Term.
5. **"Date of Commencement of Risk under Rider"** means the date as specified in the Schedule, on which the coverage under this Rider commences.
6. **"Diagnosis"** or **"Diagnosed"** means the definitive diagnosis made by a Medical Practitioner stating Rider Term, based upon histological, clinical, and histological or laboratory evidence acceptable to Us provided the same is acceptable and submitted by Our appointed Medical Practitioner. In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for an examination of the Member and/or the evidence used in arriving at such Diagnosis, by an independent expert selected by Us. The opinion of such an expert as to such Diagnosis shall be binding on both You and Us.
7. **"Extra Rider Premium"** means an additional amount charged by Us, as per Our Board approved Underwriting Policy, which is determined on the basis of disclosures made by You including disclosures in medical examinations, if any, of the Member in relation to this Rider.
8. **"Force Majeure Event"** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any government or other authority or any circumstance beyond Our control.
9. **"Freelook"** means a period of 15 (Fifteen) days (30 days if the Policy Certificate of Insurance has been issued through distance marketing i.e. by any means of communication other than in person) from the date of receipt of the Policy Certificate of Insurance to review the terms and conditions of the Policy Certificate of Insurance. If You/ the Member disagree to any of the terms or conditions of the Policy Certificate of Insurance, You/the Member have an option to return the original Policy Certificate of Insurance to Us by stating the objections/reasons for such disagreement in writing:
   Where free look cancellation is exercised by You, the Policy shall terminate forthwith and all rights, benefits and interest under shall cease immediately. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance. No new Member will be enrolled under the Rider.
   Where free look cancellation is exercised by Member, Certificate of Insurance shall terminate forthwith and all rights, benefits and interest shall cease immediately. We will only refund the Rider Premium received by Us for that Member, after deducting the proportionate risk Rider Premium for the period of cover, expenses of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any.
10. **"IRDAI"** means the Insurance Regulatory and Development Authority of India.
11. **"Medical Practitioner"** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license, provided such Medical Practitioner is not the Member or You or spouse or lineal relative of the Member or You or is employed by either You or the Member.
12. **"Member"** means the person named in the Schedule, on whose life the Rider is effected.
13. **"Policy"** means the base policy contract of insurance entered into between You and Us as specified in the Schedule.
14. **"Rider"** means this rider contract containing these terms and conditions.
15. **"Rider Premium"** means the amount payable to Us by You and/or the Member, as the case may be, to secure the benefits payable under this Rider and excludes any amounts payable as applicable taxes, cesses and levies.
16. **"Rider Sum Assured"** means the sum assured under the base Policy, as specified in the Certificate of Insurance, which is payable in our terms of the Rider. The Rider Sum Assured cannot exceed the sum assured under the base Policy. The following Rider Sum Assured options under the base Policy shall be available under this Rider to the Member:
    a. **"Decreasing Rider Sum Assured"** means the Rider Sum Assured which reduces as per the schedule as annexed to Certificate of Insurance.
    b. **"Level Rider Sum Assured"** means the insurance cover as per the schedule specified in the Certificate of Insurance wherein the Rider Sum Assured remains unchanged during the Rider Term.
17. **"Rider Term"** means the term of this Rider as specified in the Schedule.
18. **"Schedule"** means this Rider schedule and any endorsements attached to and forming part of the Rider and if any, updated Schedule is issued, then, the Schedule latest in date.
19. **"Underwriting Policy"** means an underwriting policy approved by Our board of directors.
20. **"We", "Us" or "Our"** means Max Life Insurance Company Limited; and
21. **"You", "Your"** or **"Master Policyholder"** means the master policyholder as named in the Schedule, who has taken this Rider from Us.

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PART C

RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT CONDITIONS

1. ELIGIBILITY FOR RIDER BENEFITS

1.1. The Member must be at least or Age 18 (Eighteen) years on the Date of Commencement of Risk under Rider.

1.2. The Member must not be more than Age 60 (Sixty) Years years on the Date of Commencement of Risk under Rider.

1.3. The Member must not be more than Age 75 (Seventy-five) years on the expiry of the Rider Term.

2. RIDER BENEFITS

2.1. **Accelerated Critical Illness Benefit:**

2.1.1. In case the Member is Diagnosed with a Critical Illness after completion of the Waiting Period (as defined subsequently) during the Rider Term, We shall on receipt of a written request from You or the insured Member pay the applicable Rider Sum Assured as specified in the Certificate of Insurance to the Member, subject to the Rider and the base Policy being in force.

2.1.2. The benefit payable under the base Policy will be reduced to the extent of the amount already paid under the accelerated Critical Illness benefit under this Rider. The reduced base sum assured as specified in the Certificate of Insurance will continue until end of the base coverage term, provided the base Policy is in force.

2.1.3. The accelerated Critical Illness benefit does not provide for additional benefit. As only an amount as the benefit payable under the base Policy.

2.1.4. We will make payment under this Rider on a once during the lifetime of a Member.

2.1.5. For any claim to be valid under this Rider, the Incidence of the condition must be the first occurrence in the lifetime of the Member.

2.1.6. Apart from the exclusions specified in Section 2.1.5 exclusions applicable to this Rider) below, there are other exclusions for Critical Illness as mentioned in Annexure I. For all such exclusions mentioned in Annexure I, the Member will not be entitled to any accelerated Critical Illness benefit.

2.1.7. **Coverage option**

2.1.7.1. The following Critical Illness coverage options are available under this Rider. The Policyholder may choose any one or both of the Critical Illness coverage options under this Rider only at proposal stage for the Member:

S. No.	Critical Illness Coverage Option	Critical Illness Covered
1	Silver Option	If this option is chosen, 20 Critical Illnesses listed under Silver option in the table mentioned in Annexure I shall be covered under this Rider.
2	Gold Option	If this option is chosen, 28 Critical Illnesses listed under Gold option in the table provided in Annexure I shall be covered under this Rider.

2.1.7.2. The Member shall have the option to exercise the coverage option only one of the Critical Illness coverage option opted by You in the Rider. For example, if Gold option has been chosen by You then only Gold option is available to the insured Member. However, if both Silver and Gold options are chosen by You then Member may choose any one of the Critical Illness coverage option.

2.1.8. **EXCLUSIONS APPLICABLE TO THIS RIDER**

The following exclusions are applicable to the benefit payable under this Rider:

2.1.8.1. No Critical Illness benefit shall be payable if the Critical Illness is Diagnosed within 90 (Ninety) days from the Date of Commencement of Risk under Rider **("Waiting Period")**. In such case the accelerated Critical Illness benefit will terminate and We will refund the premium paid corresponding to the rider benefit.

2.1.8.2. No Critical Illness benefit shall be payable in respect of any Critical Illness that was Diagnosed before the Date of Commencement of Risk under Rider.

2.1.8.3. **Other Exclusions**: We shall not be liable to make any payment under this Rider if the insured Critical Illness of the Member results directly or indirectly from any one of the following clauses:

i) Any Pre-existing disease, which would mean any condition, ailment, injury or disease:

a) That is/is diagnosed by a physician within 48 months prior to the effective date of this Rider i.e. Date of Commencement of Risk under Rider; or,

b) For which medical advice or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of this Rider i.e. Date of Commencement of Risk under Rider.

ii) External congenital Anomaly which is in the visible and accessible parts of the body;

iii) The member defers medical treatment in order to circumvent the Waiting Period;

iv) intentional self-inflicted injury/act, attempted suicide whether the Member is sane or insane;

v) alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the medical directions and prescription of a Medical Practitioner;

vi) war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed insurrection, riot, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;

vii) Any/any participation in any naval, military or air force operations during peace time;

viii) participation by the Member in a criminal or unlawful act with criminal intent;

(k) engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

(l) Disability due to [illegible] and Fibromyalgia are excluded.

(m) 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.

2.1.6.6 These exclusions are applicable only to this Rider and not to the Base Policy.

2.1.6.7 If any of the exclusions is found at underwriting stage, then the Rider will not be offered. However, if any exclusion is accepted as per Underwriting Policy, the claim will not be rejected on ground of that exclusion.

2.2 Death Benefit

No death benefit is payable under the Rider.

2.3 Maturity Benefit & Survival Benefit

No Maturity & Survival Benefits are payable under the Rider.

2.4 Hospitalization Benefit

No Hospitalization Benefits shall be payable under the Rider.

3 PREMIUM

You shall pay single Rider Premium as per the Schedule of the Rider.

4 LAPSATION OF RIDER

Being a single Premium Rider, the Rider shall not lapse during the Rider Term provided the Rider and the Base Policy are in force.

5 RIDER PERIOD OF COVERAGE

This Rider shall run concurrently with the Base Policy, unless terminated.

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PART D

SECTION 10 OPTIONS AVAILABLE TO THE RIDER

1. SURRENDER VALUE

1.1 If a Member surrenders the Rider or ceases any reason, a surrender value under Rider benefit would be paid. The Rider surrender value payable at any point of time during Rider Term will be computed using the below formula:

Surrender value = 70% of Premium paid for year * (Completed Rider Term in months) / Total Rider Term in months) * (Rider SA applicable at time of Surrender / Rider SA at Inception).

1.2 The Member can surrender the Rider only when the base Policy is surrendered not any time.

2. REVIVAL OF THE RIDER

Revival of the Rider policy is not allowed under the Rider.

3. PAYMENT OF RIDER BENEFITS

3.1 The benefits under this Rider shall be payable only on valid proof of satisfactory proof of the Member's Diagnosis of Critical Illness as Yes. The benefits under this Rider shall be payable to the Member upon Your or Member's written request and submission of the required documents.

3.2 Once the benefits under this Rider are paid to the Member, this Rider will terminate and the same shall constitute a valid discharge of Our liability under this Rider.

4. TERM, RENEWAL AND TERMINATION OF RIDER

4.1 The Rider shall continue to be in force for the term as specified in the Schedule from the Date of Commencement of Risk.

4.2 The insurance coverage of a Member under this Rider shall automatically terminate on the occurrence of the first of the following events during the Rider Term:

4.2.1 the Member's death;

4.2.2 on settlement of claim under this Rider;

4.2.3 on the request Member attaining Age of ?? [Seventy-Seven] years;

4.2.4 any Critical Illness occurring within Waiting Period in this case we will refund the Rider Premium paid corresponding to the Rider benefit;

4.2.5 on termination of the Rider for the entire group;

4.2.6 on cancellation/ termination of the cover by Us on grounds of misrepresentation, fraud or non-disclosure subject to section 45 of the Insurance Act, 1938 as amended from time to time;

4.2.7 on receipt of written request from the Member for surrender under the Rider (ePolicy);

4.2.8 on the date on which We receive a Customer cancellation request from the Member;

4.2.9 on the expiry of the Rider Term for the Member;

4.2.10 on the date on which the base Policy has expired, cancelled or is terminated for any reason whatsoever.

4.3 This Rider shall terminate for the entire group in Your Is of on the happening of the following events whichever occurs first, during the Rider Term:

4.3.1 on the date on which We receive a Customer cancellation request from You. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance;

4.3.2 on the expiry of the Rider Term;

4.3.3 on the date on which the base Policy has expired, is cancelled or terminated for any reason whatsoever; or

4.3.4 on receipt of Your written request for cancellation of this Rider after the completion of the Freelook period.

4.4 This Rider may be terminated by either You or Us by giving 30 [thirty] days prior written notice to the other party. In the event **of such termination such Member's coverage shall continue until the date of the expiration of the** Rider Term.

4.5 Upon termination of the Rider or base Policy, no new enrolment application forms for eligible members will be accepted by us from the date such termination, but all obligations in respect of the Members enrolled under the Rider or base Policy shall continue until the expiry of the period of coverage of each Member or surrender of the Certificate of Insurance by the Member, whichever is earlier.

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PART II

RIDER CHARGES

APPLICABLE FEES, CHARGES UNDER THE RIDER

This Rider is a non-linked non participating group pure risk (renewable month insurance rider, as Part C is not applicable to this Rider.

PART F

GENERAL TERMS & CONDITIONS OF THE RIDER

These general terms and conditions are applicable in addition to the general terms and conditions of the Base Policy.

1. TAXES

Same as Base Policy.

2. GRACE PERIOD

No Grace Period shall be available under the Rider.

3. CLAIM PROCEDURE

3.1. For processing a claim request under this Rider, We must be notified in writing in respect of a claim for benefits under this Rider preferably within 30 (thirty) days from the date of Diagnosis of the Critical Illness of the Member. We may at Our discretion condone the delay in notifying a claim, if it is proved by a person claiming benefits under this Rider that the delay was due to reason beyond his control, subject to such conditions as We may prescribe at the time. You should facilitate Member to file a claim as per the procedure and documents prescribed by Us.

3.2. For processing a claim request under this Rider, We will require all of the following documents:

3.2.1 **Claimant**'s statement in the prescribed form;

3.2.2 certificate issued by Medical Practitioner certifying the Critical Illness;

3.2.3 treatment records of the Member; and

3.2.4 any other documents/information required by Us for assessing and approving the claim request.

3.3. Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches and offices.

3.4. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause of Critical Illness and deny the claim partially or completely on the basis of The scrutiny of the documents or investigation, as the case may be. We shall only pay the benefits under this Rider subject to Our satisfaction:

3.4.1 that the benefits have become payable as per the terms and conditions of this Rider; and

3.4.2 of the bona fides and credentials of Claimant.

3.5. Subject to Our discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements mentioned in this Rider.

3.6. Notwithstanding anything contained in this Policy, in case of lender/borrower groups (i.e. group insurance policies/schemes administered by the following entities as group organiser/Master Policyholder) (i) Reserve Bank of India regulated Scheduled Banks (including Co-operative Banks), (ii) Non-Banking Financial Companies (NBFC) having Certificate of Registration from Reserve Bank of India, (iii) National Housing Bank (NHB) regulated Housing Finance Companies, (iv) National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies, and (v) Small Finance Banks regulated by Reserve Bank of India (vi) mutually aided cooperative societies formed and registered under the applicable State Act concerning such Society, (vii) Microfinance Companies registered under Section 8 of the Companies Act, 2013, or (viii) any other entity as may be allowed by the IRDAI, the following conditions shall apply to claims payments under the Policy:

3.6.1 We may make the payment of outstanding loan balance amount to You by deducting from the claim proceeds payable under the Policy, in accordance with the IRDAI guidelines as amended from time to time provided the Members provide authorization to do so. The Members may provide the said authorization either on the form filled or at a later date. The balance of the claim proceeds (if any) will be made to the Claimant.

3.6.2 You shall provide us details of the credit account statement with respect to the Members as per the guidelines issued by IRDAI from time to time.

3.6.3 We reserve the right to:

3.6.3.1 audit or cause an audit into the accuracy of the credit account statements of the Members in respect of which claims will be settled, on completion of every financial year and third audit or cause an audit into the accuracy of the credit account statement of the deceased Members furnished by You; or

3.6.3.2 You shall provide a certification from Your internal/ statutory auditors that the outstanding loan balance being shown in the credit account statements/ loan discharge form is correct as per the conditions governing the credit account/ loan account.

4. DECLARATION OF THE CORRECT AGE AND GENDER

Same as Base Policy.

5. FRAUD, MISREPRESENTATION AND FORFEITURE

Same as Base Policy.

6. TRAVEL

There are no restrictions on travel.

7. NOMINATION

Same as Base Policy.

8. ASSIGNMENT

Assignment is not permitted under this Rider policy.

9. RIDER CURRENCY

Same as Base Policy.

10. **ELECTRONIC TRANSACTIONS**
Same as base Policy.

11. **AMENDMENT**
Same as base Policy.

12. **REGULATORY AND JUDICIAL INTERVENTION**
Same as base Policy.

13. **FORCE MAJEURE**
Same as base Policy.

14. **COMMUNICATION & NOTICES**
Same as base Policy.

15. **GOVERNING LAW AND JURISDICTION**
Same as base Policy.

PART C

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

Terms of Your Policy

ANNEXURE-I

List of Critical Illness Covered and other exclusions

Options	**Silver Option**	**Gold Option**
No. of Critical Illness covered	**10**	**20**
1	Cancer of specified severity	Cancer of specified severity
2	Open Chest CABG	Open Chest CABG
3	Kidney Failure requiring regular dialysis	Kidney Failure requiring regular dialysis
4	Permanent paralysis of limbs	Permanent paralysis of limbs
5	Coma of specified severity	Coma of specified severity
6	Myocardial Infarction (First Heart Attack Of Specific Severity)	Myocardial Infarction (First Heart Attack Of Specific Severity)
7	Stroke Resulting in Permanent Symptoms	Stroke Resulting in Permanent Symptoms
8	Major organ / bone marrow transplant	Major organ / bone marrow transplant
9	Loss of Limbs	Loss of Limbs
10	Surgery to Aorta	Surgery to Aorta
11		Apallic Syndrome
12		Benign Brain Tumour
13		Primary (Idiopathic) Pulmonary Hypertension
14		End Stage Liver Failure
15		End Stage Lung Failure
16		Open Heart Replacement or Repair of Heart Valves
17		Multiple Sclerosis with persisting symptoms
18		Blindness
19		Third degree Burns
20		Major Head Trauma

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. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. **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 breast bone) or minimally invasive keyhole coronary artery bypass

procedure. The diagnosis must be supported by a coronary angiography and the necessity of surgery has to be confirmed by a cardiologist.
The following are excluded:
a. Angioplasty and/or any other intra-arterial procedures

3. 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.

4. 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.

5. 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 or Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification (NYHA) of cardiac impairment.
The NYHA Classification of Cardiac Impairment are as follows:
a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
b. 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.

6. 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. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
b. new characteristic electrocardiogram changes
c. elevation of infarction specific enzymes, Troponin or other specific biochemical markers
The following are excluded:
a. Other acute Coronary Syndromes
b. Any type of angina pectoris
c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease (IHD) following an non-arterial cardiac procedure

7. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis or 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 presented.
The following are excluded:
i. Transient ischemic attack (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:
a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ; or
b. 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

9. 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 should readily 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.
Neurological damage due to SLE is excluded.

10. Surgery to Aorta

Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using non-intrusive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

11. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and the condition has to be medically documented for at least one (1) month with no hope of recovery.

12. 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 abnormal 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:

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 tumor.

The following conditions are excluded:

i. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. 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:

i. Are necessary to external stimuli continuously, for at least 96 hours;

ii. Life support measures are necessary to sustain life; and

iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting from alcohol or drug abuse is excluded.

14. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

1. permanent jaundice; and
2. ascites; and
3. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

15. 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 homecoming; and
3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 ≤ 55 mmHg); and
4. Dyspnea at rest.

16. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, obstruction 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 valvuloplasty or valvuloplasty are excluded.

17. 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 eventual reattachment.

Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or Accident.

The Blindness is evaluated 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.

The diagnosis of Blindness must be confirmed and must not be correctable by aids or medical procedures.

19. Third Degree Burns

There must be third degree burns with severity 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 as at least 20% of the body surface area.

20. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed six months from the date of the Accident. This diagnosis must be supported by adequate 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 modified equipment, special devices or other aids and adaptations as are 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:

a. 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;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d. Mobility: the ability to move indoors from room to room on level surfaces;
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

a. The spinal cord injury.