

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

Customer Information Sheet reference no. _____

This document provides key information about your policy. You are also advised to go through your policy document.

| Sl. no. | Title | Description in Simple Words <i>(Please refer to applicable Policy Clause Number in next column)</i> | Policy Clause Number |
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| 1. | Name of the Insurance Product and Unique Identification Number (UIN) | Axis Max Life Saral Pension Plan UIN- 104N119V04 | Policy Preamble |
| 2. | Policy Number | <Policy Number> | Policy Schedule |
| 3. | Type of Insurance Policy | A Non-linked, Non-Participating Single Premium, Individual Immediate Annuity Plan | Policy Preamble |
| 4. | Basic Policy details | <ul style="list-style-type: none"> • Installment Premium: Single Premium • Mode of Premium payment: Single Premium • Sum Assured on Death: <<Sum Assured on Death>> • Sum Assured on Maturity: Not Applicable • Policy Term: < In case of single life annuity, till the death of the annuitant/ In case of joint life annuity, till the death of last survivor > • Premium Payment Term: Single Premium | Policy Schedule |
| 5. | Policy Coverage/benefits payable | <ul style="list-style-type: none"> • Benefits payable on Maturity: <ul style="list-style-type: none"> ➤ There is no Maturity Benefit under this Policy. • Benefits payable on Death: <ul style="list-style-type: none"> < a) <u>Life Annuity with return of 100% of Purchase Price (applicable on Single Life)</u>- On death of the Annuitant, the Annuity payment shall cease immediately. The Purchase Price shall be payable to Nominee(s) / legal heirs. b) <u>Joint Life last survivor Annuity with return of 100% of Purchase Price (ROP) on death of the last survivor (applicable for Joint Life):</u> | <p>Clause 2 of Part C</p> <p>Clause 1 of Part C</p> |

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| | | <ul style="list-style-type: none"> i. On first death (of either of the covered lives): 100% of the Annuity amount shall continue to be paid as long as one of the Annuitants is alive. ii. On death of the last survivor: The Annuity payments will cease immediately on the death of secondary annuitant. The Purchase Price shall be payable to the Nominee(s) / legal heirs.> <ul style="list-style-type: none"> • Survival Benefits excluding that payable on maturity: <ul style="list-style-type: none"> < ➤ Life Annuity with return of 100% of Purchase Price (applicable on Single Life)- Annuity payments will be made in arrears for as long as Annuitant is alive, as per the chosen Mode of Annuity payment. ➤ Joint Life last survivor Annuity with return of 100% of Purchase Price (ROP) on death of the last survivor (applicable for Joint Life): - Annuity will be paid in arrears for as long as the Primary Annuitant and/or Secondary Annuitant is alive, as per the chosen Mode of Annuity payment.> • Surrender Benefits: <ul style="list-style-type: none"> ➤ The Policy can be surrendered any time after six months from the Date of Commencement of Policy, if any Annuitant, or spouse of Annuitant or any of the children of the Annuitant is diagnosed from any of the critical illnesses (As per Annexure –B), subject to the documents produced to the satisfaction of the medical examiner of the Company. ➤ On approval of the Surrender by the Company, 95% of the Purchase Price shall be paid to the Annuitant, subject to deduction of any outstanding Loan amount and Loan interest, if any. On payment of the Surrender Value, the Policy stands terminated. ➤ For the purpose of calculation of Surrender Value, the Purchase Price excludes taxes, if any. | <p>Clause 1 of Part C</p> <p>Clause 3 of Part D</p> |
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| | | <ul style="list-style-type: none"> • Options to policyholders for availing benefits, if any, covered under the policy. ➤ This is not applicable. • Other benefits/options payable, specific to the policy, if any: ➤ This is not applicable. | |
| 6. | Options available (<i>in case of Linked Insurance Products</i>) | Not Applicable | |
| 7. | Option available (in case of Annuity product) | <ul style="list-style-type: none"> • Type of immediate annuity, for example Life annuity with Return of Purchase price etc. ➤ There are two types of Immediate Annuities covered under this Plan:- <ul style="list-style-type: none"> i. Life Annuity with return of 100% of Purchase Price. ii. Joint Life last survivor Annuity with return of 100% of Purchase Price on death of the last survivor. | Clause 1 of Part C |

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| 8. | Riders opted, if any | No Rider is available under this Plan. | |
| 9. | Exclusions (events where insurance coverage is not payable), if any. | Brief list of the applicable exclusions, if any: Not Applicable | |
| 10. | Waiting /lien Period, if any | Number of Days Not Applicable | |
| 11. | Grace period | Number of Days: Not Applicable | |
| 12. | Free Look Period | Number of days: 30 days beginning from the date of receipt of the Policy | Clause 5 of Part D |
| 13. | Lapse, paid-up and revival of the Policy | <ul style="list-style-type: none"> • Grace Period: Not Applicable • Lapse Period: Not Applicable • Paid Up Period: Not Applicable • Revival Period: Not Applicable | |
| 14. | Policy Loan, if applicable | <ul style="list-style-type: none"> • Brief description <ul style="list-style-type: none"> ➤ Loan can be availed any time after six months from the Date of Commencement of Policy. Maximum amount of Loan that can be granted under the Policy shall be such that the effective annual interest amount payable on Loan does not exceed 50% of the annual Annuity amount payable under the Policy. Under Joint Life Annuity option, the Loan can be availed by the Primary Annuitant and on death of the Primary Annuitant, it can be availed by the Secondary Annuitant. ➤ The interest on Loan shall be at 10-year G-Sec rate as at 1st April of the relevant financial year, as published by M/s. FBIL, plus not more than 200 bps and shall be applicable for all Loans granted during the period of twelve months, beginning 1st May of the relevant financial year. The current rate of interest rate is 8.23% p.a. ➤ The Loan interest will be recovered from the Annuity amount payable under the Policy. The Loan interest will accrue as per the frequency of Annuity payment under the Policy and it will be due on the date of | Clause 4 of Part D |

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| | | <p>Annuity. The Loan outstanding shall be recovered from the claim proceeds under the Policy. However, the Annuitant has the flexibility to repay the Loan principal at any time during the currency of the Annuity payments.</p> | |
| 15. | Claims/Claims Procedure | <ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigations, if any, whichever is later and brief procedure. <p>Notice of Claim – All cases of death must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay is proved to be for reasons beyond the control of the Claimant.</p> <ul style="list-style-type: none"> ➤ Please note that all death claims will be payable to the Secondary Annuitant (as the case may be) nominee/legal heir of the Policyholder. ➤ Claim forms as required by us must be completed and furnished to us, at the Claimant's expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to require any additional proof and documents in support of the claim. <ul style="list-style-type: none"> • Helpline number ➤ 1860-120-5577 (Call charges apply) or 0124-4219090 • Contact Details of the Insurer: ➤ Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website – https://www.axismaxlife.com • Link for downloading claim form and list of documents required including bank account details: | |

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| | | <p>➤ https://www.axismaxlife.com/downloads</p> <p>➤ We will require the following documents in case of claim under this Policy regarding the death of the Annuitant / Primary Annuitant / Secondary Annuitant:</p> <p>Claim form, as prescribed by the Company, accompanied with original Policy document, original/ attested copy of death certificate issued by the local/municipal authority, discharge summary / indoor case papers in case death happened due to medical reasons in a hospital, medical booklet / CGHS card details in case of defence and central government personnel, body transfer certificate / embassy documents / postmortem report whichever applicable in case of death in foreign country, complete passport copy in case of death in foreign country, identity proofs of the Claimants bearing their photographs and signatures, other life / health insurance details with claim history details, employer certificate with complete leave records (Form E) in case of a medical/natural death of the Life Insured, the attending physician's statement (Form C) and the medical records (admission notes, discharge/death summary, test reports, etc.), NEFT mandate form attested by bank authorities, copy of bank passbook / cancelled cheque of the Claimant, ITR for last 3 years / GST certificate in case of self employed, Bank statement of last 2 years of the Life Insured, any other documents or information required by Us for assessing and approving the claim request, NEFT mandate from the claimant for direct credit of the claim amount to the bank account, proof of title, proof of death, whichever is applicable, to the satisfaction of the Company. If the Age is not admitted under the Policy, the proof of Age of the Annuitant shall also be submitted. Intimation of death along with death certificate must be notified within 90 days from the date of death, in writing to the office of the Company where the Policy is serviced for any claim to be admissible.</p> | <p>Clause 5 of Part F</p> |
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| | | <p>In case of unnatural death or death on account of or arising from an accident, the Company may call for the copies of First Information Report (FIR), Panchnama and Post Mortem report. The Company may also call for additional documents as may be required by them.</p> <p>➤ On Surrender: In case of Surrender of a Policy, the Annuitant shall submit the Discharge Form along with the original Policy document, evidence of critical illnesses as per Annexure-B to the Policy document, NEFT mandate from the claimant for direct credit of the claim amount to the bank account besides proof of Age, if the Age is not admitted earlier. In addition to above, any requirement mandated under any statutory provision or as may be required as per law shall also be required to be submitted.</p> | |
| 16. | Policy Servicing | <ul style="list-style-type: none"> • Turn Around Time (TAT) Up to 15 days • Helpline number ➤ 1860-120-5577 (Call charges apply) or 0124-4219090 • Contact Details of the Insurer: ➤ Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website – https://www.axismaxlife.com • Link for downloading applicable forms and list of documents required including bank account details: ➤ https://www.axismaxlife.com/downloads ➤ We will require the following documents in case of Policy servicing under this Policy: <ul style="list-style-type: none"> • Application in the prescribed form; • original Policy document (if any); | |

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| | | <ul style="list-style-type: none"> • identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Policyholder or Life Insured (bearing their photographs and signatures); • NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook; • any other documents or information required by Us for assessing and approving the claim request; | |
| 17. | Grievances /Complaints | <ul style="list-style-type: none"> • Contact Details of Grievance Redressal Officer of the insurer: <ul style="list-style-type: none"> ➤ Grievance Redressal Officer, Axis Max Life Insurance Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India • Link for registering the grievance with the insurer's portal <ul style="list-style-type: none"> ➤ https://www.axismaxlife.com/customer-service/grievance-redressal • Contact details of Ombudsman <ul style="list-style-type: none"> ➤ Refer Annexure A for the Ombudsman details | <p>Clause 1 of Part G</p> <p>As per Annexure A</p> |

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place: _____ (Signature of the Policyholder)
Date: _____

Note:

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.axismaxlife.com/saral-pension-plan>.
- ii. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.
- iii. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

Annexure A: List of Insurance Ombudsman

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: bimalokpal.bengaluru@cioins.co.in. (State of Karnataka)

BHOPAL- Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: bimalokpal.bhopal@cioins.co.in (States of Madhya Pradesh and Chhattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in (State of Odisha.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: bimalokpal.chandigarh@cioins.co.in [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

CHENNAI- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

DELHI- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

KOCHI- Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: bimalokpal.ernakulam@cioins.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

GUWAHATI - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: bimalokpal.guwahati@cioins.co.in (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: bimalokpal.hyderabad@cioins.co.in (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

JAIPUR- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: bimalokpal.jaipur@cioins.co.in (State of Rajasthan)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: bimalokpal.kolkata@cioins.co.in (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW- Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in (Following Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022- 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

NOIDA - Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: bimalokpal.noida@cioins.co.in (State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

PATNA - Office of the Insurance Ombudsman, 2nd floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : bimalokpal.patna@cioins.co.in (State of Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)

Annexure-B

List of Critical Illnesses

1. CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. 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. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

- I. 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:
 - 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.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

- I. 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 procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities 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 valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

- I. 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. no response 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.

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

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. 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.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

- I. 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.

II. 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.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

- I. 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.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

9. PERMANENT PARALYSIS OF LIMBS

- I. 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.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - 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.
- II. Neurological damage due to SLE is excluded.

12. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:
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. BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;

- ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - iv. Dyspnea at rest.

15. END STAGE LIVER FAILURE

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - Permanent jaundice; and
 - Ascites; and
 - Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

16. LOSS OF SPEECH

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

17. LOSS OF LIMBS

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

18. MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal 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.
- II. 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 mechanical equipment, special devices or other aids and adaptations in use 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.
- III. The Activities of Daily Living are:

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

IV. The following are excluded:

- i. Spinal cord injury;

19. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. 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 on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. 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.

20. THIRD DEGREE BURNS

- I. There must be third-degree burns with scarring 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 covering 20% of the body surface area.