

Loan Shield Rider Policy Terms & Conditions

1. GENERAL PROVISIONS

- 1.1 In consideration of the receipt of additional premium in respect of the Insured Person(s), it is agreed and understood that, notwithstanding anything to the contrary in the Base Plan, or in any of its conditions, the Base Plan is extended to include the benefits/insuring clauses contained under this Loan Shield Rider, and the applicable terms, conditions, exclusions specified herein. The Loan Shield Rider can only be purchased along with the Base Plan and cannot be bought in isolation or as a separate product.
- 1.2 The following terms and conditions of the Loan Shield Rider are hereby added to the Base Plan, and shall be construed to form a part of the Base Plan from the date of issuance of this Loan Shield Rider. The Loan Shield Rider shall always be subject to the terms and conditions stated below, in addition to the Policy terms, conditions, exclusions and other applicable Riders/endorsements to the Base Plan.
- 1.3 The Loan Shield Rider and the Benefits listed below shall be available to the Insured Person only if the same is specifically mentioned in the Policy Schedule or Certificate of Insurance.
- 1.4 All other terms and conditions of the Policy shall remain unchanged.

2. BENEFITS

Claims made in respect of an Insured Person for the below Benefits shall be subject to the availability of the Sum Insured, applicable sub-limits/other conditions specified for the benefits, applicable Waiting Periods (if any), as specified in Policy Schedule / Certificate of Insurance and the terms, conditions and exclusions of this Rider and the Base Plan, and also the Insured Person's eligibility to avail the Base Plan, as opted and specified in the Policy Schedule or Certificate of Insurance.

All claims must be made in accordance with the procedure set out in the Base Plan, with due submission of the necessary information and documentation specified in Section 4, within 30 days of the occurrence of the Insured Person's Illness or Injury.

2.1 EMI repayment to Loan Provider

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to the Insured Person requiring treatment for either of

- A. any kind of hospitalization or
- B. any Specific Critical Illness or
- C. any Specific Vector Borne Disease,

as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the bank / financial institution as specified in the Certificate of Insurance, an amount equal to the EMI Amount which is due on the Insured Person's outstanding Loan in the number of months immediately following the date of such occurrence, as is specified in the Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

Please note that the Proposer do not have option to choose Hospitalization cover for any specific disease under Option A (Any kind of hospitalization) specified above.

Amortization Chart means a complete table of periodic loan payments, showing the amount of principal loan amount and the amount of interest that comprise each payment or EMI, as the case may be, until the Loan is paid off at the end of its term.

This Benefit will be payable provided that:

- a. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.
- b. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
- c. Our liability to make any payment under this benefit shall commence only after a continuous and completed minimum number of days of Hospitalization as specified in the Policy Schedule / Certificate of Insurance, wherever applicable.
- d. For the purpose of claim settlement under this Benefit, the Amortization Chart prepared by the bank/financial institution as on the date of Loan disbursement or commencement of the Coverage Period (whichever is later) shall be considered wherever applicable.
- e. Any additional amounts falling due as a penalty or charge by way of a default in repayment will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

2.2 Loan repayment to Loan Provider

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death or Permanent Total Disability which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the bank / financial institution as specified in the Certificate of Insurance, an amount equal to the Insured Person's Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit:

- a. **Limb** means a hand at or above the wrist or a foot above the ankle;
- b. **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Benefit will be payable provided that:

- a. The Permanent Total Disability, of the nature specified in the foregoing table, continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement. It is clarified that this condition is not application for any Permanent Total Disability in the nature of a physical separation;

- b. If the Insured Person suffers a loss that is not of the nature of a Permanent Total Disability specified in the table above, then Our independent medical advisors will determine the degree and percentage of such disability;
- c. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Principal Outstanding Amount, and further subject to such amount not exceeding the Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance.
- d. Once the total claim amount paid under this Benefit reaches 100% of Sum Insured for an Insured Person, the cover under this Benefit will cease for the remainder of the Coverage Period and the Insured Person will not be eligible for this Benefit in any subsequent Policy Years.

We shall not be liable to make any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Benefit, and the same shall be deemed as paid by the Insured Person.

3. PERMANENT EXCLUSIONS

We shall not be liable to make any payment for any claim under this Rider arising from, caused by, in connection with, or in respect of, the exclusions specified under the Base Plan, in respect of an Insured Person.

4. CLAIM PROCEDURE & REQUIREMENTS

Customer can make a claim under any of the Benefits contained under this Rider as per the claim process specified in the Base Plan.

For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number specified in the Policy Schedule or through Our website.

Documentation Requirement:

Name of Benefit	Documents required
Common Documents	<ul style="list-style-type: none"> • Our duly filled and signed Claim Form • Name and address of the Insured Person in respect of whom the claim is being made; • Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time.
EMI repayment to Loan Provider	<ul style="list-style-type: none"> • Copy of loan approval letter • Medical Certificate from treating Doctor • Details of any other related document Medical Bills with Prescription • Medical reports, case histories, investigation reports, treatment papers as applicable • EMI due statement • Last EMI paid proof <p>Additional Documents required in case of accident</p> <ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable-Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor <p>Additional Documents required in case of critical illness</p>

Name of Benefit	Documents required
	<ul style="list-style-type: none"> • Nature of Critical Illness • Medical Investigations report with prescription First Consultation and subsequent prescription • Discharge summary <p>Additional Documents required in case of Specific Vector Borne Disease</p> <ul style="list-style-type: none"> • Out-patient consultant paper wherever applicable • Indoor case papers of treating hospital wherever applicable • Dengue: Positive NS1 antigen test or Ig M- Elisa test • Chikungunya: Presence of IgM and Ig G anti-chikungunya antibodies. • Kala-Azar: Direct Agglutination Test or Rapid dipstick test or ELISA for detecting IgG and Laboratory Findings suggestive of Anemia, Leucopenia, thrombocytopenia and Hypergammaglobulinemia • Japanese Encephalitis: Ig M antibody detection in serum or cerebrospinal fluid • Filariasis: Antigen detection in blood sample or IgG4 antibody detection using routine assays • Malaria: Diagnosis must be confirmed positive/reactive by microscopy or malaria rapid diagnostic test (RDT) • Any Other Specified Vector Borne Disease: Diagnostic Test report detecting the specified illness
Loan repayment to Loan Provider	<ul style="list-style-type: none"> • Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Death Certificate attested by issuing/ appropriate authority • Post Mortem Report where applicable- attested by issuing authorities • Loan due statement • Last EMI paid proof

Note: Any additional information might be asked by Us, if required.

5. TERMINATION OF RIDER

It is agreed and understood that You do not have the option to opt out of the Rider once You have opted for it and is so indicated in Your Policy Schedule or Certificate of Insurance. However, the Benefits available under this Rider will automatically and immediately cease if the Base Plan is terminated, discontinued or the Principal Outstanding Amount under the applicable Insured Person's Loan is paid-up.

6. WITHDRAWAL OF RIDER

This Rider may be withdrawn at Our option subject to prior approval of Insurance Regulatory and Development Authority of India (IRDAI) or due to a change in regulations. In such a case, We shall provide an option to migrate to our other suitable Rider or health insurance product if available with Us.

7. ASSIGNMENT

The Policy and the benefits under this Rider shall be assigned to the bank/financial institutions specified in the Certificate of Insurance. With the free and fair consent of the Insured Person, it is hereby declared and agreed that:

- i. Upon any claim becoming payable under the Benefits under this Rider, the same shall be paid by Us to the bank / financial institution as specified in the Certificate of Insurance, without any reference/ notice to the Insured Person, but not exceeding the Principal

Outstanding Amount which is due to the bank/financial institution on the date that the claim becomes payable.

- ii. In the event of any claim amount payable under the Benefits under this Rider exceeding the Principal Outstanding Amount, We shall pay such component of the claim amount (as is exceeding the Principal Outstanding Amount) to the Insured Person.
- iii. The receipt of such claim amount in the manner aforesaid by the bank / financial institution specified in the Certificate of Insurance, and/or the Insured Person shall completely discharge Us from all liability under this Rider and shall be binding on the Insured Person and his/her heirs, executors, administrators, successors or legal representatives, as the case may be.

8. DEFINITIONS

It is agreed and understood that all definitions as provided in the Base Plan shall apply to this Rider. In addition to the definitions provided in the Base Plan, for the purposes of the Base Plan and this Rider, the following words or phrases shall have the meanings attributed to them wherever they appear in this Rider in Initial Capital letters, and for this purpose the singular will be deemed to include the plural, the male gender includes the female where the context permits:

1. **Base Plan:** Base Plan means the group health insurance policy or any other group insurance policy issued by Acko General Insurance Limited, including its terms and conditions, any annexure thereto and the Policy Schedule or Certificate of Insurance (as amended from time to time), the information statements in the proposal form or the Information Summary Sheet and the Policy wording (including endorsements, if any) and to which this Rider is attached.
2. **Loan:** Loan means the sum of money lent at an interest or otherwise to the Insured Person by any bank/financial institution as identified by the Loan Account Number specified in the Certificate of Insurance or certified in writing and provided to Us by the bank/financial institution.
3. **EMI(s) or EMI Amount(s):** EMI(s) or EMI Amount(s) means and includes the amount of monthly payment required to repay the Principal Outstanding Amount and any applicable interest by the Insured Person, as set forth in the amortization chart referred to in the relevant Loan agreement (or any amendments thereto) between the bank/financial institution and the Insured Person as on the date of any occurrence or event which gives rise to a claim under the Policy.
4. **Principal Outstanding Amount:** Principal Outstanding Amount means the principal amount of the Loan outstanding as on the date of any occurrence or event which gives rise to a claim under the Policy, less the portion of principal component included in the EMIs, payable but not paid, from the date of the loan agreement till the date of such occurrence or event.

For the purpose of avoidance of doubt, it is clarified that any:

- i) EMIs that are overdue and unpaid to the financial institution prior to such occurrence or event,
- ii) any additional amounts imposed by a financial institution, or otherwise falling due as a penalty or by way of a default in repayment,

will not be considered for the purpose of the Policy and shall be payable by the Insured Person.

5. **Loan Shield Rider:** Loan Shield Rider means this document, which is a Rider issued to an Insured Person with his/her free and fair consent in addition to the Base Plan. The Loan Shield Rider shall include these wordings and other specific terms and conditions of this Rider, any annexure thereto and any other conditions specified in the Policy Schedule or Certificate of Insurance (as amended from time to time), and any subsequent endorsements, if any.

6. **Rider:** Rider means any written endorsement to the Policy that either provides additional benefits under the Base Plan, or amends the terms and conditions of the Base Plan to the extent agreed between the parties, and signed and stamped by Us.
7. **Specific Vector Borne Disease:** Specific Vector Borne Disease are the human illnesses caused by parasites, viruses and bacteria that are transmitted by mosquitoes, sandflies, triatomine bugs, blackflies, ticks, tsetse flies, mites, snails and lice (eg: Dengue, Chikungunya, Malaria, Kala azar, Japanese encephalitis, Filariasis etc.)
8. **We/Our/Us:** We/Our/Us means Acko General Insurance Limited.
9. **You/Your:** You/Your means the employer or legally constituted entity named in the Policy Schedule who has concluded the Base Plan and this Rider with Us.

Annexure A: Specific Vector Borne Disease

S. NO.	SPECIFIC VECTOR BORNE DISEASE
1	Dengue
2	Chikungunya
3	Malaria
4	Kala azar
5	Japanese encephalitis
6	Filariasis
7	Zika
8	Leishmaniasis
9	Plague
10	Typhus and louse-borne relapsing fever
11	Schistosomiasis
12	Kyasnur Forest disease
13	Tick-borne encephalitis

Annexure B: Critical Illness

The Critical Illnesses defined below shall be covered under the Specific Critical illness in the below combination, as may be specified in the Schedule or Certificate of Insurance:

S.NO.	CRITICAL ILLNESS	GROUP			
		15 CI's	18 CI's	25 CI's	36 CI's
1	Cancer of Specified Severity	√	√	√	√
2	Kidney Failure Requiring Regular Dialysis	√	√	√	√
3	Multiple Sclerosis with Persisting Symptoms	√	√	√	√
4	Major Organ / Bone Marrow Transplant	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√
6	Open Chest CABG	√	√	√	√
7	Permanent Paralysis of Limbs	√	√	√	√
8	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√
9	Stroke Resulting in Permanent Symptoms	√	√	√	√
10	Benign Brain Tumor	√	√	√	√
11	Parkinson's Disease	√	√	√	√
12	Coma of Specified Severity	√	√	√	√
13	End Stage Liver Failure	√	√	√	√
14	Alzheimer's Disease	√	√	√	√
15	Aorta Graft Surgery	√	√	√	√
16	Major Burns	x	√	√	√
17	Loss of Hearing (Deafness)	x	√	√	√
18	Loss of Speech	x	√	√	√
19	Loss of Vision (Blindness)	x	x	√	√
20	Motor Neurone Disease with Permanent Symptoms	x	x	√	√

S.NO.	CRITICAL ILLNESS	GROUP			
21	Loss of Limbs	x	x	√	√
22	Aplastic Anaemia	x	x	√	√
23	End Stage Lung Failure	x	x	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	x	x	√	√
25	Bacterial Meningitis	x	x	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	x	x	x	√
27	Coronary Angioplasty (PTCA)[1]	x	x	x	√
28	Encephalitis	x	x	x	√
29	Fulminant Hepatitis	x	x	x	√
30	Chronic Relapsing Pancreatitis	x	x	x	√
31	Major Head Trauma	x	x	x	√
32	Medullary Cystic Disease	x	x	x	√
33	Muscular Dystrophy	x	x	x	√
34	Poliomyelitis	x	x	x	√
35	Systemic Lupus Erythematosus	x	x	x	√
36	Brain Surgery	x	x	x	√

Listing of Critical Illnesses

1. Cancer of Specific Severity

- I) A malignant tumor characterized by the uncontrolled growth & 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 & 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 Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix) All tumors in the presence of HIV infection.

2. Myocardial Infraction (First Heart attack of specified 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. Kidney Failure Requiring 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. 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 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 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.

7. 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

Where only islets of langerhans are transplanted

8. 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.

9. 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) Other causes of neurological damage such as SLE and HIV are excluded.

10. 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.

11. 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.

12. 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.

13. Third Degree Burns

- I) There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis must confirm and the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. Parkinson's Disease

- I) The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.
- II) The diagnosis must be supported by all of the following conditions:
 - i) the disease cannot be controlled with medication;
 - ii) signs of progressive impairment; and
 - iii) inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:
- III) Activities of daily living:
 - i) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - 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 lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
 - iv) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - v) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
 - vi) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
- IV) Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

15. 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.

16. Alzheimer's Disease

- I) Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
- II) Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent

Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

- III) The following conditions are however not covered:
- i) non-organic diseases such as neurosis and psychiatric illnesses;
 - ii) alcohol related brain damage; and
 - iii) any other type of irreversible organic disorder/dementia.

17. Aorta Graft Surgery

- I) The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "**Aorta**" shall mean the thoracic and abdominal aorta but not its branches.
- II) The Insured Person understands and agrees that We will not cover:
 - i) Surgery performed using only minimally invasive or intra arterial techniques.
 - ii) Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures
- III) The Aorta is the main artery carrying blood from the heart. Aortic Graft Surgery benefit covers Surgery to the Aorta wherein part of it is removed and replaced with a graft.

18. Deafness

- I) Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

19. 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 directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

20. 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 and Ear, Nose, Throat (ENT) specialist.
- II) All psychiatric related causes are excluded.

21. Aplastic Anaemia

- I) Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - i) Blood product transfusion;
 - ii) Marrow stimulating agents;
 - iii) Immunosuppressive agents; or
 - iv) Bone marrow transplantation.

- II) The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
 - i) Absolute neutrophil count of 500/mm³ or less
 - ii) Platelets count less than 20,000/mm³ or less
 - iii) Absolute Reticulocyte count of 20,000/mm³ or less
- III) Temporary or reversible Aplastic Anaemia is excluded.
- IV) In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

22. End Stage Liver Failure

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

23. 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 pressures of 55mmHg or less (PaO₂ <55 mm Hg); and
 - iv) Dyspnea at rest.

24. 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 Catheterization. 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.

25. Bacterial Meningitis

- I) Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
- II) This diagnosis must be confirmed by:
 - i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - ii) A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

26. Apallic Syndrome or Persistent Vegetative State (PVS)

- I) Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.
- II) The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
- III) In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

27. Coronary Angioplasty (PTCA)

- I) Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III) Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000, whichever is lesser.

28. Encephalitis

- I) Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist).
- II) The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.
- III) Exclusions:
 - i) Encephalitis in the presence of HIV infection is excluded.

29. Fulminant Hepatitis

- I) A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
 - i) Rapid decreasing of liver size;
 - ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - iii) Rapid deterioration of liver function tests;
 - iv) Deepening jaundice; and
 - v) Hepatic encephalopathy.
- II) Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

30. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the

pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded

31. 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) 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;

32. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

33. Muscular Dystrophy

- I) A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:
 - i) Family history of muscular dystrophy;
 - ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
 - iii) Characteristic electromyogram; or
 - iv) Clinical suspicion confirmed by muscle biopsy.
- II) The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

34. Poliomyelitis

- I) The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor

function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.

- II) Exclusions:
- i) Cases not involving irreversible paralysis will not be eligible for a claim
 - ii) Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

35. Systemic Lupus Erythematosus

- I) A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- i) Class I: Minimal change – Negative, normal urine.
- ii) Class II: Mesangial – Moderate proteinuria, active sediment.
- iii) Class III: Focal Segmental – Proteinuria, active sediment.
- iv) Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- v) Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

36. Brain Surgery

- I) The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.
- II) Exclusion:
- i) Burr hole surgery / brain surgery on account of an accident.