

PART A

Welcome to Max Life Insurance

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

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

Welcome Dear <Name of the Policyholder>,
Thank you for opting for **Max Life Critical Illness and Disability Rider** (Non-Linked Non-Participating Individual Pure Risk Premium Health Insurance Rider). We request you to go through the enclosed Rider.

What to do in case of errors On examination 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 Rider In case You are not satisfied with the Rider, You have the option to cancel it by returning the original copy with a written request, stating the objections/ reasons for such disagreement, to us within 15 (Fifteen) days (30 days if the Rider is sourced through distance marketing modes), from the date of receiving the Rider document.

Result: Upon return, the Rider shall terminate forthwith and all rights, benefits and interests under the Rider shall cease immediately. We will only refund the Rider Premiums received by Us, 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 Life Insured, if any.

Long term protection We are committed to giving you honest 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 claim-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 detail: <Name>, <Code>, <Address>, <Contact>

Max Life Insurance Company Limited
Plot No. 90C, Sector 18, Gurugram, 122015, Haryana, India
Phone: 4219090 Fax: 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1860 120 5577
Regd Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533
Visit Us at: www.maxlifeinsurance.com E-mail: service.helpdesk@maxlifeinsurance.com
IRDAI Registration No: 104
Corporate Identity Number: U74899PB2000PLC045626

RIDER PREAMBLE

MAX LIFE INSURANCE COMPANY LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533

Max Life Critical Illness and Disability Rider

(Non-Linked Non-Participating Individual Pure Risk Premium Health Insurance Rider)

UIN: 104B033V01

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 below.

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

Max Life Insurance Company Limited

Place of Issuance: Gurugram, Haryana

RIDER SCHEDULE

Base Policy Name-
Policy UIN - [●]
Rider Name – Max Life Critical Illness and Disability Rider
Rider UIN – 104B033V01

Type of Base Policy-
Office-
Type of Rider – Non-Linked Non-Participating Individual
 Pure Risk Premium Health Insurance Rider

Policy No./ Proposal No.:					Client ID:				
Date of Proposal:									
Policyholder/Proposer:					Gender:				
PAN:					Tel No./Mobile No.:				
Relationship with Life Insured:					Email:				
Date of Birth:									
Address (For all communication purposes):									
Life Insured:					Gender:				
Date of Birth:									
Age:									
Address:									
Nominee(s):					Guardian (if Nominee is minor):				
Nominee(s) Name	Relationship of Nominee(s) with Policyholder:	Date of Birth: Of Nominee	Age:	% share					
Date of Commencement of Risk under Rider:					Premium Payment mode:				
Date of Issuance of Rider:					Coverage Variant chosen: Gold/ Gold Plus/ Platinum/ Platinum Plus Variant / Total and Permanent Disability Variant				
Premium Payment Method:					Bill Draw Date:				
					Bank Account Number:				
Agent's name/ Intermediary name:					Agent's code/ Intermediary code:				
Email:					Agent's/ Intermediary License No.:				
Address:					Mobile/Landline Telephone Number:				
Details of Sales Personnel (for direct sales only):									

List of coverage	Maturity Date	Insured Event	Rider Sum Assured (INR)	Rider Term	Rider Premium Payment Term	Annualised Premium*	Underwriting Extra Premium	GST**and any other applicable taxes, cesses & levies	Modal Factors	Total Rider Premium along with applicable taxes, cesses and levies payable as per Premium payment mode selected	Due Date when Rider Premium is payable/Date when the Last Premium is payable
						A (INR)	B (INR)	C (INR)	D	E= [(A+B+C) * D] (INR)	
Rider	Dd/mm/yy	As per Section 1 of Part C									

* The Premium and Rider Sum Assured under this Rider are guaranteed only for a period of 10 years from the Date of Commencement of Risk Under Rider and may be revised thereafter by Us by seeking prior approval from IRDAI (Please refer to Clause 4.6 of Part C of this Rider). Note that in cases where revision is done after the end of Rider Premium Payment Term, Rider Sum Assured shall be adjusted to allow for the revision in the Premium.

**GST includes IGST, SGST, CGST, UGST (whichever is applicable) and applicable cesses.

PART-B

DEFINITIONS APPLICABLE TO YOUR RIDER

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

1. **“Accident” or “Accidental”** means a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. **“Accidental Injury”** means bodily injury of the Life Insured caused solely, directly and independently of any other intervening causes from an Accident.
3. **“Activities of Daily Living”** means and includes the following:
 - 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;
4. **“Age”** means the Life Insured’s age on last birthday as on the Date of Commencement of Risk under Rider or on the previous Policy Anniversary, as the case may be;
5. **“Annualised Premium”** is the amount specified in the Schedule, and means Rider Premium amount payable in a Policy Year chosen by You, excluding Underwriting Extra Premium, loadings for modal premiums and applicable taxes, cesses or levies, if any;
6. **“Base Policy”** means the policy to which this Rider is attached and forms part of;
7. **“Claimant”** means You, Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificates in case Nominee(s) or assignee(s) is/are not alive at the time of claim;
8. **“Critical Illness”** means the first time Diagnosis of the Life Insured with any of the illnesses or the first performance of any of the certain medical procedures/surgeries, as enlisted in Clause 1 of Part-C to this Rider, by a Medical Practitioner in respect of the Life Insured, during his lifetime. The same has been divided into two categories, i.e.:
 - i. **“Minor Critical Illness”** which includes those Critical Illnesses mentioned at serial number 1-5 in Clause 1 of Part-C; and;
 - ii. **“Major Critical Illness”** which includes those Critical Illnesses mentioned at serial number 6-64 in Clause 1 of Part-C;
9. **“Date of Commencement of Risk under Rider”** means the date as specified in the Schedule, on which the coverage under this Rider commences;
10. **“Date of Issuance of Rider”** means the date as specified in the Schedule, on which this Rider has been issued;
11. **“Diagnosis” or “Diagnosed”** means the definitive diagnosis made by a Medical Practitioner during Rider Term, based upon radiological, clinical, and histological or laboratory evidence acceptable to Us provided the same is acceptable and concurred 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 Life Insured 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;
12. **“Exit Value”** means an amount payable on surrender of this Rider in accordance with Clause 1 of Part D;
13. **“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, pandemic, epidemic or restriction by any government or other authority or any circumstance beyond Our control, owing to which, the performance of this Policy shall be wholly or partially suspended during the continuance of such Force Majeure Event;
14. **“Freelook”** means a period during which, subject to the Clause 6 Part D of the Policy, You have an option to return the original Policy to Us by stating the objections/reasons for such disagreement in writing;
15. **“Gold Variant”** means coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event the Life Insured is Diagnosed with 22 Critical Illnesses (1 Minor Critical Illness, 21 Major Critical Illness) as enlisted at Serial no. 1 and 6 to 26 in Clause 1 of Part-C to this Rider;
16. **“Gold Plus Variant”** means a coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event of earlier of the following events (a) Life Insured suffers Total and Permanent Disability or (b) Life Insured is Diagnosed with any of the 22 Critical Illnesses (1 Minor Critical Illness, 21 Major Critical Illness) as enlisted at Serial no. 1 and 6 to 26 in Clause 1 of Part-C to this Rider;
17. **“Grace Period”** means a period as defined under the Base Policy;
18. **“Healthy Week”** means a week wherein Life Insured have completed minimum 50,000 steps in a week subject to maximum 15,000 steps per day;
19. **“IRDAI”** means the Insurance Regulatory and Development Authority of India;
20. **“Lapsed Rider”** means a Rider where the due Premium has not been received within the Grace Period;
21. **“Life Insured”** means the person named in the Schedule, on whose life the Rider is affected;

22. **“Limited Premium Payment Variant”** means a variant under this Rider, wherein the Rider Premium Payment Term is less than the Rider Term;
23. **“Maturity Date”** means the date specified in the Schedule, on which the Rider Term expires;
24. **“Medical Practitioner”** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or any other such body 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 You, the Life Insured covered under this Policy or a spouse, Your lineal relative and/or of the Life Insured or a Medical Practitioner employed by You/the Life Insured;
25. **“Modal Factor”** means the applicable factor as specified in the Base Policy, which is used to determine the Premium, as per the frequency of premium opted by You;
26. **“Nominee”** means nominee nominated by You (only if You are the Life Insured) under the Base Policy, in accordance with Section 39 of Insurance Act, 1938 as amended from time to time, to receive the benefits under the Rider and whose name is mentioned in the Schedule;
27. **“Platinum Variant”** means coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event the Life Insured is Diagnosed with any of the 64 Critical Illnesses (5 Minor Critical Illness, 59 Major Critical Illness) as mentioned in Clause 1 of Part-C, to this Rider;
28. **“Platinum Plus Variant”** means a coverage variant under this Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the benefit shall be payable in the event of earlier of the Life Insured suffers Total and Permanent Disability or is Diagnosed with any of the 64 Critical Illnesses (5 Minor Critical Illness, 59 Major Critical Illness) as mentioned in Clause 1 of Part-C, to this Rider;
29. **“Pre-existing diseases”** means any condition, ailment or injury, disease, Critical Illness / disability:
 - a) That is/are Diagnosed by a Medical Practitioner within 48 months prior to the Date of Commencement of Risk under Rider or its reinstatement; or
 - b) For which medical advice or treatment was recommended by, or received from, a Medical Practitioner within 48 months Prior to the Date of Commencement of Risk under Rider or its reinstatement;
30. **“Regular Premium Payment Variant”** means where the Rider Premium Payment Term is same as Policy Term;
31. **“Revival”** means restoration by Us of the Rider, which was discontinued due to non-payment of Rider Premium, with all the benefits stated in the Rider, upon the receipt of all the due Rider Premiums and other charges / late fee as provided in Clause 3 of Part D of the Rider;
32. **“Revival Period”** means a such period, as specified under Base Policy, from the due date of the first unpaid Rider Premium, during which period You are entitled to revive the Rider which was discontinued due to the non-payment of Rider Premium;
33. **“Rider”** means this rider contract containing these terms and conditions;
34. **“Rider Anniversary”** means the annual anniversary of the Date of Commencement of Risk under Rider;
35. **“Rider Premium”** means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Rider, excluding applicable taxes, cesses and levies, if any;
36. **“Rider Premium Payment Term”** means the term as specified in the Schedule during which the Rider Premium under the Rider is to be paid by You;
37. **“Rider Sum Assured”** means the maximum amount of benefit payable under this Rider, as specified in the schedule. The Rider Sum Assured shall in no case exceed the sum assured under the Base Policy;
38. **“Rider Term”** means the term of this Rider as specified in the Schedule;
39. **“Rider Year”** means a period of 12 (Twelve) months commencing from the Date of Commencement of Risk under Rider and every Rider Anniversary thereafter;
40. **“Schedule”** means the policy schedule and any endorsements attached to and forming part of the Rider and if any updated Schedule is issued, then, the Schedule latest in time;
41. **“Survival Period”** means a period of 14 (Fourteen) days from the date of Diagnosis of a Critical Illness and fulfillment of the conditions covered under the definition of the Critical Illness during which the Life Insured shall survive after being Diagnosed with the Critical Illness before any Critical Illness benefit be paid. In case of Total and Permanent Disability, the applicable survival period shall be 6 months from the date of Diagnosis or Accident, as per the clause 42 of Part B;
42. **“Total and Permanent Disability”** means occurrence of any of the following conditions as a result of accidental bodily injury, sickness or disease whereby the Life Insured:
 - a) Has the inability to perform at least 3 of the 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 a continuous period of at least 6 months:

Or
 - b) Suffers physical impairment causing:
 - i. Total and irrecoverable loss of sight of both eyes. The blindness must be confirmed by a Medical Practitioner; or
 - ii. Loss of use or loss by severance of two or more limbs at or above wrists or ankles; or
 - iii. The total and irrecoverable loss of sight of one eye and loss of use or loss by severance of one limb at or above wrist or ankle.

The above disability must have lasted, without interruption, for at least 6 (six) consecutive months from the date of Diagnosis or Accident and must, in the opinion of a qualified Medical Practitioner appointed by Us, be deemed permanent;

43. **“Total and Permanent Disability Variant”** means a coverage variant under the Rider, to be chosen by You at the Date of Commencement of Risk under Rider, wherein the Rider Sum Assured shall be payable in the event the Life Insured suffers Total and Permanent Disability;
44. **“Total Rider Premiums Paid”** means the total of all Rider Premiums received under the Rider, excluding Underwriting Extra Premium, loadings for modal premiums and applicable taxes, cesses or levies, if any;
45. **“Underwriting Extra Premium”** means an additional amount mentioned in the Schedule and charged by Us, as per Underwriting Policy, which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including medical examination report of the Life Insured;
46. **“Underwriting Policy”** means an underwriting policy approved by Our board of directors;
47. **“Waiting Period”** means a period of 90 (Ninety) days from the Date of Issuance of Rider / Revival of this Rider in case of Major Critical Illness/ Total and Permanent Disability claim or 180 (One Hundred Eighty) from the Date of Issuance of Rider / Revival of this Rider in case of a Minor Critical Illness claim;
48. **“We”, “Us” or “Our”** means Max Life Insurance Company Limited; and;
49. **“You”, “Your” or “Policyholder”** means the policyholder as named in the Schedule, who is the policyholder under the Base Policy.

PART - C

RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT CONDITIONS

1. RIDER BENEFITS

The following benefits shall be payable upon happening of any insured event, subject to the conditions mentioned herein:

- A. **Critical Illness benefit** (*Applicable only for Gold Variant, Gold Plus Variant, Platinum Variant and Platinum Plus Variant*)
- i) Subject to the Rider and the Base Policy being in force and Life Insured surviving through the Survival Period, basis the coverage variant (*Gold Variant, Gold Plus Variant, Platinum Variant and Platinum Plus Variant*) chosen by You, in case the Life Insured is Diagnosed with a Major Critical Illness after completion of the Waiting Period during the Rider Term, We shall, on receipt of a written request from the Claimant, pay the applicable Rider Sum Assured as per the terms stated hereinbelow. However, in case of Diagnosis of a Minor Critical Illness, We will pay the lower of 25% of the Rider Sum Assured Or Rs.5 lacs, upon the Life Insured surviving through the Survival Period.
 - ii) We will admit only one valid Major Critical Illness claim and make payment under this Rider only once during the lifetime of the Life Insured and thereafter this Rider shall terminate and no further claim in respect of any Critical Illness or Total and Permanent Disability shall be entertained. However, in case of the claim being in respect of a Minor Critical Illness, We will pay lower of 25% Rider Sum Assured or Rs.5 lacs and the Rider cover will continue with the Rider Sum Assured reduced by the claim amount already paid for a Minor Critical Illness(es). It is clarified that the Rider Premium will not reduce if Minor Critical Illness claim has been paid out under this Rider.
 - iii) In case of Gold Variant or Gold Plus Variant, only the claim for Angioplasty under Minor Critical Illness conditions shall be allowed. In case of Platinum Variant and Platinum Plus Variant, maximum of three claims towards five different Minor Critical Illness conditions can be made under this Rider. However, in case of Platinum Variant and Platinum Plus Variant for multiple Minor Critical Illness claims, the cooling off period of one year must have elapsed between the date of the Diagnosis of two (2) Minor Critical Illness. It is clarified that no cooling off period is applicable in case of the Major Critical Illness claim.
 - iv) For any Critical Illness claim to be valid under this Rider, the incidence of the Critical Illness must be the first occurrence in the lifetime of the Life Insured and conform to Survival Period.
 - v) Multiple claims against the same Critical Illness are not allowed.
 - vi) Apart from the exclusions specified in Clause 1.A.viii.c (exclusions applicable to this Rider) of Part C, there are other exclusions for Critical Illness as mentioned in Clause 1.A.viii.a and 1.A.viii.b of Part C. For any such exclusions, the Claimant will not be entitled to any Critical Illness benefits under this Rider.
 - vii) It is clarified that the Life Insured must survive through the Survival Period and no claim shall be payable under this Rider, in case the Life Insured dies within the Survival Period. If the Life Insured is Diagnosed with a Critical Illness during the Rider Term, the claim would be payable even if the Survival Period is beyond Rider Term, subject to Life Insured surviving through the Survival Period.
 - viii) **Definitions of Critical Illnesses and exclusions applicable for the Critical Illness benefit:**
 - a. Subject to applicable exclusions and Waiting Period, the Critical Illness benefit would be paid only if the Diagnosed Critical Illness condition falls within the definition as laid down below for each Critical Illness.

Sl no	Name of the Illness	Details
MINOR CRITICAL ILLNESS		
1.	Angioplasty	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). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. <i>Diagnostic angiography or investigation procedures without Angioplasty/stent insertion are excluded.</i>
2.	Carcinoma in-situ / Early Stage Cancer	Carcinoma in-situ (CiS) – Carcinoma-in-Situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated: i. Breast, where the tumor is classified as Tis according to the TNM Staging method ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d’Obstetrique) Stage 0 iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM staging method or FIGO Stage 0 iv. Ovary –include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B

		<p>v. Colon and rectum; penis; testis; lung; liver; stomach, nasopharynx and oesophagus</p> <p>vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.</p> <p>The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the Diagnosis of Carcinoma in-situ must always be positively Diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical Diagnosis does not meet this standard.</p> <p><i>Pre-malignant lesion and Carcinoma in Situ of any organ, unless listed above, are excluded.</i></p> <p>b. Specified Early Stage Cancers – Specified Early Cancers shall mean first ever presence of one of the following malignant conditions:</p> <ol style="list-style-type: none"> Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification). Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. <i>CLL RAI Stage 0 or lower is excluded.</i> Malignant melanoma that has not caused invasion beyond the epidermis. Hodgkin’s lymphoma Stage I by the Cotswold’s classification staging system. The Diagnosis must be based on histopathological features and confirmed by a Pathologist. <i>Pre - malignant lesions and conditions, unless listed above, are excluded.</i>
3.	Small Bowel Transplant	The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.
4.	Brain Aneurysm Surgery or Cerebral Shunt Insertion	<ol style="list-style-type: none"> The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered, or The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.
5.	Severe Osteoporosis	<p>The occurrence of osteoporosis with fractures must be confirmed by a specialist in the relevant medical field and all of the following conditions are met:</p> <ol style="list-style-type: none"> At least fracture of neck of femur or two (2) vertebral body fractures, due to or in the presence of Osteoporosis; and Bone mineral density measured in at least two (2) sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe Osteoporosis (T-score of less than -2.5) <p>Actual undergoing of internal fixation or replacement of fractured bone is required.</p> <p>Coverage for Osteoporosis with Fracture will automatically cease after the Life Insured attains seventy (70) years of age.</p>
MAJOR CRITICAL ILLNESS		
6.	Cancer of Specified Severity	<p>A malignant tumor 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.</p> <p><i>The following are excluded –</i></p> <ol style="list-style-type: none"> <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.</i> <i>Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</i> <i>Malignant melanoma that has not caused invasion beyond the epidermis;</i> <i>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</i> <i>All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</i> <i>Chronic lymphocytic leukaemia less than RAI stage 3</i> <i>Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,</i> <i>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;</i>
7.	Myocardial Infarction (First Heart Attack Specific Severity)	<p>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:</p> <ol style="list-style-type: none"> A history of typical clinical symptoms consistent with the Diagnosis of acute myocardial infarction (for e.g. typical chest pain) New characteristic electrocardiogram changes Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p><i>The following are excluded:</i></p>

		<ul style="list-style-type: none"> 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
8.	Open Chest CABG	<p>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</p> <p><i>The following are excluded:</i> <i>Angioplasty and/or any other intra-arterial procedures</i></p>
9.	Open Heart Replacement or Repair of Heart Valves	<p>The actual undergoing of open-heart valve surgery 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. <i>Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</i></p>
10.	Coma of specified Severity	<p>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:</p> <ul style="list-style-type: none"> 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. <p>The condition has to be confirmed by a specialist Medical Practitioner. <i>Coma resulting from alcohol or drug abuse is excluded.</i></p>
11.	Kidney Failure Requiring Regular Dialysis	<p>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.</p>
12.	Stroke resulting in permanent symptoms	<p>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.</p> <p><i>The following are excluded:</i></p> <ul style="list-style-type: none"> a. Transient ischemic attacks (TIA) b. Traumatic injury of the brain c. Vascular disease affecting only the eye or optic nerve or vestibular functions.
13.	Major Organ /Bone Marrow Transplant	<p>The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> 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. <p><i>The following are excluded:</i></p> <ul style="list-style-type: none"> i. Other stem-cell transplants ii. Where only Islets of Langerhans are transplanted
14.	Permanent Paralysis of Limbs	<p>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.</p>
15.	Motor Neuron Disease with Permanent Symptoms	<p>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.</p>
16.	Multiple Sclerosis with Persisting Symptoms	<p>The unequivocal Diagnosis of definite multiple sclerosis confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> 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. <p><i>Neurological damage due to SLE is excluded.</i></p>
17.	Benign Brain Tumor	<p>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.</p> <p>This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:</p> <ul style="list-style-type: none"> i. Permanent Neurological deficit with persisting clinical symptoms for a continuous

		<p>period of at least 90 consecutive days or</p> <p>ii. Undergone surgical resection or radiation therapy to treat the brain tumor. <i>The following conditions are excluded:</i></p> <p>a. <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.</i></p>
18.	Blindness	<p>Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:</p> <p>a. corrected visual acuity being 3/60 or less in both eyes or;</p> <p>b. the field of vision being less than 10 degrees in both eyes.</p> <p>The Diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure</p>
19.	Deafness	<p>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.</p>
20.	End Stage Lung Failure	<p>End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <p>i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and</p> <p>ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</p> <p>iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO₂ < 55 mmHg); and</p> <p>iv. Dyspnea at rest.</p>
21.	End Stage Liver Failure	<p>Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <p>i. permanent jaundice; and</p> <p>ii. ascites; and</p> <p>iii. hepatic encephalopathy. <i>Liver failure secondary to drug or alcohol abuse is excluded.</i></p>
22.	Loss of speech	<p>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.</p>
23.	Loss of Limbs	<p>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. <i>Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.</i></p>
24.	Major Head Trauma	<p>Accidental Injury of Head, 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.</p> <p>The Accidental Injury of head must result in an inability to perform at least three (3) of the 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. <i>Spinal cord injury is excluded</i></p>
25.	Primary (Idiopathic) Pulmonary Hypertension	<p>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 (NYHA) of cardiac impairment.</p> <p>The NYHA Classification of Cardiac Impairment are as follows:</p> <p>i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p><i>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.</i></p>
26.	Third Degree Burns	<p>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</p>
27.	Alzheimer’s Disease	<p>Alzheimer’s (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss,</p>

		<p>confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.</p> <p>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 Life Insured. The Diagnosis must be supported by the clinical confirmation of a Neurologist and supported by our appointed Medical Practitioner.</p> <p>The disease must result in a permanent inability to perform three or more of the Activities of Daily Living 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</p> <p><i>The following conditions are however not covered:</i></p> <ul style="list-style-type: none"> ○ non-organic diseases such as neurosis; ○ alcohol related brain damage; and ○ any other type of irreversible organic disorder/dementia
28.	Parkinson's disease	<p>The unequivocal Diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.</p> <p>The Diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> • the disease cannot be controlled with medication; • signs of progressive impairment; and • inability of the Life Insured to perform at least 3 of the 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 a continuous period of at least 6 months: <p><i>Parkinson's disease secondary to drug and/or alcohol abuse is excluded.</i></p>
29.	Aorta Graft Surgery	<p>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.</p> <p><i>You understand and agree that we will not cover:</i></p> <ul style="list-style-type: none"> • Surgery performed using only minimally invasive or intra-arterial techniques. • Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures. <p>Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.</p>
30.	Amputation of feet due to complications from Diabetes	<p>Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Medical Practitioner who is a specialist as the only means to maintain life.</p> <p><i>Amputation of toe or toes, or any other causes for amputation shall not be covered.</i></p>
31.	Apallic Syndrome or Persistent Vegetative State (PVS)	<p>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 Diagnosis must be confirmed by a Neurologist acceptable to Us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.</p>
32.	Aplastic Anaemia	<p>Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ol style="list-style-type: none"> a. Blood product transfusion. b. Marrow stimulating agents. c. Immunosuppressive agents; or d. Bone marrow transplantation. <p>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:</p> <ol style="list-style-type: none"> a. Absolute neutrophil count of less than 500/mm³ or less b. Platelets count less than 20,000/mm³ or less c. Reticulocyte count of less than 20,000/mm³ or less <p><i>Temporary or reversible Aplastic Anaemia is excluded.</i></p>
33.	Bacterial Meningitis	<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord 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 of the Activities of Daily Living. This Diagnosis must be confirmed by:</p> <ol style="list-style-type: none"> a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and b. A consultant neurologist.
34.	Brain Surgery	<p>The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included <i>however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded.</i></p>

		The procedure must be considered medically necessary by a Medical Practitioner who is a qualified specialist.
35.	Cardiomyopathy	An impaired function of the heart muscle, unequivocally Diagnosed as Cardiomyopathy by a Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association (NYHA) Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria: <ul style="list-style-type: none"> • NYHA Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance. <i>Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.</i>
36.	Chronic Adrenal Insufficiency (Addison's Disease)	An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Medical Practitioner who is a specialist in endocrinology through one of the following: <ul style="list-style-type: none"> • ACTH simulation tests • Insulin-induced hypoglycemia test • Plasma ACTH level measurement • Plasma Renin Activity (PRA) level measurement. <i>Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.</i>
37.	Chronic Relapsing Pancreatitis	An unequivocal Diagnosis of chronic relapsing pancreatitis made by a Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence. <i>Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.</i>
38.	Creutzfeldt-Jacob Disease (CJD)	Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Medical Practitioner, who is a neurologist, must make a definite Diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on examination along with severe progressive dementia.
39.	Severe Crohn's Disease	Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: <ul style="list-style-type: none"> • Stricture formation causing intestinal obstruction requiring admission to hospital, and • Fistula formation between loops of bowel, and • At least one bowel segment resection. The Diagnosis must be made by a Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.
40.	Dissecting Aortic Aneurysm	A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The Diagnosis must be made by a Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.
41.	Eisenmenger's Syndrome	Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The Diagnosis must be made by a Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria: <ul style="list-style-type: none"> • Mean pulmonary artery pressure > 40 mm Hg • Pulmonary vascular resistance > 3mm/L/min (Wood units); and Normal pulmonary wedge pressure < 15 mm Hg.
42.	Elephantiasis	Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal Diagnosis of elephantiasis must be confirmed by a Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection. <i>Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.</i>
43.	Encephalitis	Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This Diagnosis must be certified by a Medical Practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more of the Activities of Daily Living.

44.	Fulminant Viral Hepatitis	<p>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:</p> <ol style="list-style-type: none"> Rapid decreasing of liver size Necrosis involving entire lobules, leaving only a collapsed reticular framework Rapid deterioration of liver function tests Deepening jaundice; and Hepatic encephalopathy. <p>Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.</p>
45.	Hemiplegia	<p>The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury. <i>Self-inflicted injuries are excluded.</i></p>
46.	HIV due to Blood transfusion and occupationally acquired HIV	<p>A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:</p> <ul style="list-style-type: none"> The blood transfusion was medically necessary or given as part of a medical treatment The blood transfusion was received in India after the Policy Date, Date of endorsement or Date of reinstatement, whichever is the later The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and The Life Insured does not suffer from Thalassaemia Major or Haemophilia. <p>B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Life Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to Our satisfaction:</p> <ul style="list-style-type: none"> Proof that the Accident involved a definite source of the HIV infected fluids; and Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident. <p>This benefit is only payable when the occupation of the Life Insured is a Medical Practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. <i>This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</i></p>
47.	Infective Endocarditis	<p>Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:</p> <ul style="list-style-type: none"> Positive result of the blood culture proving presence of the infectious organism(s); Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Medical Practitioner who is a cardiologist.
48.	Loss of Independent Existence (cover up to age 74)	<p>Inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Medical Practitioner.</p> <p>Only Life Insured with Age between 18 and 74 on first Diagnosis is eligible to receive a benefit under this illness.</p>
49.	Loss of One Limb and One Eye	<p>Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.</p> <p>The loss of sight of one eye must be clinically confirmed by a Medical Practitioner who is an eye specialist and must not be correctable by aides or surgical procedures.</p>
50.	Medullary Cystic Disease	<p>Medullary Cystic Disease where the following criteria are met:</p> <ul style="list-style-type: none"> the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. <p><i>Isolated or benign kidney cysts are specifically excluded from this benefit.</i></p>
51.	Muscular Dystrophy	<p>A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The Diagnosis of muscular dystrophy must be unequivocal and made by a Medical Practitioner who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the Activities of Daily Living for a continuous period of at least 6 months.</p>
52.	Myasthenia Gravis	<p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:</p>

		<ul style="list-style-type: none"> • Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification (given below); and • The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Medical Practitioner who is a neurologist. <p>Myasthenia Gravis Foundation of America Clinical Classification: Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere. Class II: Eye muscle weakness of any severity, mild weakness of other muscles. Class III: Eye muscle weakness of any severity, moderate weakness of other muscles. Class IV: Eye muscle weakness of any severity, severe weakness of other muscles. Class V: Intubation needed to maintain airway.</p>
53.	Myelofibrosis	A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Life Insured requires a blood transfusion at least monthly. The Diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Medical Practitioner who is a specialist.
54.	Necrotising Fasciitis	Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal Diagnosis of necrotizing fasciitis must be made by a Medical Practitioner who is a specialist and the Diagnosis must be supported with laboratory evidence of the presence of bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.
55.	Other Serious Coronary Artery Disease	The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).
56.	Pheochromocytoma	Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be confirmed by a Medical Practitioner who is an endocrinologist.
57.	Poliomyelitis	The occurrence of Poliomyelitis where the following conditions are met: <ol style="list-style-type: none"> Poliovirus is identified as the cause, Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.
58.	Progressive Scleroderma	A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. <i>The following are excluded:</i> <ol style="list-style-type: none"> Localised scleroderma (linear scleroderma or morphea); Eosinophilic fasciitis; and CREST syndrome.
59.	Progressive Supranuclear Palsy	Confirmed by a Medical Practitioner who is a specialist in neurology of a definite Diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.
60.	Severe Rheumatoid Arthritis	Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met: <ul style="list-style-type: none"> • Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis; • Permanent inability to perform at least two (2) of the Activities of Daily Living; • Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and • The foregoing conditions have been present for at least six (6) months.
61.	Severe Ulcerative Colitis	Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met: <ul style="list-style-type: none"> • the entire colon is affected, with severe bloody diarrhoea; and • the necessary treatment is total colectomy and ileostomy; and • the Diagnosis must be based on histopathological features and confirmed by a Medical Practitioner who is a specialist in gastroenterology.
62.	Systemic Lupus Erythematosus with Lupus Nephritis	A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, 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 WHO Classification). The final Diagnosis must be confirmed by a Medical Practitioner specialising in Rheumatology and Immunology. The WHO Classification of Lupus Nephritis: Class I Minimal Change Lupus Glomerulonephritis

		Class II Mesangial Lupus Glomerulonephritis Class III Focal Segmental Proliferative Lupus Glomerulonephritis Class IV Diffuse Proliferative Lupus Glomerulonephritis Class V Membranous Lupus Glomerulonephritis
63.	Terminal Illness	The conclusive Diagnosis of an illness, which in the opinion of a Medical Practitioner who is an attending Consultant and agreed by our appointed Medical Practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.
64.	Tuberculosis Meningitis	Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a Diagnosis must be confirmed by a Medical Practitioner who is a specialist in neurology.

b. Exclusions to Critical Illness benefit

The following exclusions shall be applicable to the benefits under Gold Variant/Gold Plus / Platinum Variant/ / Platinum Plus Variant under this Rider:

- a. No benefit shall be payable if any Major Critical Illness is Diagnosed within the Waiting Period. In such case this Rider will terminate and We will refund the Rider Premium paid corresponding to the Rider benefit. However, no Waiting Period will be applicable in case of any Critical Illness occurring solely due to an Accident.
- b. 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.
- c. Any valid claim under this Rider is payable only subject to fulfilling all of the following criteria:
 - (i) Completion of Survival Period from the date of Diagnosis.
 - (ii) All investigations to confirm the Diagnosis of claimed Critical Illness condition should have been done before the death of the Life Insured and Waiting Period should have expired.
 - (iii) Satisfaction of the respective claimed Critical Illness condition's definition & exclusion as detailed in Clause 1.A.viii.a of Part C.

c. Other exclusions to Critical Illness benefit:

We shall not be liable to make any payment under this Rider if the covered Critical Illness of the Life Insured results directly or indirectly caused by, based on, arising out of or howsoever attributable to from any one of the following clauses:

1. Any illness, sickness or disease other than those specified as Critical Illnesses under this Rider.
2. Any Pre-Existing Diseases. However, coverage under the Rider after the expiry of 48 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Us.
3. Any Critical Illness directly or indirectly caused due to treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Life Insured unless taken as prescribed by a Medical Practitioner.
5. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
6. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
9. Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
10. Any Critical Illness directly or indirectly caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accident.
11. Participation by the Life Insured in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
12. Any Critical Illness directly or indirectly, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Term.
13. Any Critical Illness directly or indirectly, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. Any Critical Illness based on certification/Diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/she is licensed for.
15. Any Critical Illness directly or indirectly, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
16. Any Critical Illness directly or indirectly, caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically

necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

17. Any Critical Illness directly or indirectly, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The Life Insured is 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep apnoea
 - iv. Uncontrolled Type 2 Diabetes despite optimal therapy
18. Any Critical Illness directly or indirectly, caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
19. Any Critical Illness directly or indirectly, caused by treatment directly arising from or consequent upon any Life Insured committing or attempting to commit a breach of law with criminal intent.
20. In the event of the death of the Life Insured within the stipulated Survival Period as set out above.
21. Any Critical Illness directly or indirectly, caused sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

B. Total and Permanent Disability benefit *(Applicable only if You have chosen either Gold Plus Variant, Platinum Plus Variant or Total and Permanent Disability Variant)*

- i) Rider Sum Assured (or remaining Rider Sum Assured, as applicable) shall be payable on a valid Total and Permanent Disability claim during the Rider Term, subject to Rider benefit being in force. Upon payment of the Total and Permanent Disability claim, the Rider shall terminate and no further benefit shall be paid under the Rider.
- ii) **Exclusions:** We shall not be liable to make any payment under this Rider towards the Total and Permanent benefit, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
 1. No benefit towards Total and Permanent Disability benefit shall be payable if any Total and Permanent Disability occurs within the Waiting Period. In such case this Rider will terminate and We will refund the Rider Premium paid corresponding to the Rider benefit. However, no Waiting Period will be applicable in case of any Total and Permanent Disability occurring solely due to an Accident.
 2. Any Pre-Existing Diseases. However, coverage under the Rider after the expiry of 48 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Us.
 3. Any disability directly or indirectly caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
 4. Narcotics used by the Life Insured unless taken as prescribed by a Medical Practitioner.
 5. Any disability directly or indirectly caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
 6. Any disability directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
 7. Service in any military, air-force, naval, paramilitary or similar organization.
 8. Any disability caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 9. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
 10. Congenital external anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
 11. Any disability directly or indirectly caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accidents.
 12. Participation by the Life Insured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
 13. Any disability directly or indirectly, caused by medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any disability due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Term.
 14. Any disability directly or indirectly, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Any disability based on certification/Diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
16. Any disability directly or indirectly, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
17. Any disability directly or indirectly, caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, burn(s), or cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
18. Any disability directly or indirectly, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The surgery / procedure conducted should be supported by clinical protocols
 - c. The Life Insured has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe sleep apnea
 - iv. Uncontrolled type 2 Diabetes despite optimal therapy
19. Any disability directly or indirectly, caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
20. Any disability directly or indirectly, caused by treatment directly arising from or consequent upon any Life Insured committing or attempting to commit a breach of law with criminal intent.
21. In the event of the death of the Life Insured within a period of 6 (Six) consecutive months from the date of Diagnosis or Accident.
22. Any disability directly or indirectly, caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

If any of the exclusions stated above is/are found at the underwriting stage, then the Rider will not be offered. However, if any exclusion is accepted as substandard as per board approved Underwriting Policy, then the claim will not be rejected on ground of that exclusion.

C. Max Fit Program (available with all variants other than Total and Permanent Disability Variant)

- i. To promote good health and wellbeing of the Life Insured under the Rider, a wellness program is offered to the Life Insured wherein a subscription to a mobile application (which can be downloaded from Google Play Store or Apple Store, on compatible mobile devices) will be available to the Life Insured only for the first 5 years of Rider Term from the Date of Commencement of Risk under Rider calculation of Healthy Weeks should start from the Date of Commencement of Risk under Rider. Through this mobile application the Life Insured will be able to record the number of steps taken per week and by accumulating Healthy Weeks as provided in the mobile application, You will be eligible for a discount on renewal premium as per table in Clause 4.5 of Part C of the Rider.
- ii. This benefit will not be available in case the Rider is in lapse status and in case of reinstatement of Rider beyond the first 5 years of Rider Term from the Date of Commencement of Risk under Rider. In case of reinstatement of the Rider within the first 5 years of Rider Term from the Date of Commencement of Risk under Rider, the benefit will be available till the end of first 5 years of Rider Term from the Date of Commencement of Risk under Rider.
- iii. It is entirely for You and/or Life Insured to decide whether to obtain this benefit or not. The benefit is intended to improve well-being and habits of the Life Insured, by working towards personalized health goals. These benefits or advice provided in the mobile application are not based on medical advice and are not meant to substitute the Life Insured's visit to/consultation with an independent Medical Practitioner. For any change that the Life Insured makes to his lifestyle, on the advice of the health coach in the mobile application, Max Life or any of its service provider shall in no manner be liable for any harm or injury, whether bodily or otherwise, that may occur as a result of such lifestyle changes. The Life Insured must seek immediate medical advice if there is any adverse effect or discomfort on making any lifestyle changes.
- iv. The data received by Us from the Life Insured shall be treated as confidential and shall be used only for the purpose of calculating the Healthy Weeks in the mobile application.

2. DEATH BENEFIT

No Death benefit is payable under this Rider.

3. MATURITY BENEFIT

No maturity benefit is payable under this Rider.

4. PREMIUM

- 4.1. You can pay the Premiums annually, semi-annually, quarterly or on monthly basis, as per the Rider Premium payment mode chosen by You, provided that the Rider Premium payment mode under this Rider shall always be same as the Premium payment mode of the Base Policy and can only be changed with the change of Premium payment mode in the Base Policy.
- 4.2. Any change in the Rider Premium payment mode will result in a change in the Rider Premium amount based on the applicable

Modal Factors.

- 4.3. You can pay Rider Premium at any of Our offices or through Our website www.maxlifeinsurance.com or by any other means, as informed by Us. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.
- 4.4. The Rider Premium payment receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.
- 4.5. **Max Fit Program discount** (*Applicable in all variants other than Total and Permanent Disability Variant*)

- i) Subject to Clause 1.C of part C, the Life Insured shall be entitled for a discount only on the next renewal premium (Annualised Premium) by accumulating Healthy Weeks in a Rider Year as per table given below:
- a. For Regular Premium Payment Variant:

No. of Healthy Weeks accumulated (During the first 11 months from Rider Anniversary or Date of Commencement of Risk under Rider, as the case may be)	Discount as % of renewal Premium (For Regular Pay Variant)
0 to 12	Nil
13 to 26	5%
27 to 36	7.5%
Above 36	10%

- b. For Limited Premium Payment Variant: the discount shall be equal to the discount in Table in (a) above, multiplied by the 'Factor'. Here the 'Factor' shall be computed as per the formula given below:

$$\text{'Factor'} = \{1 - 1/1.055^{PPT}\} / \{1 - 1/1.055^{PT}\}$$

Where PPT means chosen Premium Payment Term of the Rider and PT means Rider Term.

For example, in case of 5 years Premium Payment Term of the Rider and 10 years Rider Term, the Factor is equal to 57% and if the number of Healthy Weeks recorded are above 36 in first 11 months of Rider Year, You shall be eligible for premium discount of 5.7% on the upcoming renewal Premium.

Note: For the purpose of above calculations noted above, any of the Healthy Weeks accumulated during the last month before the Rider Anniversary will not be considered.

- ii) One Healthy Week can be accumulated by recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day.
- iii) For the sake of clarity, the Healthy Weeks accumulated by you in the immediately preceding Rider Year will be considered for providing any discount on the next due Annualised Premium and will be communicated to You via email, SMS/ letter/ calls as a part of renewal communication and these Healthy Weeks cannot be carried forward. No discount on the Annualised Premium shall be provided in case You fail to accumulate the minimum Healthy weeks as noted in the table above.
- iv) The level of discount provided may be revised as per the emerging experience, with prior approval of IRDAI.

4.6. **Premium and Rider Sum Assured Guarantee:**

4.6.1. The Rider Premium and Rider Sum Assured under this Rider are guaranteed only for a period of 10 years from the date of Commencement of Risk under the Rider and the same may be revised thereafter with prior approval of IRDAI.

4.6.2. After every revision the Rider Premium and Rider Sum Assured remain guaranteed for a period of 10 years from the date of such revision and may be revised thereafter at every 10 years of interval. The guarantee will be applicable in the following manner:

4.6.2.1. For cases where Rider Premium Payment Term is completed or for Limited Premium Payment Variant where the remaining Rider Premium Payment Term is less than 10 years:

In case of revision of the Rider Sum Assured opted by You at inception, You shall be notified with the revised Rider Sum Assured, three months prior to the next Rider Anniversary post the revision, providing the below options to choose from:

- a. Accept the revised Rider Sum Assured and continue the Rider, where:

$$\text{Revised Rider Sum Assured} = \text{Rider Sum Assured} \times \{(\text{Rider Premium}) / (\text{revised Rider Premium})\}$$

Note: the revised Rider Premium above will be for same entry Age, Rider Term and Rider Premium Payment Term as at Date of Commencement of Risk under Rider.

- b. Fully terminate the Rider and take the applicable Exit Value (if any).

If none of the above options is exercised by You option (a) will be applicable and Rider will continue with the revised Rider Sum Assured.

4.6.2.2. For Regular Premium Payment Variant or Limited Premium Payment Variant where the remaining Rider Premium Payment Term is more than 10 years:

You shall be notified with the revised Rider Premium / revised Rider Sum Assured three months prior to the date of revision of Rider Premium providing the below options to choose from:

- a. Accept/ pay the revised Rider Premium and continue the Rider with the original Rider Sum Assured
 - b. Continue the Rider with the original Rider Premium but with revised Rider Sum Assured, where:
$$\text{Revised Rider Sum Assured} = \text{Rider Sum Assured} \times \{(\text{Rider Premium}) / (\text{revised Rider Premium})\}$$

Note: the revised Rider Premium above will be for same entry Age, Rider Term and Rider Premium Payment Term as at Date of Commencement of Risk under Rider.
 - c. Fully terminate the Rider and take the applicable Exit Value (if any).
- If none of the above option is exercised by You or the revised/differential Rider Premium is not paid, default option (b) will be applicable and the Rider will continue with the original Rider Premium and revised Rider Sum Assured.

4.6.3. In case the revision, as noted above, is done after the end of Rider Premium Payment Term, Rider Sum Assured shall be adjusted to allow for the revision in the Premium.

4.6.4. The revision as noted above may be upward or downward.

5. LAPSATION OF RIDER

If You discontinue the payment of Premium during the of Rider Premium Payment Term, the Rider will become a Lapsed Rider on the expiry of the Grace Period and no benefits under the Rider shall be payable.

6. GRACE PERIOD

- 6.1. The Rider Premium is due and payable by the due date specified in the Schedule. If the Rider Premium is not paid by the due date, You may pay the same during the Grace Period without any interest or late fee.
- 6.2. The insurance coverage continues during the Grace Period and in case a valid Critical Illness claim is made by the Claimant during the Grace Period, then, We will pay the Critical Illness benefit payable under the Rider after deducting the due Rider Premium, if any,

7. ALTERATIONS

- 7.1. Rider can be attached to the Base Policy at inception or at any policy anniversary of the Base Policy as per board approved Underwriting Policy and the applicable Rider terms and conditions.
- 7.2. Rider shall automatically get surrendered if the Base Policy is surrendered and Exit Value under the Rider, if any shall be payable.

8. HOSPITALIZATION BENEFITS

No Hospitalization benefits shall be payable under this Rider.

PART-D

SERVICING CONDITIONS APPLICABLE TO THE RIDER

1. EXIT VALUE

- 1.1 The Rider can be surrendered even without surrendering the Base Policy, however, the Exit Value shall be paid only in case the Limited Premium Payment Variant Rider has acquired an Exit Value.
- 1.2 The Rider shall acquire Exit Value provided that all the due Rider Premiums for the following minimum period have been received in full and applied by Us:

Limited Premium Payment Variant	On receipt of two full years' Rider Premium
Regular Premium Payment Variant	No Exit Value shall be payable

- 1.3 The Exit Value shall be determined basis the formula given below:

*75% * (sum of Total Rider Premiums Paid and Underwriting Extra Rider Premium, if any) * (Remaining Rider Term in months / Total Rider Term in months) * (sum of Total Rider Premium Paid and Underwriting Extra Rider Premium, if any / sum of total Rider Premium and Underwriting Extra Rider Premium, if any payable) * {(Rider Sum Assured at the Date of Commencement of Risk under Rider less Minor Critical Illness claim paid, if any) / Rider Sum Assured at the Date of Commencement of Risk under Rider}*

- 1.4 Rider shall automatically terminate if the Base Policy is surrendered. In such cases only Exit Value, if any, under the Rider, shall be payable.

2. LOANS

You are not entitled to any loans under this Rider.

3. REVIVAL OF THE RIDER

Lapsed Rider can be revived only if Base Policy has been revived. Rest of the conditions for reinstatement/revival of this Rider shall be same as that applicable for the Base Policy.

4. PAYMENT OF RIDER BENEFITS

- 4.1 The benefits under this Rider shall be payable only on submission of satisfactory proof of the Life Insured's Diagnosis of Critical Illness to Us. The benefits under this Rider shall be payable to the Life Insured upon Claimants written request and submission of the required documents.
- 4.2 Once the benefits under this Rider are paid to the Claimant, this Rider will terminate and the same shall constitute a valid discharge of Our liability under this Rider.

5. TERMINATION OF THE RIDER

- 5.1 The Rider shall continue to be in force for the Rider Term as specified in the Schedule from the Date of Commencement of Risk under Rider.
- 5.2 The insurance coverage of a Life insured under this Rider shall automatically terminate on the occurrence of any of the first of the following events during the Rider Term:
 - 5.2.1 on the date on which we receive the Freelook cancellation request from You;
 - 5.2.2 on the date of death of Life Insured;
 - 5.2.3 any Critical Illness occurring within Waiting Period, in which case We will only refund the Rider Premium received.
 - 5.2.4 on payment of 100% of a Rider Sum Assured under this Rider;
 - 5.2.5 on date on which the Rider or Base Policy expires, or is cancelled or terminated for any reason whatsoever;
 - 5.2.6 on receipt of written request from the Life Insured or You for Surrender of the Rider or the Base Policy;
 - 5.2.7 on the expiry of the Revival Period, if the Lapsed Rider has not been revived.

6. FREELook CANCELLATION

"Freelook" means a period of 15 days or 30 days (if the Rider is sourced through distance marketing modes such as internet, SMS, tele marketing, interactive electronic medium etc.) from the date of receipt of the Rider, to review the terms and conditions of the Rider, where if You disagree to any of those terms and conditions, You have the option to return the Rider stating the reasons for objection. Upon return, the Rider will terminate forthwith and all rights, benefits and interests under the Rider will cease immediately. You shall be entitled to a refund of the Premium received by Us after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred by Us on medical examination of the Life Insured, if any.

PART-E

RIDER CHARGES

APPLICABLE FEES/ CHARGES UNDER THIS RIDER

This Rider is a non-linked non-participating individual pure risk premium health insurance rider, so Part E 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. ELIGIBILITY FOR RIDER BENEFITS

- 1.1. The minimum Age of the Life Insured on the Date of Commencement of Risk under Rider should be 18 (Eighteen) years.
- 1.2. The maximum Age of the Life Insured on the Date of Commencement of Risk under Rider cannot exceed 65 (Sixty Five) years.
- 1.3. The maximum Age of the Life Insured on the Maturity Date for Gold Variant and Platinum Variant cannot exceed 85 (Eighty Five) years, however, under Gold Plus Variant, Platinum Plus Variant and Total and Permanent Disability Variant of this Rider, the maximum Age of Life Insured on the maturity cannot exceed 75 (Seventy Five) years.
- 1.4. Minimum Rider Term is 5 (Five) years and maximum allowable Rider Term, subject to the above Clauses, is 67 years. However, in no case the Rider Term under this Rider can exceed the remaining tenure of the Base Policy.

2. REDUCTION IN SUM ASSURED

The Rider Sum Assured, can in no case be higher than the sum assured under the Base Policy. Thus in case, You have an option to reduce Sum Assured under Base Policy and the same is exercised by You in a manner that the Sum Assured under the Base Policy becomes less than the Rider Sum Assured, then the Rider Sum Assured shall automatically be reduced to make the Rider Sum Assured equal to the Sum Assured under the Base Policy.

3. TAXES

- 3.1. All Rider Premiums are subject to applicable taxes, cesses, and levies which will entirely be borne by You and will always be paid by You along with the payment of Rider Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Rider, We reserve the right to claim the same from You. Alternatively, We have the right to deduct the amount from the benefits payable by Us under the Rider.
- 3.2. Tax benefits may be available are subject to prevailing tax laws. Tax laws and the benefits arising there under are subject to change. You are advised to seek an opinion of Your tax advisor in relation to applicable tax benefits and liabilities.

4. CLAIM PROCEDURE

- 4.1. A Claimant claiming benefits under this Rider shall endeavor to notify Us of the same, in writing, within 90 (Ninety) days from the Diagnosis of the Critical Illness.
- 4.2. We will require the following documents in case of claim under this Rider:
 - a) Claimant's statement in the prescribed form;
 - b) a copy of police complaint/ first information report (wherever applicable);
 - c) attending physician's statement;
 - d) certificate by a Medical Practitioner confirming Diagnosis of Critical Illness of the Life Insured;
 - e) All medical/ hospital records (including diagnostic records) pertaining to Critical illness/ Total and Permanent Disability Diagnosis and treatment.
 - f) identity proof of the Claimant including nominee(s) bearing their photographs and signatures; and
 - g) any other documents/information required by Us for assessing and approving the claim request.
- 4.3. A Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches.
- 4.4. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause leading to the occurrence of the Insured event and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall pay the benefits under this Rider subject to Our satisfaction:
 - a) that the benefits have become payable as per the terms and conditions of this Rider; and
 - b) of the bonafides and credentials of the Claimant.
- 4.5. Subject to Our sole 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 set out in Section 2.1 of Part F.

5. DECLARATION OF THE CORRECT AGE AND GENDER

Same as Base Policy

6. FRAUD, MISREPRESENTATION AND FORFEITURE

Same as Base Policy.

7. NOMINATION

Same as Base Policy.

8. ASSIGNMENT

Same as Base Policy.

9. TRAVEL RESTRICTION

There are no restrictions on travel under this Rider.

10. RIDER CURRENCY

As per Base Policy.

11. ELECTRONIC TRANSACTIONS

As per Base Policy.

12. AMENDMENT

As per Base Policy.

- 13. REGULATORY AND JUDICIAL INTERVENTION**
As per Base Policy.
- 14. FORCE MAJEURE**
As per Base Policy.
- 15. COMMUNICATION AND NOTICES**
As per Base Policy.
- 16. GOVERNING LAW AND JURISDICTION**
As per Base Policy.

PART - G

GRIEVANCE REDRESSAL MECHANISM AND OMBUDSMAN DETAILS

As per Base Policy.