

**Max Life Lifeline – Wellness Plus™: A health insurance plan offering a fixed Cash benefit in case of diagnosis or actual undergoing of surgeries covered under this plan.**

Some happy predictions for the remaining part of this century

- Exercising at least 30 minutes each day will be only for Olympic athletes. Pressing the keyboard and TV remote will suffice for others.
- Being Over Weight will not be a health problem at all
- Pollution and stress full lifestyle will only make people healthier and less prone to sickness
- If you chose to, hereditary sickness will not pass onto you.
- Cost of Treatment in good hospitals will only get cheaper if not free!!

Do we hear you **disbelieve** the above? Well, then what is your wellness plan?

**Health is Wealth  
Prevention is better than cure.**

We have all read and heard that. We should all be following this as well.

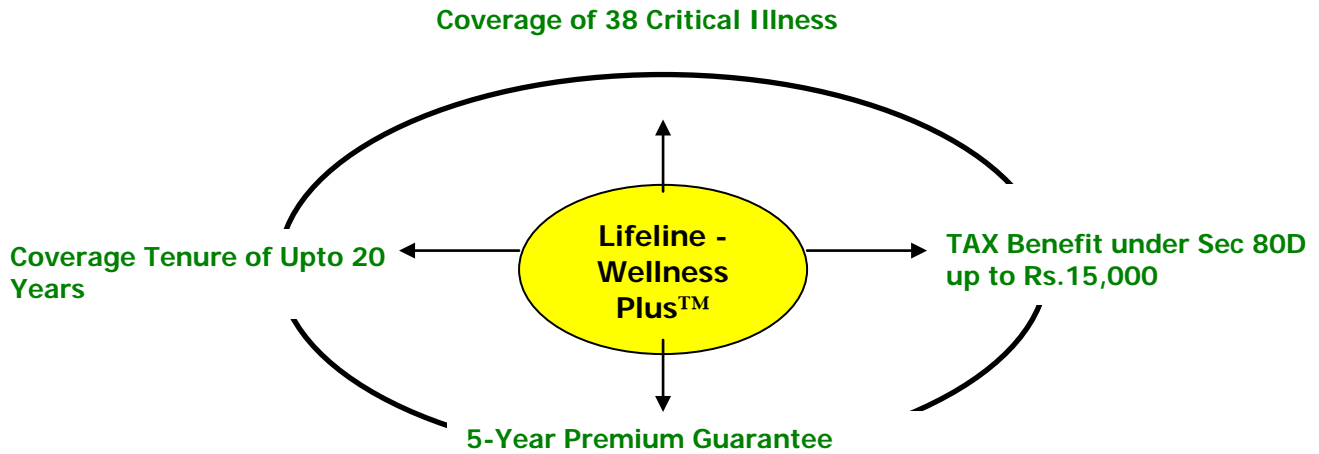
But even so the fact remains that you still don't get time to exercise, you still cannot always eat a health diet, you cannot choose how the hereditary disease affect you, and you cannot tell how pollution and 21<sup>st</sup> century 24\*7 life style affect your health.

What you do know is that medical science is progressing and can help you cope with all of above. But that costs money.

**A lot of money**

So while your wellness plans should have correct eating, correct exercising and correct lifestyle as its basis, please have a plan to fall back on when emergency strikes. As they always do.

Max Life Insurance introduces Max Life Lifeline - Wellness Plus™ A health plan, which gives you a 360-degree benefit in terms of long tenure of coverage, coverage for 38 critical illness, permissible tax benefit under Income Tax Act, and protection against a wide variety of diseases and conditions.



#### **Scale of Benefit/ Units**

The scale of benefits are denominated as 'Units 1 to 10' and any one unit can be proposed at the stage of proposal. The company may in its absolute discretion and subject to underwriting rules, assign the most appropriate unit representing the scale of benefit to the policyholder. The policyholder cannot propose for a different unit/ scale of benefit once the policy is effected.

<b>Coverage Choice</b>	<b>Max Life Lifeline - Wellness Plus™ Plan</b>									
<b>Number of Units</b>	1	2	3	4	5	6	7	8	9	10
<b>Sum Assured (in lacs)</b>	2	4	6	8	10	12	14	16	18	20

**Example:** If you take 5 units of wellness plus you have bought yourself a sum assured of 10 lacs as per the table above.

#### **What is the List of Covered Critical Illness Conditions under Max Life Lifeline Wellness Plus Plan?**

The List of Conditions Covered under Max Life Lifeline Wellness plus Plan is divided into 3 groups, depending on the severity of the disease and the benefit payable under such group. Once a Claim is put forth for a particular Critical Illness, the cover will continue for the Balance Sum Assured. The detailed listing of diseases and conditions under the three groups are captured in the table below. For details please refer to Appendix A.

<b>Group 1</b> 25% of the maximum critical illness benefit payable.	<b>Group 2</b> 50% of the maximum critical illness benefit payable.	<b>Group 3</b> 100% of the maximum critical illness benefit payable.
Alzheimer's Disease*	Angioplasty and other Invasive Treatment for Coronary Artery Disease <sup>Φ</sup>	Apallic Syndrome
Blindness	Benign Brain Tumor	Aplastic Anaemia*
Deafness*	Cardiomyopathy	Brain Surgery
Loss of Speech*	End Stage Lung Disease	Cancer
MedullaryCystic Disease*	Heart Attack	Coma
Motor Neuron Disease*	Heart Valve Surgery	Coronary Artery By-pass Surgery
Muscular Dystrophy*	Major Burns	Kidney Failure
	Multiple Sclerosis*	End- Stage Liver Disease
	Multiple Trunk Avulsions of the Brachial Plexus	Loss of Independent Existence
	Necrotising Fasciitis*	Loss of Limbs
	Paralysis or Paraplegia	Major Head trauma
	Parkinson's Disease*	Major Organ Transplant
	Primary Pulmonary Hypertension*	Stroke
	Poliomyelitis*	Surgery of Aorta
	Systemic Lupus Erythematosus*	Terminal Illness
		Total Permanent Disability (to Age 65)

<sup>Φ</sup> This condition is subject to a maximum benefit amount of INR 500,000 across all policies on the life assured.

\*This condition is subject to a maximum benefit amount of INR 1,000,000 across all policies on the given life assured.

**Benefits**

On the happening of any of the above events and the following conditions

- Confirmed by a registered medical practitioner, including a relevant specialist acceptable to the company (the cost of which shall be borne by the policyholder) and
- Provided the life insured has survived for at least 28 (Twenty eight) days after the happening of the insured event,
- The life insured filing with the company all the required claim documents within 60 days of the date of the happening of the insured event.
- A claim with respect to any particular critical illness, if paid, shall not be payable again.

The company will pay 100% of the sum assured. This payout will be subject to a maximum payment of ₹ 20 lakhs under critical illness / dread disease benefit attached to all policies issued by the company on the life of the life insured then in force with the company taking into consideration in-built dread disease benefit in Smart Steps Plus, Smart Assure Plans or any other such plans as the company may launch in the future.

**Note:**

- The payment of benefit in aggregate during the policy term shall not exceed 100% of the sum assured.
- There is no Death, Surrender, or Maturity benefit payable in Max Life Lifeline Wellness Plus Plan.
- This product will not be offered to sub standard lives.
- All due premiums have to be paid in order to keep the policy inforced, till such time the aggregate claim payout reaches 100% of Sum Assured.

**For example: CLAIM SCENERIOS FOR YOUR BENEFIT: -**

Example	Ailment	Client Age	Plan opted	Units purchased	Sum Assured	Benefit Paid out	Policy Status
Example 1	Suffers Kidney failure in Year 2	35 years	Max Life Lifeline - Wellness Plus™	2 Units	4 Lacs	100% of 4 lacs = 4 lacs	Policy will cease since 100% of SA is exhausted

Example 2	Suffers Deafness in Year 3 Suffers Loss of speech in Year 4	47 years	Max Life Lifeline Wellness Plus Plan	5 Units	10 Lacs	25% of SA = ₹ 2.5 lacs gets paid  25% of SA = ₹ 2.5 lacs which gets paid from Balance SA of 7.5 lacs	Policy Continues for Balance SA of 7.5 lacs Policy Continues for 5 lacs
Example 3	Suffers Heart Attack in Year 3 Suffers Kidney Failure in Year 4	50 Years	Max Life Wellness Plus Plan	4 Units	8 Lacs	50% of SA = ₹ 4 lacs gets paid 100% of SA= 8 lacs, However Balance SA available after first Claim is 4 lacs only	Policy Continues for 4 lacs Policy will cease after second claim since Full SA is exhausted

*\*Kindly note that the above is only an Illustration and does not in any way create any rights and/or obligations. The actual experience on the contract may be different from illustrated. The premium mentioned is exclusive of service tax charges. The payment of benefit in aggregate during the policy term shall not exceed 100% of the sum assured.*

**ELIGIBILITY CRITERIAS AT A GLANCE: -**

Through the below mentioned eligibility criteria's we aim to provide coverage to maximum years of your life.

Eligibility	Max Life Lifeline - Wellness Plus™
<b>Age At entry</b>	18 years to 60 years
<b>Option for policy term</b>	10, 15 or 20 years (The terms 10 and 15 are available up to age 60 and 20-year-term variant is only available till age 55.)
<b>Maximum age at maturity</b>	75 years

**Max Life Lifeline - Wellness Plus™ Plan,  
A Non Linked-Non Participating Health Insurance Plan  
UIN: 104N042V01**

<b>Premium Guarantee</b>	5 Years i.e subject to the revision with IRDA approval Premium is *renewed every 5 years through the term of your plan
<b>Premium Limits</b>	Please select Units/Scale of Benefits as per your choice subject to payment of a minimum Yearly Premium of ₹ 2,500 and Minimum Half-Yearly premium of ₹ 1,300
<b>Waiting Period</b>	180 days from policy commencement
<b>Reinstatement after Lapse</b>	Allowed only till 6 months basis declaration of good health
<b>Waiting Period after Reinstatement</b>	90 days from policy revival date

\* Premium rates are guaranteed for the first five years. At the end of five years, the premiums may be reviewed to take in to account the Company's experience. However, premium will not be changed without the prior approval of the IRDA.

**Max Life Lifeline - Wellness Plus™ Plan,  
A Non Linked-Non Participating Health Insurance Plan  
UIN: 104N042V01**

<b>Premium Table (Sample)**</b>	<b>10 Year Term:</b>				
	Units	5 (Sum Assured = ₹10 lacs)		10 (Sum Assured = ₹ 20 lacs)	
	Age (yrs)	Male	Female	Male	Female
	20	3405	6490	6810	6490
	30	4880	10170	9760	10170
	40	10225	19900	20450	19900
	50	25190	41110	50380	41110
	<b>15 year Term:</b>				
	Units	5 (Sum Assured = ₹10 lacs)		10 (Sum Assured = ₹20 lacs)	
	Age (yrs)	Male	Female	Male	Female
	20	3450	3285	6900	6570
	30	5135	5340	10270	10680
	40	11225	10535	22450	21070
	50	27090	21550	54180	43100
	<b>20 year Term:</b>				
	Units	5 (Sum Assured = ₹10 lacs)		10 (Sum Assured = ₹20 lacs)	
	Age (yrs)	Male	Female	Male	Female
	20	3495	3495	6990	6990
	30	5635	5790	11270	11580
40	12470	11350	24940	22700	
50	28845	22515	57690	45030	

\* Subject To prior Approval form IRDA  
\*This premium is exclusive of any taxes

**EXCLUSIONS UNDER Max Life Lifeline - Wellness Plus™**

No benefit will be payable if the insured event occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, by one of the following:

- I. Any pre-existing condition\*.
- II. Any insured event happening within the first 180 days of the effective date and within 90 days of date of revival of the policy, except a critical illness which occurs from or is caused as a result of an injury.
- III. Opportunistic diseases associated with AIDS or HIV infection.
- IV. Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time;
- V. Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered medical practitioner;
- VI. War (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations;
- VII. Participation by the life insured in a criminal or unlawful act;
- VIII. Service in the military/ para-military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict;
- IX. Participation by the life insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft;
- X. Life insured engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
- XI. Exposure to the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- XII. Failure to seek or follow medical advice;
- XIII. Any congenital condition;
- XIV. Any pre-malignant tumors, polyps or carcinoma-in-situ of any organ; and
- XV. Pregnancy or childbirth or complications arising there from. The company reserves the right to add to or delete any critical illness from the list of critical illnesses covered under the policy and the categorization of the same depending upon the experience and advancement in medical treatment and diagnostic techniques. The policyholder shall be notified in writing 30 days in advance about the same and the same shall be binding upon the policyholder.



**\*Pre-existing condition** shall mean a condition, prevailing at or prior to the effective date of this policy or the date of revival of the policy, having symptoms of an illness or injury which would have caused any ordinary prudent person to seek or receive treatment, diagnosis or care, or medical advice from a registered medical practitioner or undergo medical tests or investigations or hospitalization or surgery. Any treatment or hospitalization or surgery for any illness or injury arising out of or connected with a pre-existing condition shall be considered as part of the pre-existing condition

**Premium payment options**

Yearly and Half –Yearly modes are permitted in this plan and modal factor for the same are as under:

Premium Mode	Factor
Yearly	1.0000
Half-Yearly	0.5200

**Lapse and Revival provisions**

Premiums should be paid on the due date of premium, in case if premium is not paid on due date, you will get 30 days of grace period during which company will accept premium without interest and provide insurance coverage. If premium is not received by the Company by the end of the grace period, the policy will lapse. All Insurance cover will end upon lapse of the policy. No benefit is payable in respect of an insured event which occurred during the period when the policy has lapsed even though the policy may subsequently be revived.

Within six months from the due date of the premium (period of revival) and before termination of the policy, the policyholder may apply in writing for revival of the policy.

The Company may upon receipt of a written request from the policyholder, and on production of evidence of insurability acceptable to the Company (cost of which shall be borne by the policyholder) and at the absolute discretion of the Company revive the policy on such terms and conditions as are applicable at the time of revival of the policy.

All overdue premiums must be paid together with interest at such rates as may be intimated by the Company from time to time. The revival of the policy shall take effect only after revival is approved by the Company and communicated to the policyholder in writing. If at the end of the revival period, the policy is not revived, the policy shall terminate, and no benefit shall be payable thereafter.

**Important terms and conditions:**

For terms and conditions, please refer to the Policy Contract and Benefit Illustration and request your Agent Advisor or intermediaries for better understanding of the product before concluding the sale.

**Tax Benefits:** You may be entitled to certain applicable tax benefits on your premiums and Policy benefits. Please note all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. Tax benefits are subject to changes in tax laws.

**Statutory Impositions:** Premiums payable and benefits secured under your policy will be subject to applicable statutory levy, cess and taxes including service tax at the prevailing rates and Policyholder will be responsible for paying these statutory impositions.

**Free Look Period:**

The policyholder has a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and where the policyholder disagrees with any of those terms or conditions, he has the option to return the policy stating the reasons for his objections, upon which he shall be entitled to refund of the premium paid subject to deduction of the proportionate risk premium for the period of cover and the expenses incurred by the Company on medical examination and on account of stamp duty

**Prohibition of Rebates:**

Section 41 of the Insurance Act, 1938 states: no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives, or property, in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of insurer. A fine of ₹ 500 is applicable in case of non adherence to the same along with other applicable provision of law.

**Non-Disclosure:**

Non-Disclosure: Section 45 of the Insurance Act, 1938 states: "No policy of life insurance effected after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the proposal form for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

**Nomination & Assignment:**

If a policy has been taken on your own life, You can nominate a person to receive benefits secured under the policy. Such nomination only indicates the person who is authorized to receive the benefits and to give valid discharge to us of our liability under this policy. Change in nomination, if any, may be made by You at any time during the Policy Term and the same must be registered with Us.

You may assign the entire policy i.e. the benefits, rights and title under the policy in favor of the person named by you.

**Expert Advice at Your Doorstep:**

Our Agent Advisors have been professionally trained to understand and evaluate your unique financial requirements, and recommend a policy which best meets your needs. With experienced agents, we are fully resourced to help you achieve your life's financial objectives. Please call us today. We would be delighted to meet you.

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- **Disclaimers**
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- Max Life Insurance is a joint venture between Max India Ltd. and Mitsui Sumitomo Insurance Co. Ltd. Max Life Insurance Co. Ltd., 11<sup>th</sup> Floor, DLF Square Building, Jacaranda Marg, DLF Phase II, Gurgaon (Haryana) – 122002. For more details on the risk factors, terms and conditions, please read the sales brochure carefully before concluding a sale. You may be entitled to certain applicable tax benefits on your premiums and Policy benefits. Please note all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. Tax benefits are subject to changes in tax laws. Insurance is the subject matter of solicitation.
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- **About Max Life Insurance Co. Ltd.**
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- Max Life Insurance, one of the leading life insurers, is a joint venture between Max India Ltd. and Mitsui Sumitomo Insurance Co. Ltd. Max India is a leading Indian multi-business corporate, while Mitsui Sumitomo Insurance is a member of MS&AD Insurance Group, which is amongst the top general insurers in the world. Max Life Insurance offers comprehensive life insurance and retirement solutions for long term savings and protection. A financially stable company with sound investment expertise, Max Life Insurance has a strong customer-centric approach focused on advise-based sales and quality service.

**Max Life Insurance Company Ltd**

**Registered Address:**

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11th Floor, DLF Square Building,  
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Gurgaon - 122002  
Tel: (0124) 2561717

**Toll free No. / Customer care no.**

Call us on our toll free number 1800 - 180 - 5577

**Customer Service Timings: 7:30 AM - 11:00 PM Monday to Saturday (except National holidays)**

**Website**

[www.maxlifeinsurance.com](http://www.maxlifeinsurance.com)

## APPENDIX A

### List of Critical illnesses

#### Group I

1. **Alzheimer's disease:** Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.

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 the company's Appointed Doctor.

The following conditions are however not covered:

- non-organic diseases such as neurosis and psychiatric illnesses;
- alcohol related brain damage; and
- Any other type of irreversible organic disorder / dementia.
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2. **Blindness:** The total and irreversible loss of sight in both eyes as a result of illness or injury. The blindness must be confirmed by an Ophthalmologist acceptable to the company. The blindness must not be able to be corrected by medical procedure.

3. **Deafness:** The total and irreversible loss of hearing in both ears as a result of illness or injury. The diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

"Total loss" means loss of at least 80 decibels in all frequencies of hearing in both the ears.

4. **Loss of speech:** The total and irrecoverable loss of the ability to speak as a result of

injury or illness to the vocal cords. The inability to speak for a minimum continuous period of 12 months must be established. The diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist/ Otolaryngologist acceptable to the company.

All psychiatric related causes are however not covered.

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

**6. Motor neurone disease:** The Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. The diagnosis must be confirmed by a Neurologist acceptable to the company as progressive and resulting in permanent clinical impairment of motor functions.

The condition must result in the inability of the life insured to perform at least 3 of the 6 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.

**7. Muscular dystrophy:** 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 Neurologist acceptable to the company, with confirmation of the combination of at least 3 of the following 4 conditions:

- Family history of muscular dystrophy ;
- Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram and
- Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the life insured to perform at least 3 of the 6 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.

## **Group II**

**8. Benign brain tumour:** A benign tumour in the brain where all of the following conditions are met:

- it is life threatening;
- it has caused damage to the brain;
- it has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as (but not restricted to) characteristic symptoms of increased intracranial pressure such as papilloedema, mental seizures and sensory impairment; and For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.
- its presence must be confirmed by a Neurologist or Neurosurgeon acceptable to the company and supported by findings on Magnetic Resonance Imaging (MRI), Computerised Tomography, or other reliable imaging technique.

The following are however not covered:

- cysts;
- granulomas;
- vascular malformations;
- haematomas;
- tumours of the pituitary gland or spinal cord; and tumours of acoustic nerve (acoustic neuroma)

**9. Cardiomyopathy:** The unequivocal diagnosis by a Cardiologist acceptable to the company of Cardiomyopathy causing impaired ventricular function suspected by ECG abnormalities and confirmed by cardiac echo of variable aetiology and resulting in permanent physical impairments of ventricular system to the degree of at least Class IV of the New York Association (NYHA) classification of cardiac impairment.

The NYHA classification of cardiac impairment (Source: “Current Medical Diagnosis and Treatment – 39<sup>th</sup> Edition”):

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy related to alcohol abuse is however not covered.

**10. End-stage lung disease:** Final or end-stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:

- FEV<sub>1</sub> test results consistently less than 1 litre;
- requiring permanent/continuous supplementary oxygen therapy for hypoxemia;
- arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a Pulmonologist acceptable to the company.

**11. Multiple Sclerosis:** The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be multiple sclerosis;
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are however not covered.

**12. Heart attack:** The first recorded occurrence of heart attack or myocardial infarction which means death of heart muscle, due to inadequate blood supply, which results in all of the following condition of acute myocardial infarction:

- typical clinical symptoms (for example, characteristic chest pain);
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
  - i. Troponin T > 1.0 ng/ml
  - ii. AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods; and
- the evidence must show a definite acute myocardial infarction.

The following conditions are however not covered:

- angina;
- and
- other acute coronary syndromes e.g., myocyte necrosis.

The diagnosis must be confirmed by a Cardiologist acceptable to the company.

**13. Multiple trunk avulsions of the brachial plexus :** The complete and permanent loss of use and sensory functions of an upper extremity caused by avulsion of two or more nerve roots of the brachial plexus caused by an injury. Complete injury of two or more nerve roots should be confirmed by electrodiagnostic study supported by an opinion of a Neurologist acceptable to the company. 'Complete injury' means loss of all of the motor function and sensation corresponding to the nerve root in question. For the purpose of this benefit, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology.

**14. Necrotising fasciitis:** The occurrence of necrotising fasciitis with all of the following features present:



- the usual clinical criteria of necrotising fasciitis are met;
- the bacterium identified is a known cause of necrotising fasciitis;
- there is wide-spread destruction of muscle and other soft tissue that results in a total and permanent loss of function of the affected body part; and
- major surgery to debride the necrotic tissue has been performed.

A definitive diagnosis of necrotising fasciitis must be confirmed by a Specialist acceptable to the company. For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

Frostbite is however not covered.

**15. Paralysis / paraplegia:** The complete and permanent loss of the use of two or more limbs, as a result of injury, or illness of the brain or spinal cord. To establish permanence, the paralysis must normally have persisted for at least 6 months from the date of trauma or illness resulting in the life insured being unable to perform his/her usual occupation.

The condition must be confirmed by a Neurologist acceptable to the company.

**16. Parkinson’s disease:** The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson’s disease by a Neurologist acceptable to the company.

The diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the life insured to perform at least 3 of the 6 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.

**17. Poliomyelitis:** The occurrence of Poliomyelitis where the following conditions are met:

- poliovirus is identified as the cause and is proved by stool analysis; and
- paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

**18. Primary pulmonary hypertension :** Primary pulmonary hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent irreversible physical impairment of ventricular system of at least Class IV of the New York Heart Association (NYHA) classification of cardiac impairment and resulting in the life insured being unable to perform his / her usual occupation.

The NYHA classification of cardiac impairment (Source: “Current Medical Diagnosis and Treatment – 39th Edition”):

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in



symp-toms.

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

**19. Systematic lupus erythematosus:** A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythe- matusus 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 registered medical practitioner specialising in Rheumatology and Immunology acceptable to the company,

Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

WHO lupus classification:

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

**20. Angioplasty and other invasive treatment for coronary artery disease :** The actual undergoing, for the first time in the life of the life insured, of Coronary Artery Balloon Angioplasty, atherectomy, laser treatment or the insertion of a stent to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries, as shown by angiographic evidence. The revascularization must be considered medically necessary by a cardiologist acceptable to the company.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Intra-arterial investigative procedures and diagnostic angiography are however not covered.

Medical evidence shall include all of the following: (in additional to other standard requirements for a claim), Coronary Angiography Report – Pre and post angioplasty or other invasive treatment, as defined above and discharge card of the hospital where the procedure was done.

**21. Heart valve surgery:** The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be evidenced by echocardiogram and supported by cardiac catheterization, if done, and the procedure must be considered medically necessary by a Cardiologist acceptable to the company.

**22. Major Burns:** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life insured's body. The condition should be confirmed by a registered medical practitioner acceptable to the company.

### Group –III

23. **Apallic syndrome:** Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to the company and the condition must be documented for at least one month.

24. **Aplastic anaemia :** Chronic persistent bone marrow failure, which results in anaemia, neutropenia and thrombocytopenia, requiring treatment with at least one of the following conditions:

- regular blood product transfusion;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

The diagnosis using relevant laboratory investigations, including bone-marrow biopsy and suggested line of treatment must be confirmed by a haematologist acceptable to the company. Any two of the following three values should be present:

- absolute neutrophil count of 500 per cubic millimetre or less;
- absolute reticulocyte count of 20 000 per cubic millimetre or less; and
- platelet count of 20 000 per cubic millimetre or less.

25. **Cancer:** A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed.

The term cancer includes leukemia but the following cancers are excluded:

- all tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
- all forms of lymphoma in the presence of any Human Immunodeficiency Virus; Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus;
- any skin cancer other than invasive malignant melanoma;
- all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0; and T1N0M0 Papillary micro-carcinoma of the thyroid less than 1cm in diameter

26. **Coma:** 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:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- brain damage resulting in permanent neurological defect, which must be assessed at least 30 days after the onset of the coma. For the purpose of this benefit,

the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

A confirmation by a neurologist acceptable to the company is required.

Coma resulting as a result of a self-inflicted injury, alcohol or drug abuse is however not covered.

**27. Kidney failure:** End-stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end-stage kidney illness must be provided and the medical necessity of the dialysis or transplantation must be confirmed by a registered medical practitioner acceptable to the company

**28. End-stage liver disease:** End-stage liver disease or cirrhosis means chronic end-stage liver failure that causes at least one of the following:

- uncontrollable ascites;
- permanent jaundice;
- Oesophageal or gastric varices; or
- Hepatic encephalopathy.

For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

Liver disease secondary to alcohol or drug abuse is however not covered.

**29. Loss of independent existence:** The loss of independent existence due to illness or injury, lasting for a minimum period of 6 months and resulting in a permanent 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). The word “permanent” used here shall mean beyond the hope of recovery with current medical knowledge and technology. The condition must be confirmed by a registered medical practitioner acceptable to the company.

**30. Major head trauma:** An injury to head resulting in permanent neurological deficit to be assessed no sooner than six weeks from the date of the accident. This diagnosis must be confirmed by a Neurologist acceptable to the company and be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The head injury must be caused solely and directly by an accident independently of all other causes.

The head injury must result in the 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 hope of recovery with current medical knowledge and technology.

The spinal cord injury is however not covered.

31. **Stroke:** A cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than 6 (six) months. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are covered. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist acceptable to the company.

Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular illness affecting the eye or optic nerve or vestibular functions are however not covered.

32. **Terminal illness:** Diagnosis of a condition which, in the opinion of a registered medical practitioner or a specialist acceptable to the company, is highly likely to lead to death within 12 months of such diagnosis. The life insured must no longer be receiving active treatment other than for pain relief.

Diagnosis of a terminal illness caused due to AIDS is however not covered.

33. **Total and permanent disability:** Total and irreversible disability caused due to and as a result of an injury or illness.

The life insured must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit. The total and permanent disability must have lasted without interruption for at least six consecutive months and must, in the opinion of a registered medical practitioner acceptable to the company, be deemed permanent.

This condition shall however not be covered on and from the policy anniversary following the life insured's 65<sup>th</sup> birthday.

34. **Loss of limbs:** The loss by severance of two or more limbs at or above the wrist or ankle.

Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse, is however not covered.

35. **Coronary artery bypass surgery:** The undergoing of open-heart surgery on the advice of a Cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Angiographic evidence to support the necessity of the surgery will be required.

Balloon angioplasty, laser or any catheter-based procedures are however not covered

36. **Major organ transplant:** The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ.

Other stem-cell transplants are however not covered

37. **Brain surgery:** The actual undergoing of surgery to the brain, under general anesthesia, during which a craniotomy is performed. Burr-hole surgery and brain surgery as a result of an accident is however not covered. The procedure must be considered medically necessary by a specialist acceptable to the company and the benefit shall be paid only once the corrective surgery has been carried out.

38. **Surgery of aorta :** The actual undergoing of surgery (including key-hole type) for an illness or an injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches.

Stent-grafting is however not covered.