






**Let the affection
of your loved ones
be felt at all times**

SBI Life - Poorna Suraksha helps you to boost your financial planning by providing Life and Critical Illness cover, which auto balances with your evolving needs and growing age. So that you and your loved ones share just love and not worries.

SBI Life-
**POORNA
SURAKSHA**
TERM INSURANCE PLAN WITH IN-BUILT CRITICAL ILLNESS COVER
UIN: 111N110V01

**Key Benefits Of SBI Life - Poorna Suraksha
(UIN: 111N110V01)**

-  Safeguard your family's financial security and shield yourself financially with increasing Critical Illness cover*.
-  Focus on your recovery with waiver of premium and continued life cover on diagnosis of covered Critical Illness
-  Bring stability to your financial planning with fixed premium throughout policy term

#Rebalancing of Life and Critical Illness cover on every policy anniversary based on the policy term chosen. The total basic Sum Assured will remain constant throughout the policy term.

Choices are an integral part of life and you always strive to choose the best. Maintaining the right balance in your choices is essential to meet your goals.

As one progresses in life, the requirement for your protection needs change. Envisaging this, we have crafted a one of its kind plan, SBI Life – Poorna Suraksha, a non-linked non-participating, term assurance plan, with an inbuilt critical illness cover, which balances between the life cover and Critical Illness (CI) cover based on one's life stage, i.e. with increase in age the CI cover increases without any additional premium or underwriting.

It is true that a human life cannot be replaced, nor can the trauma of CI be diminished, but **SBI Life – Poorna Suraksha** can help tide through financial difficulties that you or your family might have to face in these uncertain times. This product is specially designed to cater to the need of life cover and protection against Critical illness of a wide customer segment.

With no additional underwriting for critical illness you get dual benefit in one product.



SBI Life-

**POORNA
SURAKSHA**

TERM INSURANCE PLAN WITH IN-BUILT CRITICAL ILLNESS COVER
LIN: 111N110V01

PLAN HIGHLIGHTS

01

Comprehensive Protection -
Coverage in case of Death and CI

02

Unique 'LifeStage Rebalancing' -
Wherein the Sum Assured for Life & CI cover re-balances during the term of the policy.

03

Coverage for wide range of 36 CIs -
Covering serious ailments such as Heart Attack, Brain Tumor, Cancer, Kidney Failure etc.

04

Waiver of Premium -
In-built premium waiver for the rest of the policy term, in case of diagnosis of any of the covered CI's

05

Fixed Premium -
Premium remains the same throughout the term of the policy

06

Tax benefits* -
As per prevailing norms under the Income Tax Act, 1961

*Tax benefits are as per prevailing Tax laws & are subject to change from time to time. Please consult your tax advisor for details.

NEED FOR THIS PLAN?

The plan meets the two basic needs of a person:

- Life Cover – Lump sum Life cover benefit for the family in case of unfortunate event of death
- Critical Illness Cover - Provides financial protection in the event of a major illness

The plan optimises the level of Protection Cover by rebalancing between Life Cover and CI Cover. The Sum Assured (SA) under life cover would reduce over the term whereas that of CI would increase. Moreover, all this comes at a premium which remains same throughout the term of the policy.

Who can avail this plan?

Age[^] at Entry	Min: 18 years	Max: 65 years
Age[^] at Maturity	Max: 75 years	
Sum Assured <small>(in multiples of ₹1,00,000)</small>	Min: ₹ 20 Lakh	Max: ₹ 2.5 Crores
Policy Term	10, 15, 20, 25, 30 Years	
Premium Paying Term	Regular Premium	
Premium Modes	Yearly / Half Yearly/ Monthly[#]	
Premium Frequency Loading	Half-Yearly: 51.00% of annual premium Monthly: 8.50 % of annual premium	
Premium Amounts	Minimum Yearly: ₹ 3,000 Half Yearly: ₹ 1,500 Monthly[#] : ₹ 250	Maximum: Yearly: ₹ 9,32,000 Half Yearly: ₹ 4,75,000 Monthly[#] : ₹ 80,000

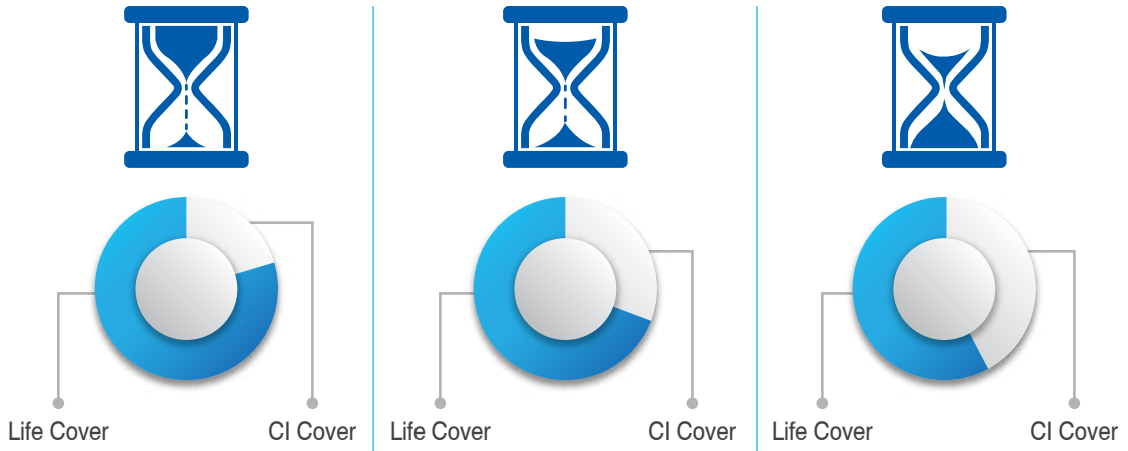
[^] All the references to age are age as on last birthday.

[#] For Monthly mode, 3 Months premium to be paid in advance and renewal premium payment through Electronic Clearing System (ECS) or Standing Instructions (where payment is made either by direct debit of bank account or credit card). For Monthly Salary Saving Scheme (SSS), 2 month premium to be paid in advance and renewal premium payment is allowed only through Salary Deduction.

LIFESTAGE RE-BALANCING

The 'LifeStage Re-balancing' feature rebalances your cover between Life Cover and Critical Illness Cover.

**As Age of Life Assured increase, CI Cover increases and the Life Cover decreases
i.e. on every Policy Anniversary**



Total Cover remains constant throughout the Policy Term

At policy inception, the Basic Sum Assured would be split between Life Cover SA & CI SA in the proportion of 80:20 respectively. There would be an increase in CI SA on a year on year basis, as mentioned in table below.

Policy term	10	15	20	25	30
Increase in the initial CI Cover per year (as a % of initial CI SA)	15.0%	10.0%	7.5%	6.0%	5.0%

The decrease in Life Cover SA would be equal to the increase in CI SA. The change in sum assured would happen only on policy anniversary.

The total base sum assured (Life Cover SA + CI SA) would remain the same throughout the policy term.

Example - Mr. Anand has chosen a 10 year term with a Basic SA of ₹ 20 Lacs.

Every Year till the end of Policy term, the CI Cover for Mr. Anand will increase by 15% of Initial CI Cover & Life Cover will reduce such that the Total Basic SA remains same.

The year-on-year progression of Life & CI SA is shown in the table below. In this example, on every policy anniversary, the CI Sum Assured will increase by 15% of initial CI cover i.e. 15% of 4,00,000 = Rs. 60,000 per year. The Life Cover Sum assured will decrease by the same amount i.e. Rs. 60,000 every year, keeping the Total Basic SA constant throughout the policy term :-

Policy Year	Total Basic SA (CI SA + Life Cover SA)	CI SA	Life Cover SA
1	20,00,000	4,00,000	16,00,000
2	20,00,000	4,60,000	15,40,000
3	20,00,000	5,20,000	14,80,000
4	20,00,000	5,80,000	14,20,000
5	20,00,000	6,40,000	13,60,000
6	20,00,000	7,00,000	13,00,000
7	20,00,000	7,60,000	1,240,000
8	20,00,000	8,20,000	11,80,000
9	20,00,000	8,80,000	11,20,000
10	20,00,000	9,40,000	10,60,000

Suppose Mr. Anand is diagnosed with one of the covered Critical illnesses in the 5th Policy year, then a lump sum benefit of ₹ 6,40,000 will be paid immediately to Mr. Anand. From the date of diagnosis of the Critical illness, future premiums would be waived off and the policy will continue for a Life cover sum assured of ₹ 13,60,000, which will remain constant for the rest of the policy term.

Policy Year	Total Basic SA (CI SA + Life Cover SA)	CI SA	Life Cover SA
1	20,00,000	4,00,000	16,00,000
2	20,00,000	4,60,000	15,40,000
3	20,00,000	5,20,000	14,80,000
4	20,00,000	5,80,000	14,20,000
5	20,00,000	6,40,000	13,60,000
6	20,00,000	-	13,60,000
7	20,00,000	-	13,60,000
8	20,00,000	-	13,60,000
9	20,00,000	-	13,60,000
10	20,00,000	-	13,60,000

In case of death of Mr. Anand in the 8th policy year the benefit of ₹ 13,60,000 will be paid immediately to the nominee.

BENEFITS FOR IN-FORCE POLICIES:

Life Cover

In the unfortunate event of death of the Life Assured, Effective* Life Cover Sum Assured, as on date of death will be paid.

Critical Illness Benefit

Effective* Critical Illness Sum Assured will be paid, on the diagnosis of covered critical illness. The CI Benefit will be paid only once and will cease once the benefit is paid.

*Effective sum assured is the sum assured applicable for the policy year in which the insured event occurs.

Survival Period for Critical illness benefit

The Critical Illness Benefit is payable only after survival of 14 days from the date of diagnosis of the covered critical illness. In other words, Critical Illness benefit is not payable if the life assured dies within 14 days from the date of diagnosis of the covered critical illness.

- **Example** - Mr. Anand is diagnosed with Kidney failure and dies within 7 days (which is less than the survival period of 14 days) from date of diagnosis. In this case we shall pay only the Death benefit and not the Critical illness benefit. However, if Mr. Anand dies after 20 days from the date of diagnosis (which is greater than the survival period of 14 days), we shall pay Death benefit as well as the Critical illness benefit.

Waiting Period for Critical illness benefit

There is a waiting period of 90 days from the date of commencement of risk or reinstatement whichever is later and no Critical Illness benefit will be payable, if the claim has occurred during the waiting period.

- **Example** - Suppose Mr. Anand buys the policy with date of commencement of risk as 1st January 2018, then the Critical illness benefit will not be paid if the date of diagnosis of the Critical illness falls on or before 1st April 2018.

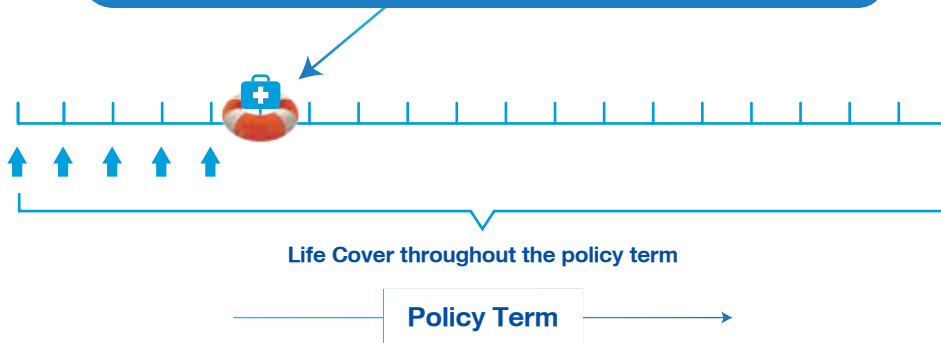
N.B. - Definitions of 36 Illnesses covered and their exclusions are mentioned in Annexure I

Premium Waiver Benefit

Once a claim under CI is accepted by the Company, all future premiums for the policy will be waived for the rest of the policy term, from the date of diagnosis of the medical condition. The remaining policy benefits shall continue throughout the policy term. The LifeStage Rebalancing will cease to exist once premiums are waived off and the Effective Life Cover SA will remain constant from thereon.

Upon diagnosis of Critical Illness (CI):

1. Effective CI SA will be paid after survival of 14 days from date of diagnosis
2. Future Premiums will be waived off
3. The policy continues with fixed* Life cover SA only



* No more reduction of Life Cover SA will take place. The effective Life Cover SA (as applicable for the policy year in which diagnosis of covered critical illness occurs) will get fixed for the rest of the policy term

Maturity Benefit

There is no maturity benefit available under the policy.

FIXED PREMIUM

Your Premium will remain same as at the time of commencement of your Policy, irrespective of increase in your age and Increase in CI Coverage. However along with the increase in CI cover the life cover will also decrease by an amount equal to the increase in CI cover.

PAYOUT IN ADDITION TO OTHER PLANS

You have the benefit of claiming the CI benefit from this policy independent of any other health insurance cover that you may have with any insurer, since we pay the lump-sum benefits irrespective of your actual bill amount.

NON-FORFEITURE CONDITIONS

Surrender Value / Paid-Up Value

There is no Surrender/Paid-up Value available under the policy.

Grace Period and Revival Facility

We offer you 30 days grace period from the premium due date for yearly and half yearly premium and 15 days for monthly premium. The policy will remain in force during grace period and will lapse if no premium is paid at the end of the grace period. A lapsed policy may be revived within 2 years from the date of the first unpaid premium subject to satisfactory proof of insurability as required by the company from time to time.

PRE-EXISTING CONDITION

Pre-existing condition means any condition, ailment or Injury or related condition(s) (e.g. illnesses, symptoms, treatments, pains and surgery), for which you had signs or symptoms and/or were diagnosed and/or received medical advice/treatment within 48 months prior to the first policy issued by the Company, will be deemed to be pre-existing.

POLICY LOANS

Loan against the policy is not allowed under this plan.

HIGH SUM ASSURED REBATE

High Sum Assured Discounts are available as rebates on tabular premium based on the following slabs. It will apply across all premium frequencies.

Basic Sum Assured	Rebates on tabular premium per 1,000 Basic Sum Assured
₹ 20 Lac ≤ SA < ₹ 50 Lac	Nil
₹ 50 Lac ≤ SA < ₹ 1 crore	10%
₹ 1 crore ≤ SA ≤ ₹ 2.5 crore	15%

STAFF REBATE

The product also provides 6% discount on the tabular premium for employees, retired employees, VRS holders, minor children & spouse of employees of SBI Life Insurance Co. Ltd, BNP PARIBAS, State Bank of India, RRBs sponsored by State Bank of India and subsidiaries of State Bank group and BNP PARIBAS group.

PARTICIPATION IN PROFITS

The plan does not participate in the profits of the company.

NOMINATION

Nomination shall be allowed as per Section 39 of the Insurance Act 1938, as amended from time to time.

ASSIGNMENT

Assignment of the Policy shall be allowed as per Section 38 of the Insurance Act 1938, as amended from time to time.

FREE LOOK OPTION

You have the option to review the terms and conditions of policy within 15 days of receipt for policies sourced through any channel mode other than Distance Marketing and 30 days for electronic policies and policies sourced through Distance Marketing. In case you disagree with the terms and conditions, you can return the policy stating the reason for objection. Premiums paid by you will be refunded after deducting stamp duty and cost of medical expenses incurred. The proportionate risk premium for the period of cover will also be deducted.

INCOME TAX BENEFIT

You are eligible for Income Tax benefits/exemptions as per the applicable income tax laws in India, which are subject to change from time to time. You may visit our website for further details. Please consult your tax advisor for details.

SUICIDE EXCLUSION

If the life assured commits suicide within 12 months from the date of inception of the policy or from the date of revival of the policy, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the premiums paid, provided the policy is in-force.

The premium mentioned above excludes applicable tax, cess, underwriting extra, if any.

Definitions

Critical Illness means illness, the signs or symptoms of which first commence more than 90 days following the Issue Date or Commencement Date or the date of any reinstatement of this Contract, whichever is the latest and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered surgeries stated below:

1. Cancer of Specified Severity

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

The following are excluded:

- 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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;
- All tumors in the presence of HIV infection.

2. Myocardial infarction - first heart attack of specific severity

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- A 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.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Heart Replacement or Repair of Heart Valves:

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

4. Kidney Failure Requiring Regular Dialysis:

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

6. Coronary Artery Bypass Graft (Open, Keyhole or minimally invasive or Robotic Cardiac CABG):

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

7. Multiple Sclerosis with persisting symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

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

8. Stroke resulting in permanent symptoms

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.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

9. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

10. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

11. Motor Neuron Disease with Permanent Symptoms

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

12. Benign brain tumor

- 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.
- This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - Undergone surgical resection or radiation therapy to treat the brain tumor.
- The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Blindness

- Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- The Blindness is evidenced by:
 - Corrected visual acuity being 3/60 or less in both eyes or ;
 - The field of vision being less than 10 degrees in both eyes.
- The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Deafness

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 90 decibels across all frequencies of hearing” in both ears.

15. End stage lung failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- Dyspnea at rest.

16. End stage liver failure

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

17. Loss of speech

- 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.
- All psychiatric related causes are excluded.

18. Loss of limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major head trauma

- Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- The Activities of Daily Living are:
 - 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;
 - Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - Mobility: the ability to move indoors from room to room on level surfaces;
 - Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - Feeding: the ability to feed oneself once food has been prepared and made available.
- The following are excluded:
 - Spinal cord injury

20. Primary (idiopathic) pulmonary hypertension

- An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- The NYHA Classification of Cardiac Impairment are as follows:
 - 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.
- 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.

21. Third Degree Burns

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

22. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 3 months:

Activities of Daily Living are defined as:

- 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;
- Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding – the ability to feed oneself once food has been prepared and made available.
- Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

23. Aplastic Anaemia

Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:

- Regular blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

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

- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute erythrocyte count of 20 000 per cubic millimetre or less; and
- Platelet count of 20 000 per cubic millimetre or less.

Temporary or reversible aplastic anaemia is excluded.

24. Medullary Cystic Kidney Disease

Medullary Cystic Kidney Disease where the following criteria are met:

- 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.

Isolated or benign kidney cysts are specifically excluded from this benefit.

25. Parkinson's Disease

The unequivocal diagnosis of primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Objective signs of progressive impairment; and
- There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following six (6) "Activities of Daily Living" for a continuous period of at least 6 months.

The Activities of Daily Living are:

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

Drug-induced or toxic causes of Parkinsonism are excluded.

26. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

A multi-system, multifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) 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 certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

Other forms, discoid lupus, and those forms with only haematological and joint involvement will be specifically excluded.

WHO Classification of Lupus Nephritis:

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

27. Apallic Syndrome

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

28. Major Surgery Of Aorta

The actual undergoing of surgery for a disease or 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
Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

29. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy with removal of bone flap to access the brain is performed. The following are excluded:

- Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy
- Brain surgery as a result of an accident

30. Fulminant Viral Hepatitis

A submassive 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:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound; and
- Necrosis involving entire lobules, leaving only a collapsed reticular framework(histological evidence is required); and
- Rapid deterioration of liver function tests; and
- Deepening jaundice; and
- Hepatic encephalopathy.

Hepatitis B infection carrier alone does not meet the diagnostic criteria.

This excludes Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug.

31. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent for atleast six (6) months, based on the following classification criteria:

Class IV - Inability to carry out any 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 echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. Muscular dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle based on three (3) out of four (4) of the following conditions:

- Family history of other affected individuals;
- Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;

- Characteristic electromyogram; or
- Clinical suspicion confirmed by muscle biopsy.

The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist.

The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months.

Activities of Daily Living are defined as:

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

33. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause and is proved by Stool Analysis,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis of Poliomyelitis must be confirmed by a Registered Medical Practitioner who is a neurologist.

34. Pneumonectomy

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.

35. Severe Rheumatoid Arthritis

The Severe Rheumatoid Arthritis with all of the following factors.

- Is in accordance with the criteria on Rheumatoid Arthritis of the American College of Rheumatology and has been diagnosed by the Rheumatologist.
- At least 3 joints are damaged or deformed such as finger joint, wrist, elbow, knee joint, hip joint, ankles, cervical spine or feet toe joint as confirmed by clinical and radiological evidence and cannot perform at least 3 types of daily routines permanently for at least 180 days.

36. 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.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

EXCLUSIONS FOR CRITICAL ILLNESS BENEFIT

Apart from the disease specific exclusions given along with definitions of diseases above, no benefit will be payable if the critical illness is caused or aggravated directly or indirectly by any of the following:

- Any of the listed Critical Illness condition which first manifests itself within 90 days of the risk commencement date or reinstatement date whichever is later.
- Any Pre-existing disease, that is any condition, ailment or injury or related condition(s) for which life assured had signs or symptoms and/or was diagnosed and/or received medical advice/treatment within 48 months prior to the commencement of the policy or reinstatement of the policy
- Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains age 18
- Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.
- Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.
- Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray.
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Any underwater or subterranean operation or activity. Racing of any kind other than on foot
- Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV).

- Participation by the insured person in any flying activity other than as a bona fide fare paying passenger, in a licensed aircraft.
- Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.
- Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines.
- Pregnancy or childbirth or complications arising there from
- Any treatment of a donor for the replacement of an organ;
- Diagnosis and treatment outside India.

PROHIBITION OF REBATES:

Section 41 of Insurance Act 1938, as amended from time to time, states:

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the 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 prospectus or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

NON-DISCLOSURE:

Extract of Section 45, as amended from time to time

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.

No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

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.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.



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