

Assurance at every step

Introducing **SUD Life Health Assure**, a fixed benefit health plan that offers a lumpsum payout to ease medical costs, support recovery, and protect your family's everyday needs.



KEY FEATURES



**Choice of
4 Coverage options¹**



**Return of Premium
Option²**



Avail Loan Benefit³

COVERAGE OPTIONS



**Lumpsum payment
against Major & Minor
Critical Illnesses⁴**



**Daily Cash During
Hospital Stay⁵**



**Accidental Death
Benefit⁶**



**Total & Permanent
Disability due to
Accident⁶**

Secure your health with guaranteed peace of mind.

¹ Coverage options (Hospital Cash Benefit, Accidental Death Benefit, Accidental Total & Permanent Disability Benefit, & Comprehensive Critical Illness) must be selected at policy inception and cannot be altered later. Benefits are payable only as per the terms, conditions, waiting periods, and definitions applicable to each coverage option. ² Return of Premium is applicable only under the "With ROP" benefit option. 100% of total premiums paid till date of maturity for inforce coverage options provided the policy is inforce. ³ A policy holder can avail loan during the policy term, provided the policy has acquired surrender value, by assigning the policy document as a collateral security. The loan can be availed up to 50% of Surrender Value. ⁴ Coverage for 10 minor conditions and 40 major conditions. The benefits are subject to fulfillment of definitions, waiting period, survival period and cooling-off period. Please read sales brochure carefully for details. ⁵ Hospital cash benefit will only be available under without ROP option. Get fixed per-day cash support for hospitalisation beyond 24 hours – up to 50 days per year, max 300 days per policy term (for other than 5 pay) & max 250 days for 5 pay. ⁶ Benefits under Accidental Death or Total & Permanent Disability are payable only on events meeting the policy definitions and conditions. Exclusions and survival period requirements (if applicable) must be satisfied. Accidental Death Benefit coverage option can not be selected standalone. It has to be selected with another coverage option.



WHY READ THIS BROCHURE?

This brochure helps you understand if this is the right plan for you. It gives you details about how it will work throughout the plan term in ensuring your needs are met. We believe this is an important document to understand before you decide to buy the policy.



IDEAL STEPS TO FOLLOW

1. Read the brochure carefully
2. Understand the benefits and remember the important points before buying the insurance plan
3. Meet our representatives or call 1800 266 8833 to clarify any pending doubts



YOU WILL COME ACROSS THE FOLLOWING SECTIONS IN THE BROCHURE

1. Key Features
2. Know your plan better
3. Making the most of your plan
4. Terms & Conditions

We all dream of a future filled with security and peace of mind for our loved ones. Yet life can be unpredictable, and sudden accidents, serious health conditions, or unexpected hospital stays can bring both emotional and financial strain. In such moments, having the right protection becomes essential.

Introducing SUD Life Health Assure – A fixed benefit health insurance plan, providing a lumpsum payout that acts as a strong financial cushion, helping you manage medical costs, maintain stability during recovery and safeguard your family’s everyday needs. Whether it’s an unforeseen accident, a long-term health challenge, or the burden of hospital expenses, SUD Life Health Assure ensures you are supported when life takes an unexpected turn.

You will come across the following sections in the Sales Literature:

1. Key Features
2. Know your plan better
3. Making the most of your plan
4. Terms & Conditions

01

Key Features

SUD Life Health Assure provides you with the following features and benefits:



Flexibility to choose from Two Benefit Type

1. With Return of Premium
2. Without Return of Premium



Hospitalization Cash Benefit: Get daily cash payouts of a fixed amount upon hospitalization¹



All-in-One Health Solution: multiple coverage options providing secure protection against specified Critical Illness, Total & Permanent Disability due to Accident, Accidental Death Benefit, and Hospital Cash Benefit providing you and your family peace of mind when life takes an uncertain turn.



Cover More, Worry Less: Lump sum payment on the diagnosis with specified conditions of Minor and/or Major Critical Illness²



Available through **Online Channel**



Flexible Payment Option: You can opt for limited pay or regular pay option as per your preference

¹ Minimum period of continuous 24 hours of Hospitalization, post completion of waiting period. This coverage option is available only with benefit type without return of premium).

² Please refer to the Section “Know Your Plan Better” of the brochure for more details

The benefits under the products will be available subject to fulfilment Terms and Conditions including definitions, exclusions, waiting period, survival period, cooling off period, as applicable. Please read subsequent sections of this document for more details.

How does the plan work?

SUD Life Health Assure is a fixed benefit Health insurance plan that is designed to protect You against financial risks emanating from Accidental Death, Accidental Total & Permanent Disability, Hospitalization Cash Benefit and Comprehensive Critical Illness.

The product offers **two benefit types**. The policyholder must first choose any one benefit type and within that type he/she can select multiple **Coverage Options**. Coverage Option 'Accidental Death Benefit' cannot be selected on standalone basis, it must be selected with any of the other Coverage Options available under the plan.

The Company will pay benefits in lumpsum, based on the coverage option(s) chosen by the policyholder .

Once chosen, the benefit type and coverage options cannot be altered during the Policy Term. The premium will be calculated based on the Sum Assured/per day benefit as chosen. The premium will vary based on the Benefit Type, Coverage Option, Premium payment term, Policy term, Age, Gender and Sum Assured.

If multiple coverage options are selected and if any of the options is terminated on settlement of claim, the coverage under the other options will continue for the remaining Policy Term, provided the Life Assured is alive and due premiums are paid . Below is the explanation for each Benefit Types.

The Benefit Types available in this plan are:

1. With Return of Premium (With ROP)

Here, if the Life Assured survives till the end of the policy term and the policy is in-force, then total premium paid till the maturity date for the in-force coverage options shall be refunded. The coverage options available within this benefit type are:

- Accidental Death Benefit (ADB)
- Accidental Total & Permanent Disability (ATPD)
- Comprehensive Critical Illness (CCI)

2. Without Return of Premium (Without ROP)

Here, if the Life Assured survives till the end of the policy term and the policy is in-force, no benefit will be payable. The coverage options available within this benefit type are:

- Hospital Cash Benefit (HCB)
- Accidental Death Benefit (ADB)
- Accidental Total & Permanent Disability (ATPD)
- Comprehensive Critical Illness (CCI)

What are the benefits under this Plan?

For all coverage options

the Benefit will be Highest of

- a. Sum Assured* under the respective Coverage Options as chosen by the Policyholder;
Or
- b. 105% of Total Premiums Paid
Or
- c. In case of entry age is less than 50 – 7 times of Annualized Premium else 5 times of Annualized Premium

* In case of Hospital Cash Benefit, the Sum Assured will be per day amount chosen multiplied by 300 days for other than 5 Pay option & 250 days for 5 Pay option.

“Annualized Premium” shall be the premium amount payable in a year, excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.

“Total Premiums Paid ” means total of all the premiums paid under the base product excluding any extra premium, and taxes, if collected explicitly.

The Coverage Options available are:

1. Hospital Cash Benefit (HCB)

Hospital stays often bring unexpected expenses. If the Life Assured is hospitalized for any reason for a minimum period of continuous 24 hours after the completion of the Waiting Period provided the Policy is in-force and the risk has commenced, he/she will be eligible to claim Hospital Cash Benefit i.e., Fixed Daily Payout. This helps ease this burden by providing a fixed daily payout for each day of hospitalization. At the time of purchase, you choose the daily benefit amount which ranges from ₹ 1,000 to ₹ 6,000 that suit your needs, and this cannot be altered later. The benefit is available for up to 50 days in a policy year, with a maximum total of 300 days over the entire policy term. This benefit amount is a fixed per-day benefit and shall be paid irrespective of actual Hospitalization expenses.

2. Accidental Death Benefit (ADB)

In life's most unforeseen moments, your family's financial security should remain intact. If the Life Assured dies due to an accident during the policy term, the Company will pay Accidental Death Benefit i.e. the Sum Assured, in lumpsum to the nominee and the Policy will terminate immediately.

The “Accidental Death” benefit is payable only if the life assured sustains any bodily injury resulting solely and directly from an accident and such injury shall within a period of 180 days of the occurrence of the accident; solely, directly and independently of all other causes, result in the death of the life assured.

In case the “event” which has caused death due to accident has occurred during the policy term and accidental death occurs after the policy term but within 180 days from the date of accident, the accidental death benefit shall be payable.

The Accidental Death Benefit will be reduced by premiums falling due and unpaid during the Policy Year in which the death occurs.

In the event of death of Life Assured due to causes other than an Accident, no Accidental Death Benefit will be payable under this Policy. This coverage option is available with both benefit types, with ROP and without ROP.

There is a waiting period of 90 days for Hospital Cash Benefit. In case of Hospitalization during the waiting period, no benefit shall be payable for that hospitalization and the policy will continue. No waiting period applies for hospitalization claims arising solely due to an accident.

“Specific waiting period” means a period up to 24/36 months from the effective Date of Commencement of the Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break. (This is applicable only for Hospital Cash Benefit)

3. Accidental Total & Permanent Disability (ATPD)

Life doesn't pause after an accident—your protection shouldn't either. Even in the event of total & permanent disability, we safeguard your financial goals. If the Life Assured suffers Accident which leads to Total and Permanent Disability, subject to fulfillment of the Survival Period and provided the Policy is in force as on date of accident, ATPD benefit will be paid in lumpsum. This coverage option is available with both, with ROP and without ROP.

The ATPD Benefit will be payable only if the following conditions are met:

- a. The Accident happens within the Policy term and the Policy is in-force or in reduced paid-up status;
- b. Accidental Total and Permanent Disability happen within 180 days of such Accident

In case the Accident has occurred while the Policy is in-force or in reduced paid-up status and ATPD occurs after end of the Policy Term, but within 180 days from the date of Accident, the ATPD benefit shall be payable by the Company.

The ATPD benefits will be reduced by premiums falling due and unpaid during the Policy Year in which the event of Accidental Total and Permanent Disability occurs.

In the event of death of Life Assured due to any cause, no death benefit shall be paid.

For further details, kindly refer to the section “Terms and Conditions” of this brochure.

4. Comprehensive Critical Illness (CCI)

Critical illness (CI) can strike in many forms—big or small. Our comprehensive option protects you against financial risk due to diagnosis of minor and major conditions of critical illnesses, ensuring your financial goals remain secure. This coverage option is available with both, with ROP and without ROP.

The list of Minor conditions of Critical Illnesses covered are:

Sr. No	Name of CI
1	Early-Stage Cancer
2	Carcinoma in situ
3	Angioplasty
4	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD Insertion
5	Carotid Artery Surgery
6	Pericardectomy
7	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy
8	Fulminant Hepatitis
9	Surgical Removal of One Kidney
10	Cirrhosis of the Liver

The list of Major condition of Critical Illnesses covered are:

Sr. No	Name of CI
1	Cancer Of Specified Severity
2	Myocardial Infraction - FIRST HEART ATTACK – of SPECIFIED SEVERITY
3	Open Chest CABG
4	Open Heart Replacement Or Repair Of Heart Valves
5	Coma of Specified Severity
6	Kidney Failure Requiring Regular Dialysis
7	Stroke Resulting In Permanent Symptoms
8	Major Organ /Bone Marrow Transplant
9	Permanent Paralysis Of Limbs
10	Motor Neurone Disease With Permanent Symptoms

Sr. No	Name of CI
11	Multiple Sclerosis With Persisting Symptoms
12	Benign Brain Tumour
13	Blindness
14	Deafness
15	End Stage Lung Failure
16	End Stage Liver Failure
17	Loss of Speech
18	Loss of Limbs
19	Major Head Trauma
20	Primary (Idiopathic) Pulmonary Hypertension

The List of Major Critical Illnesses covered are:

Sr. No	Name of CI	Sr. No	Name of CI
21	Third-degree burns	31	Sporadic Creutzfeldt-Jakob Disease
22	Alzheimer's Disease	32	Severe Ulcerative Colitis
23	Parkinson's Disease	33	Chronic Relapsing Pancreatitis
24	Surgery of the Aorta	34	Progressive Supranuclear Palsy
25	Myasthenia Gravis	35	Fulminant Viral Hepatitis
26	Aplastic Anaemia	36	Bacterial Meningitis
27	Loss of Independent Existence	37	Muscular Dystrophy
28	Cardiomyopathy	38	Encephalitis
29	Medullary Cystic Disease	39	Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
30	Apallic Syndrome	40	Amyotrophic lateral sclerosis

In the event where the Life Assured is diagnosed with either a Major CI Condition or Minor CI Condition after the completion of Waiting Period and he/she survives the Survival Period, from date of occurrence/date of actual undergoing of the procedure, the Company will pay a lumpsum benefit as tabled below, provided the Policy is in force and risk has commenced:

Level	Payout (as % of Comprehensive Critical Illness Benefit)
Minor CI Condition	25% of the benefit
Major CI Condition	100% of the benefit less sum of Minor CI condition claim/s already paid, if any

Minor CI Condition Claim:

The Company will admit maximum of two Minor CI Conditions claims during the Policy Term subject to Cooling Off Period.

For multiple Minor CI Conditions claims to be admissible, a Cooling Off Period of at least 180 days between the date of occurrence of a Minor CI Condition claim and date of occurrence of subsequent Minor CI Condition claim, will be applicable. However, this requirement of 180 days is not applicable in case of Major CI Condition claim following a Minor CI Condition claim.

Date of occurrence is the date of diagnosis of a covered Critical Illness or the date of undergoing of any procedure.

No multiple claims will be admitted by the Company for same Minor CI Conditions, and a particular Minor CI Condition can be claimed only once during the term.

Major CI Condition Claim:

On diagnosis of any of the Major CI Condition, Comprehensive Critical Illness Benefit will be paid post deduction of benefit towards any Minor CI Conditions, if any, previously paid.

The Company will admit only one Major CI condition claim during the Policy Term.

In the event of occurrence of an insured event during a Waiting Period from the date of Revival of the Policy and the Policy has acquired Reduced Paid-up status, the Company will pay Reduced paid-up benefit (as tabled below) and refund 100% of the Premium received for revival, as applicable.

Level	Payout (as % of Reduced paid-up Benefit)
Minor CI Condition	25% of the Reduced Paid-up benefit
Major CI Condition	100% of Reduced Paid-up Benefit less Minor CI Condition claim(s) already paid, if any

In the event of occurrence of an insured event happens during the Waiting Period from date of Revival of the Policy and where the Policy has not acquired Reduced Paid-up status – The Company will pay the applicable Policy Cancellation Value, if applicable and refund 100% of the Premium received for Revival, as applicable.

In the event of occurrence of an insured event during the Waiting Period from the effective Date of Commencement of Policy – The Company will refund 100% of the Premiums paid and the Policy will terminate immediately

Waiting Period

For all major CI Conditions covered, a Waiting Period of 90 (Ninety) days from the effective Date of Commencement of Policy or date of Revival of the Policy, whichever is later, will apply. For all Minor CI Conditions covered, a Waiting Period of 180 days from the effective Date of Commencement of Policy or date of Revival of the Policy, whichever is later, will apply. No Waiting Period will apply for Comprehensive CI claims arising solely due to an Accident.

“**Accident**” refers to a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Survival Period

The applicable benefits under this Policy will be paid subject to Life Assured surviving the Survival Period of 30 days from Date of Diagnosis of Critical Illness/Date of Occurrence of Accidental Total & Permanent Disability & fulfilment of the definition of the conditions covered during which the life assured must survive before the ATPD/CI benefit will be paid. The Company will pay the benefits when the Critical Illness/Accidental Total & Permanent Disability is diagnosed during the Policy Term, provided the Policy is in force, even if the Survival Period of 30 (Thirty) days is completed post the Policy Term. In case Life Assured dies within 30 (Thirty) days from the date of Diagnosis of the CI/ATPD, then no CI/ATPD benefit will be payable. The survival period is applicable for both minor and major critical illnesses.

B. Maturity Benefit:

On survival of the Life Assured to the end of the Policy Term, provided the policy is in-force, the following benefit will be paid. The policy will terminate on the date of maturity.

Benefit Type	Maturity Benefit
With Return of Premium	Sum Assured on Maturity i.e., Total Premiums Paid under the Policy for Coverage Options which are in-force* till the Maturity Date, will be payable to the Policyholder.
Without Return of Premium	No Maturity Benefit will be payable

* Inforce coverage option mean a coverage option which is not terminated upon claim being made as per termination conditions.

Total premium means total of all Premiums paid under this Policy excluding any extra premium, and taxes, if collected explicitly.

C. Death Benefit:

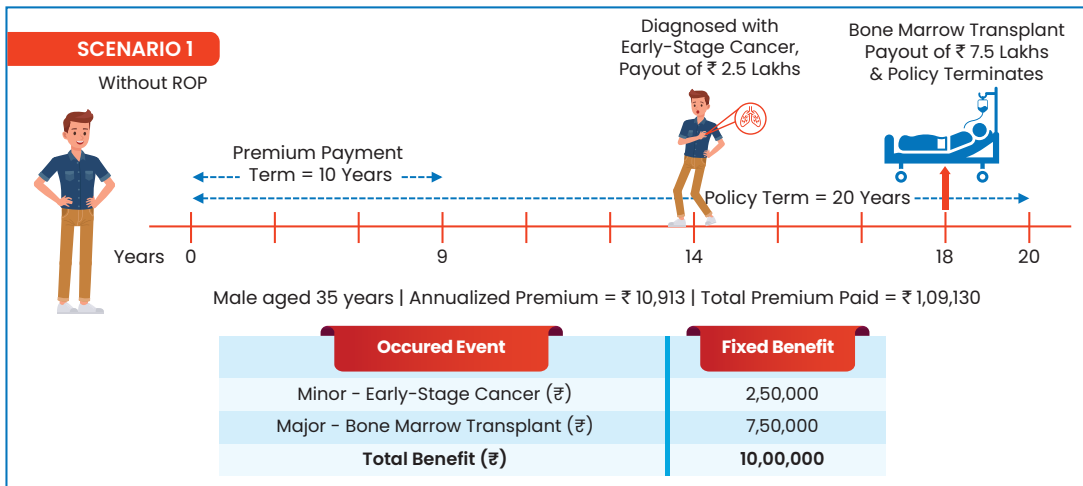
- If Accidental Death Benefit Coverage Option is not chosen - On death of the Life Assured during the Policy Term, no Death Benefit will be paid under the Policy. The Policy will terminate immediately on death of the Life Assured.
- If Accidental Death Benefit Coverage Option is chosen - Admissible benefits shall be paid for Accidental Death.

Benefits explained with examples:

Example 1: Benefit Type - Without Return of Premium

Mr. Vivek, aged 35, has opted for SUD Life Health Assure. The details are as below

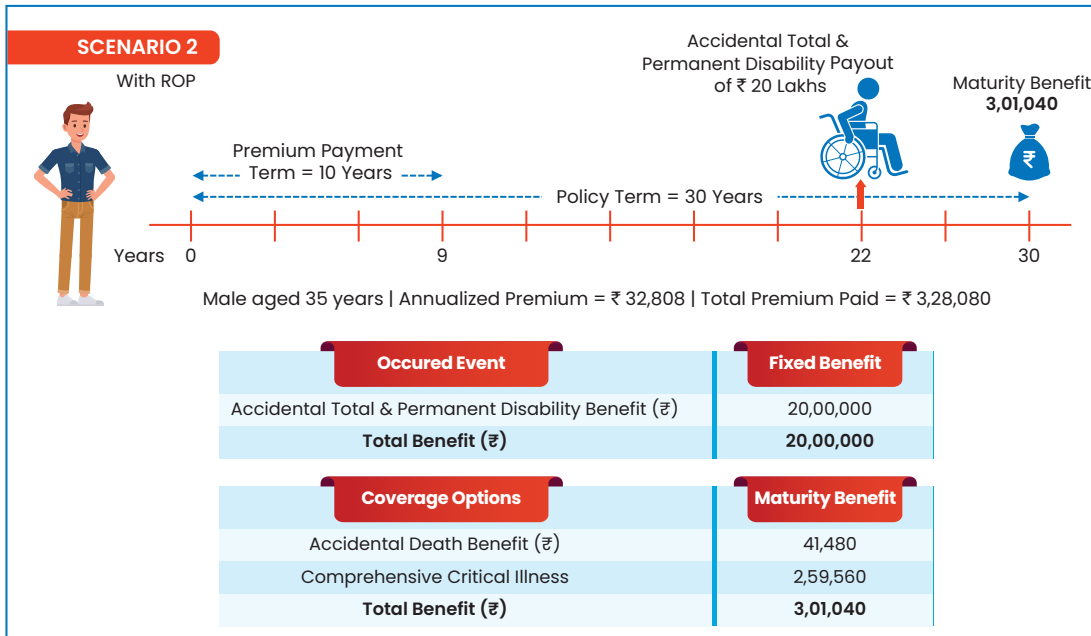
Coverage Options selected	- Comprehensive Critical Illness	Annualized Premium	- ₹ 10,913
Policy Term	- 20 years	Premium Frequency	- Yearly
Premium Paying Term	- 10 years	Channel	- Corporate Agency
Comprehensive Critical Illness Sum Assured (SA) - ₹ 10,00,000			



Example 2: Benefit Type - With Return of Premium

Mr. Vivek, aged 35, has opted for SUD Life Health Assure. The details are as below

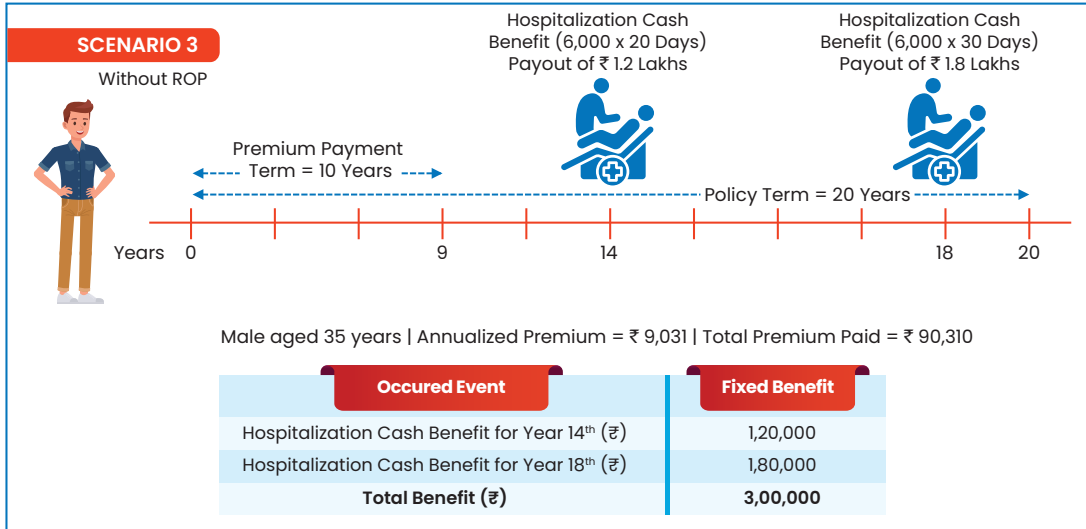
Coverage Options selected	- ATPD, ADB & CCI
Policy Term	- 30 years
Premium Paying Term	- 10 years
Accidental Total & Permanent Disability Sum Assured (SA)	- ₹ 20,00,000
Accidental Death Benefit Sum Assured (SA)	- ₹ 20,00,000
Comprehensive Critical Illness Sum Assured (SA)	- ₹ 10,00,000
Annualized Premium	- ₹ 32,808
Premium Frequency	- Yearly
Channel	- Corporate Agency



Example 3: Without Return of Premium

Mr. Vivek, aged 35, has opted for SUD Life Health Assure. The details are as below

Coverage Options selected	- Hospital Cash Benefit
Policy Term	- 20 years
Premium Paying Term	- 10 years
Per Day Amount	- ₹ 6,000
Annualized Premium	- ₹ 9,031
Premium Frequency	- Yearly
Channel	- Corporate Agency



In the above-mentioned examples, it is assumed that the policy was in force as on date of insured events and terms, conditions, definitions, exclusions, waiting period, survival period, cooling period, as applicable are fulfilled.

Eligibility & Plan Summary

Benefit Type		With ROP			Without ROP			
Coverage Options		ADB	ATPD	CCI	ADB	ATPD	CCI	HCB
Entry Age	Minimum	18 Years						
	Maximum	60 Years	50 Years		60 Years		50 Years	
Age at Maturity	Minimum	23 Years						
	Maximum	85 Years	75 Years		85 Years	75 Years	70 Years	
Premium Payment Term (PPT)		Limited Pay (LP) - 5 6 7 8 9 10 12 15 Regular Pay (RP) - As per Policy Term						
Policy Term (PT)	Minimum	PPT	PT	PPT			PT	
		LP - 5 to 10, 12	15	LP - 5 to 10, 12, 15			PPT + 1	
		LP - 15	20	RP			5	
		RP	15					
	Maximum	40 Years	30 Years	40 Years		30 Years	20 Years	
Sum Assured	Minimum	₹ 1,00,000	₹ 2,00,000	₹ 1,00,000	₹ 2,00,000	PPT	SA	
						5	₹ 2,50,000 [@]	
	Others	₹ 3,00,000 [#]						
Maximum	As per the Board approved Underwriting Policy					18,00,000 [^]		
Annualized Premium	Minimum	₹ 1,000*						
	Maximum	As per the Board approved Underwriting Policy						

[@] Minimum per day fixed amount of ₹ 1,000 multiplied by 250 days over the Policy Term. Maximum 50 days of per day fixed Benefit can be claimed in a Policy Year.

[#] Minimum per day fixed amount of ₹ 1,000 multiplied by 300 days over the Policy Term. Maximum 50 days of per day fixed Benefit can be claimed in a Policy Year.

[^] Maximum Per Day fixed amount of ₹ 6,000 multiplied by 300 days over the Policy Term. Maximum 50 days of per day fixed Benefit can be claimed in a Policy Year.

* Minimum Annualized Premium is the total Annualized Premium of all the coverage options. For other applicable modes minimum premium will be Annualized Premium multiplied by modal factor as mentioned below.

Note: Policy Term will be same across coverage options in case of Policyholder chooses multiple options

What Happens in case of missed Premiums?

Should you miss paying your Premium on the due date, you get a chance to pay them within the grace period while staying fully covered. A grace period of 15 days from the due date of the first unpaid premium is available for Monthly mode and 30 days for all other modes. The coverage under the chosen insured events shall remain in-force during the Grace Period.

If the covered event occurs during the grace period, the coverage benefit under the Policy will be paid after deductions of the premiums then due and all premiums falling due and unpaid during the policy year of the covered event.

What happens once your policy Lapses?

A. Lapse

Depending on the premium payment term and Benefit Type chosen, the following lapse condition will apply:

Lapse Condition	
Benefit Type - Without ROP	Benefit Type - With ROP
<p><u>In case of Regular Pay</u> If the due premiums are not paid on or before the grace period, policy will lapse, and cover for the insured events will cease immediately. Lapsed Policy will terminate on expiry of Revival Period and no benefit shall be payable by the Company under the lapsed Policy.</p> <p><u>In case of Limited Pay</u> If the due premiums under the Policy have not been paid within the grace period, the policy will lapse. The cover for insured events under lapsed Policy will cease immediately. Lapsed Policy will terminate on expiry of Revival Period. The cover for insured events under lapsed Policy will cease and no benefits will be payable except Policy Cancellation Value under limited premium payment term will be payable provided first two consecutive Policy Years' full Premium have been paid.</p>	<p>If the due premiums under the policy are not paid for the one full policy year within the grace period, then the policy will lapse. If the due Premiums under the Policy have been paid for one full Policy Year and subsequent Premiums are not paid within the Grace Period, the Policy will be converted into Reduced Paid-up status and will continue with Reduced Paid-up benefit (as mentioned below).</p> <p>Lapsed Policy will terminate on expiry of revival period, and no benefit shall be payable by the Company.</p>

B. Reduced-Paid Up (Applicable only for Benefit Type With Return of Premium):

The policy will acquire Reduced Paid-up status if due premiums have been paid for at least one full policy year and any subsequent due premiums are not paid under the policy. Reduced Paid-Up will not be applicable for Benefit Type – without Return of Premium.

The following benefits are payable under Reduced Paid-up policy:

- **Risk Benefit under Reduced Paid-up Policy**

The Risk Benefit under Reduced Paid-up Policy will be Higher of:

- Paid-up Sum Assured
- OR
- 105% of the Total Premium Paid

where, Paid-up Sum Assured is

$$\text{Paid-up Sum Assured} = \frac{\text{Total number of premiums paid} \times \text{Sum Assured under coverage options}}{\text{Total number of premiums payable}}$$

For Comprehensive Critical Illness Option:

1. On Diagnosis of CI whilst the Policy is under Reduced Paid-up status:

1. When Life Assured is diagnosed with Minor Critical Illness -

25% of the Reduced Paid-up Sum Assured shall be paid. The policy shall continue as reduced paid-up.

2. When Life Assured is diagnosed with Major Critical Illness -

In the event Life Assured is diagnosed with a Major Critical Illness, the following Reduced Paid-up benefit is paid:

When No minor CI condition has been claimed: 100% of the Benefit under Reduced Paid-up Policy shall be payable.

When One minor CI condition has been claimed: 75% of the Benefit under Reduced Paid-up Policy shall be payable.

When Two Minor CI condition has been claimed: 50% of the Benefit under Reduced Paid-up Policy shall be payable.

In the event of any claim under the Policy for any of the insured event as opted by the Policyholder, the benefit amount will be proportionated to the Reduced Paid-up Sum Assured as mentioned above for various Coverage Option(s).

- **Maturity Benefit under Reduced Paid-up policy:**

On survival of the Life Assured to the end of the Policy Term, Total Premiums Paid till the Maturity Date, for reduced paid-up coverage options within the Policy will be paid, and the policy gets terminated immediately.

- **On Surrender of Reduced Paid-up policy**

On surrender of Reduced Paid-up policy, the higher of Guaranteed Surrender Value or Special surrender value will be paid and the contract gets terminated. Kindly refer to the surrender section for more details.

C. Can you restore your Lapsed policy to the original benefit levels?

Revival shall be as per Board approved underwriting policy.

Lapsed policy and Reduced Paid-Up policy can be revived within a period of 5 years from the due date of the first unpaid premium, by payment of all arrears of premium with interest at the prevailing rate of interest. The prevailing interest rate is calculated as equal to 10-year G-sec benchmark interest rate as on last working day of the previous financial year, +1.50%, rounded up to the next multiple of 25 basis points and compounded on half yearly basis. The 10-year G Sec rate on 31st March 2025 was 6.58%. The rate of interest on revival for FY 25-26 is 8.25% % (i.e. 6.58%+1.50%+rounding to next 25 bps). Any change in basis shall be with prior approval of the Authority. The Yield on 10-year G-sec is sourced through Bloomberg website: www.bloomberg.com. The company would review the revival interest rate every 1st April and the revised revival interest rate will also be applicable from 1st April.

The revival of the policy is subject to the submission of the satisfactory medical evidence as per the Board approved underwriting policy applicable at that time. The cost of the required medical examination, if any will be borne by the Policyholder.

Once the policy is revived, all the benefits will be restored to original benefits level subject to completion of waiting period.

D. Surrender Benefit (Applicable only for Benefit Type – With Return of Premium):

Life insurance work best if you pay regularly and for the long term. It is recommended that you continue with your policy to avail all benefits.

However, in case of an emergency/contingency, you can surrender your policy any time after completion of first policy year during the Policy Term, provided it has acquired Surrender Value.

Surrender Value payable would be higher of “Guaranteed Surrender Value (GSV)” and “Special Surrender Value (SSV)”.

The Policy shall acquire GSV on payment of Premium for at least first 2 (Two) consecutive full Policy Years.

Guaranteed Surrender Value (GSV) is defined as,

$$\text{GSV} = \text{GSV Factor} \times \text{Total premiums paid till the date of surrender}$$

GSV for each in-force coverage option shall be added to arrive at policy level value.

SSV shall become payable after completion of first Policy Year provided 1 full policy year Premium has been received. Special Surrender Value (SSV) is defined as,

$$\text{SSV} = \{ \text{SSV Factor 1} \times \text{Paid-up Sum Assured on Maturity} + \{ \text{SSV Factor 2} \times (\text{Number of Premium Paid} / \text{Number of Premium Payable}) \times \text{Sum Assured} \}$$

where, Paid-up Sum Assured on Maturity = Total Premiums Paid for inforce coverage option

In case multiple coverage options are selected, the SSV shall be derived for each of the inforce coverage option separately and then would be added together.

SSV is not guaranteed. Special Surrender Value shall be reviewed annually by the Company and may be changed based on the prevailing yield on 10 Year G-Sec and the underlying experience. Any change in the methodology/formula for calculating the SSV factors shall be made only after prior approval of the Authority.

Once the policy is surrendered, the policy will terminate, and no further benefits shall be payable.

E. Policy Cancellation Value (Applicable only for plan option – Without Return of Premium)

The Policy will acquire Policy Cancellation Value as mentioned below and the following benefits will be payable:

Premium Payment Term	Acquisition of Policy Cancellation Value	When is the Policy Cancellation Value payable
Limited Pay	Policy will acquire Policy Cancellation Value provided at least two consecutive full years' premiums are paid.	In case the Policyholder applies for policy cancellation or discontinues payment of premium after first two consecutive full years' premiums are paid, policy will terminate on expiry of revival period or death of the Life Assured whichever is earlier and the policy cancellation value as defined will become payable.
Regular Pay	Policy will not acquire Policy Cancellation Value anytime during the Policy Term.	No Policy Cancellation Value will be payable in respect of regular premium policies.

$$\text{Policy Cancellation Value} = 50\% \times Z \times [\text{Total Premium paid less } \{ \text{Total Premium payable} \times (\text{Number of completed months of policy} + 1) / \text{Total Policy Term in months} \}]$$

Where,

In case of Coverage Option ADB and ATPD: Z = 1

In case of Coverage Option HCB: Z = (300 – days claimed)/300

In case of Coverage Option CCI,

When no Minor CI has been claimed: Z = 1

When one Minor CI has been claimed in past: Z = 75%

When two Minor CI's have been claimed in past: Z = 50%

^ Number of completed months of policy will be calculated up-to the date till the policy was in force.

What if you realize this is not the right plan for you?

Freelook - If you disagree to any of those terms or conditions in the policy, you have an option to return the policy to us within 30 days from the date of the receipt of the policy document, provided no claim has been made under the Policy.

In this case we will return your premium as follows -

Premium paid less:

- i. Proportionate risk premium for the period of cover
- ii. Expenses incurred by us on medical examination, if any
- iii. Stamp duty charges

In case of multiple coverage option, coverage options cannot be freelooked individually.

Premium Payment Modes and Modal Loading -

- a. Mode of premium payment frequency available under this plan is:

Benefit Type	Modes of Premium Payment
Without ROP	Yearly
With ROP	Yearly/Half - Yearly/Quarterly/Monthly

For both Benefit Types, Policyholders can alter Premium Payment Frequency i.e. Yearly/Half - Yearly/Quarterly/Monthly, during the Premium Payment Term at Policy Anniversary.

- b. Following factors are applied to annual premium when paying premiums other than yearly mode

Mode of Premium	Modal Factor
Yearly	1
Half Yearly	0.5108
Quarterly	0.2582
Monthly	0.0867

Monthly modes of premium payments are available only through National Automate Clearing Houses (NACH)/ Standing Instruction (SI) payment mode.

The Investment yield earned by our Company under Non Par fund during the past five years has been around 8% p.a. to 9.6% p.a. Hence, we have derived the modal factors using interest rate of 9% p.a.

For Your Premiums due in the given financial year, You have an option to make an advance payment of the due Premiums within the same financial year. However, in case if Your Premium is due in the next financial year, the Company would accept such payments which are within a maximum period of 3 (Three) months in advance, from the Premium due date. Any advance Premium received by Us, will be applied to your Policy only on the Premium due date.

04

Terms & Conditions

Policy Loan

a. Applicable only in case of Benefit Type – With Return of Premium

A policyholder can avail loan from Star Union Dai-ichi during the policy term, provided the policy has acquired surrender value, by assigning the policy document as a collateral security. The loan can be availed up to 50% of Surrender Value. The interest rate is calculated as equal to 10 year G-sec benchmark interest rate as on last working day of the previous financial year +1.50%, rounded up to the next multiple of 25 basis points and shall be compounded half yearly.

The 10 year G Sec rate on 31st March 2025 was 6.58%. The rate of interest on loan for FY 25-26 is 8.25% (i.e. 6.58% +1.50%+rounding to next multiple of 25 bps).

Any change in basis shall be with prior approval of the Authority. The Yield on 10 year G-sec is sourced through Bloomberg website: www.bloomberg.com

The company would review the loan interest rate every 1st April and the revised loan interest rate will also be applicable from 1st April on all the outstanding loans as on the date as well as the loans issued during the year.

The loan outstanding along with accumulated interest will be adjusted towards the benefit payable.

For inforce and fully paid-up policy: Policy can't be foreclosed on the ground of outstanding loan amount including interest exceeds the surrender value.

For other than in-force and fully paid-up policies: The policyholder will be given written notice when the outstanding loan amount including interest is 95% of the surrender value. The policyholder may repay whole or part of the outstanding loan amount. At any point in time, if the loan outstanding along with accumulated interest exceeds the applicable Surrender Value, the Policy will be foreclosed immediately, and no benefits will be payable.

b. General Definitions

1. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
2. **Accident** refers to a sudden, unforeseen and involuntary event caused by external, visible and violent means.
3. **Medical Practitioner:** A Medical Practitioner means person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
The person must be qualified in allopathic system of medicine and shall not be:
 - a. The Policyholder/Insured person himself/herself; or
 - b. An authorized Insurance Intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
 - c. Employed by or under contractual engagement with the Insurance Company;
 - d. Related to the Policyholder/Insured person by blood or marriage.
4. **Bodily Injury** means Injury must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.
5. **Activities of Daily Living:**
The Activities of Daily Living are:
 - a. 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;
 - b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d. Mobility: the ability to move indoors from room to room on level surfaces;
 - e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f. Feeding: the ability to feed oneself once food has been prepared and made available.
6. **Adventurous Pursuits or Hobbies:** Adventurous Pursuits or Hobbies include but are not limited to any kind martial arts, racing (other than on foot or swimming); potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.
7. **Biological Attack:** Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

8. **Chemical Attack:** Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
9. **Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body.
10. **Cooling Off Period:** This is the period of 180 (One Hundred and Eighty) days between the Date of Occurrence of a Minor Critical Illness Condition and Date of Occurrence of subsequent Minor Critical Illness Condition. No claim shall be admitted for any second Minor Critical Illness Condition occurring during the period.

In case of multiple minor CI claims, the acceptance of the claims shall be subject to a Cooling Off Period. Cooling off Period shall apply after each occurrence of the condition/procedure, provided such occurrence resulted into a valid minor claim. For the multiple Minor CI conditions claims to be admissible, a cooling-off period of at least 180 days between the Date of Occurrence of a Minor CI Condition and Date of Occurrence of subsequent Minor CI condition, will be applicable. However, this requirement of 180 days is not applicable in case of diagnosis of a major CI condition following a minor CI claim.

Where, Date of Occurrence is the date of Diagnosis of a covered illness or the date of undergoing of any procedure.

11. **Hospital:** A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act or, complies with all minimum criteria as under:
 - a. Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - b. Has qualified nursing staff under its employment round the clock;
 - c. Has qualified medical practitioner(s) in charge round the clock;
 - d. Has a fully equipped operation theatre of its own where surgical procedures are carried out; and
 - e. Maintains daily records of patients and makes these accessible to SUD life's authorised personnel.
12. **Hospitalization:** Means admission in hospital for minimum of 24 hrs (in patient) hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
13. **Pre-Existing disease:** Pre-Existing condition means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician not more than 36 months prior to the effective date of commencement of the policy issued by the insurer or its reinstatement; or

- b. For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months Prior to the effective date of commencement of the policy issued by the insurer or its reinstatement In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

c. Minor Critical Illness Definitions:

1. Early-Stage Cancers:

Early Cancers shall mean first ever presence of one of the following malignant conditions:

- i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
- ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
- iii. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
- iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
- v. Malignant melanoma that has not caused invasion beyond the epidermis.
- vi. Hodgkin's Lymphoma Stage I by the Cotswold's classification staging system.
- vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

Pre-malignant lesions and conditions, unless listed above, are excluded.

2. 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 NM 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
- v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus
- vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.

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.

Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

3. Angioplasty

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

4. Cardiac Arrest Requiring Permanent Cardiac Pacemaker or ICD Insertion

Insertion of a Permanent Cardiac Pacemaker, Implantable Cardioverter-defibrillatory (ICD) or Cardiac resynchronisation therapy with defibrillator (CRT-D) that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of such device must be certified as absolutely necessary by a consultant cardiologist and evidence of surgery to be provided.

Cardiac arrest secondary to illegal drug abuse is excluded.

5. Pericardiectomy (Irrespective of Technique)

The actual undergoing of surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium, which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist and supported by 2D echo findings.

6. Carotid Artery Surgery

The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified Specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks (TIA). Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

7. Surgical Removal of One Kidney

The complete surgical removal of one kidney necessitated by any disease or accident of the Life Assured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.

Removal of kidney as a donor and removal of congenital kidney condition including renal agenesis and non-functioning kidney are excluded.

8. Fulminant Hepatitis

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:

- a. Rapid decreasing of liver size;

- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

9. Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy

The actual undergoing of Valvotomy or Valvuloplasty where the treatment is performed totally via intravascular procedure necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available. For purpose of this Benefit, procedures done for treatment of Congenital Heart Disease are excluded.

10. Cirrhosis of Liver

Chronic hepatitis due to hepatitis virus infection having progressed to liver cirrhosis. At time of claim all of below must be fulfilled:

- i. Clinical evidence of chronic viral hepatitis in the form of serology and other laboratory tests.
- ii. Unequivocal diagnosis of liver cirrhosis caused by viral hepatitis must be made based on liver tissue histopathology, clinical findings and medical history by registered gastroenterologist in a hospital recognized by the insurer.
- iii. Histopathological report shows stage F4 by Metavir grading or a HAI Knodell fibrosis score of 4.

Liver disease caused by alcohol or drug abuse is excluded.

d. Major Critical Illness Definitions:

1. Cancer of Specified Severity

A malignant tumour 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 & confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

- All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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.

2. Myocardial Infarction – FIRST HEART ATTACK – OF SPECIFIED 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 Chest 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

4. 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.

5. 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.

6. 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.

7. 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.

8. 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

9. 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.

10. Motor Neurone Disease With Permanent Symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive

bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis.

There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis With Persisting Symptoms

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.
- Neurological damage due to SLE is excluded.

12. Benign Brain Tumour

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 - Irreversible

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 90decibels 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 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); 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; 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

A definite diagnosis of complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis has to be confirmed by a Specialist.

Exclusion: For the above definition, the following not covered:

- Loss of limbs due to self-inflicted injury

19. Major Head Trauma – resulting in permanent loss of physical abilities

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 following are excluded: Spinal cord injury

20. Primary 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 – Covering 20% of the Body Surface Area

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

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- No disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)
- The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Other forms of dementia due to brain or systemic disorders or psychiatric conditions.

23. Parkinson's Disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must cause neurological deficit resulting [before age 65] in the permanent and irreversible inability of the Life Assured to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 6 months despite adequate drug treatment.

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor
- Parkinsonism related to other neurodegenerative disorders

24. Surgery of the Aorta – including minimally invasive procedures

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

25. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:

Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below;

The unequivocal diagnosis of Myasthenia Gravis and categorization must be confirmed by a neurologist.

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

26. Aplastic Anaemia

A definite diagnosis of Aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- Bone marrow stimulating agents
- Immunosuppressant

- Bone marrow transplantation

The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

Temporary or reversible aplastic anemia is excluded and not covered in this Policy.

27. Loss of Independent Existence

A definite diagnosis of loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent 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 hope of recovery with current medical knowledge and technology.

The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by typical imaging findings (CT scan or brain MRI).

28. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram or cardiac MRI. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined by a Consultant Cardiologist.

Exclusion: For the above definition, the following are not covered:

- Secondary (ischemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- Transient reduction of left ventricular function due to myocarditis
- Cardiomyopathy due to systemic diseases
- Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

29. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- The diagnosis must be confirmed by a Consultant Nephrologists.

For the above definition, the following are not covered:

- Polycystic kidney disease
- Multicystic renal dysplasia and medullary sponge kidney
- Any other cystic kidney disease.

30. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

- Complete unawareness of the self and the environment
- Inability to communicate with others
- No evidence of sustained or reproducible behavioural responses to external stimuli
- Preserved brain stem functions
- Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
- The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

31. Sporadic Creutzfeldt-Jakob Disease (SCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- Progressive dementia
- At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- No routine investigations indicate an alternative diagnosis
- The diagnosis must be confirmed by a Consultant Neurologist.

Exclusions:

For the above definition, the following are not covered:

- Latrogenic or familial Creutzfeldt-Jakob disease
- Variant Creutzfeldt-Jakob disease (vCJD)

32. Severe Ulcerative Colitis

An acute fulminant ulcerative colitis, which has to be accompanied with fatal electrolyte disturbances and total colon involved.

The diagnosis must be evidenced by definite histology confirming the insured's actual undergoing of total colectomy and/or ileum tubal fistulation.

33. Chronic Relapsing Pancreatitis :

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- Exocrine pancreatic insufficiency with weight loss and steatorrhea; and
- Endocrine pancreatic insufficiency with pancreatic diabetes; and Need for oral pancreatic enzyme substitution.
- These conditions have to be present for at least 3 months.
- The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase)

Exclusions:

- Chronic pancreatitis associated with alcohol or drug use
- Acute pancreatitis

34. Progressive Supranuclear Palsy – Resulting In Permanent SYMPTOMS:

Progressive Supranuclear Palsy Progressive supranuclear palsy resulting independently of all other causes and directly resulting lack of control of gait and balance, and permanent inability to perform (with or without aided) at least three (3) of the six (6) Activities of Daily Living. The diagnosis must be made by a neurologist as progressive and resulting in neurological deficit for at least a continuous period of six (6) months.

35. Fulminant Viral Hepatitis:

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis; and
- Development of hepatic encephalopathy; and
- Decrease in liver size; and
- Increase in bilirubin levels; and
- Coagulopathy with an international normalized ratio (INR) greater than 1.5; and
- Development of liver failure within 7 days of onset of symptoms; and
- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

Exclusion:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
- Fulminant viral hepatitis associated with intravenous drug use
- Pregnancy associated liver fail

36. Bacterial Meningitis:

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis.

The diagnosis and persistent neurological deficit must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

Exclusions:

- Aseptic, viral, parasitic or non-infectious meningitis.

37. Muscular Dystrophy – Resulting in Permanent Loss of Physical Abilities

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system. The diagnosis must be confirmed by a company appointed Registered Medical Practitioner who is a neurologist based on all the following conditions:

- 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 disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

38. Viral Encephalitis:

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis.

The diagnosis and neurological deficit must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

Exclusions :

- Encephalitis in the presence of HIV.
- Encephalitis caused by bacterial or protozoal infections
- Myalgic or paraneoplastic encephalomyelitis
- Encephalitis caused by a pandemic virus.

39. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis – with Involvement of Heart, Kidneys or Brain

The Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease. It can affect any part of the body. The immune system erroneously attacks the body's cells and tissue resulting in inflammation and damage. It can be

diagnosed by typical laboratory findings and associated symptoms, the so-called butterfly rash being the most known, and has to be treated with corticosteroids or other immunosuppressants .

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants
- Additionally, one of the following organ involvements must be diagnosed:
- Lupus nephritis with proteinuria of at least 0.5 g/day and a Glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologists.

The other form of lupus erythematosus the Discoid lupus erythematosus or subacute cutaneous lupus erythematosus or a lupus erythematosus that is drug-induced are not covered.

40. Amyotrophic lateral sclerosis

A definite diagnosis of amyotrophic lateral sclerosis. The disease must result in a total and permanent inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

The diagnosis must be confirmed by a Consultant Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG) studies.

Exclusion:

- Other forms of motor neurone disease
- Multifocal motor neuropathy (MMN) and inclusion body myositis
- Post-polio syndrome
- Spinal muscular atrophy
- Polymyositis and dermatomyositis

e. Specific to Coverage Option Accidental Death Benefit

“Accidental Death”

The “Accidental Death” benefit is payable only under if the life assured sustains any bodily injury resulting solely and directly from an accident and such injury shall within a period of 180 days of the occurrence of the accident; solely, directly and independently of all other causes, result in the death of the life assured. In case the “event” which has caused death due to accident has occurred during the policy term and accidental death occurs after the policy term but within 180 days from the date of accident, the accidental death benefit shall be payable.

f. Specific to Coverage Option - Accidental Total & Permanent Disability (ATPD)

"Total and Permanent Disability" refers to a disability:

- which is caused by Bodily Injury resulting from an accident, and
- which occurs due to the said Bodily Injury solely, directly and independently of any other causes, and
- which occurs within 180 days of the occurrence of such accident and
- for which the Benefit shall be payable even if the disability happens after the policy expiry subject to the following:
 1. Accident happens when the policy is in force or reduced paid-up status and
 2. Accidental disability happens within 180 days of this Accident.

A life shall be regarded as being totally and permanently disabled under a "Presumptive" definition of disability, only if that life, due to accident, directly and independently of any other cause and has been subject to one (or more) of the following impairments:

- the total and permanent loss of sight in both eyes, or

"Loss of Sight" shall mean total, permanent and irrecoverable loss of sight in one or both eyes as a result of accident. The blindness must be confirmed by an Ophthalmologist. The blindness is evidenced by:

- a. corrected visual acuity being 3/60 or less in both eyes or.
- b. 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 aides or surgical procedures.

- the loss by physical severance (or total and permanent loss of use) of two limbs at or above the wrist or ankle,
or
- the total and permanent loss of sight in one eye and the loss by physical severance (or total and permanent loss of use) of one limb at or above the wrist or ankle.

g. Specific to Coverage Option - Hospital Cash Benefit

This Benefit shall be payable subject to the following:

- i. Liability to make any payment under this Benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- ii. The Hospitalization is for Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- iii. We shall not be liable to pay the daily amount for more than the maximum number of days as specified, during the Period of Cover.
- iv. More than one claim can be considered in respect of the Insured Person under this benefit during the Period of Cover, subject to the maximum number of days specified, and provided that the Illness/Accident causing the Injury is distinct and unrelated for each such claim. On exhaustion of the maximum number of days allowed, the cover under this Benefit will terminate in relation to such Insured Person.
- v. Once claim is considered admissible as per the terms and condition under this benefit, the Insured Person is

eligible for the daily amount from the first day of Hospitalisation, provided that the Insured Person is Hospitalized for a continuous period of 24 hours.

- vi. The amount payable under this Benefit will be calculated on the basis of the number of continuous and completed days of Hospitalization and will be given as a single lumpsum payment.
- vii. Any procedure/treatment which leads to Hospitalisation of less than 24 hours is not covered.

A. Exclusions:

a. Suicide Exclusion

Not Applicable

b. Exclusions for Hospital Cash Benefit (HCB)

No benefit shall be payable for any claim in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Date of Commencement of Risk.
2. Any Pre-existing Disease or any complication arising therefrom.
3. Any Procedure/treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of Hospitalization.
4. Any treatment arising from or traceable to pregnancy and its related complication, childbirth including caesarean section.
5. Any treatment performed solely due to cosmetic or aesthetic reasons, weight reduction, change of sex, and Lasik Surgery.
6. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
7. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
8. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
9. Any Unproven/Experimental treatment
10. Any non-allopathic treatments
11. Any treatment received outside India
12. Routine medical, dental, eye and ear examinations is not covered
13. Circumcision unless necessary for treatment.
14. Specified disease/procedure waiting period-
 - a. If any of the specified disease/procedure falls under the waiting period specified for Pre Existing diseases, then the longer of the two waiting periods shall apply.
 - b. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
15. Twenty-four (24) Months waiting period is applicable for:
 - a. Benign ENT disorders
 - b. Tonsillectomy

- c. Adenoidectomy
 - d. Mastoidectomy
 - e. Tympanoplasty
 - f. Hysterectomy
 - g. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
 - h. Benign prostate hypertrophy
 - i. Cataract and age-related eye ailments
 - j. Gastric/Duodenal Ulcer
 - k. Gout and Rheumatism
 - l. Hernia of all types
 - m. Hydrocele
 - n. Non-Infective Arthritis
 - o. Piles, Fissures and Fistula in anus
 - p. Pilonidal sinus, Sinusitis and related disorders
 - q. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
 - r. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
 - s. Varicose Veins and Varicose Ulcers
 - t. Internal Congenital Anomalies
16. Thirty six (36) months waiting period is applicable for:
 - a. Treatment for joint replacement unless arising from accident
 - b. Age-related Osteoarthritis & Osteoporosis
 17. Rest Cure, rehabilitation and respite care
 18. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
 19. Investigation & Evaluation
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 20. Expenses related to any treatment necessitated due to participation as a professional in adventurous pursuits or hobbies.
 21. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
 22. Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
 23. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
 24. Any Expenses related to intentional self-injury, suicide or attempted suicide.

25. Expenses arising out of or attributable to 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), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
26. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
27. Congenital External Anomalies or any complications or conditions arising therefrom.
28. Any expenses incurred on Domiciliary hospitalization and OPD treatment.
29. Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
30. organ donation as a donor;
31. study and treatment of sleep apnoea;
32. deliberate exposure to exceptional danger, except in an attempt to save a human life;
33. Any sexually transmitted diseases.

c. Exclusions for Accidental Death Benefit (ADB)

The benefit will not be payable if death occurs from, or is caused by, either directly or indirectly, voluntarily, or involuntarily due to or caused, occasioned, accelerated, or aggravated by, any one of the following:

1. Intentional self-inflicted injury, attempted suicide, while sane or insane.
2. Life Insured being under the influence of drugs, alcohol, narcotics, or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Medical Practitioner.
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot, or civil commotion, strikes.
4. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organization.
5. Participation by Life Insured in any flying activity, except as a bona fide, fare-paying passenger of a recognized

airline or Pilots and cabin crew of a commercial airline, on regular routes and on a scheduled timetable.

6. Participation by Life Insured in a criminal or unlawful act with illegal or criminal intent.
7. Engaging in or taking part in professional sport(s) or any Adventurous Pursuits or Hobbies.
8. Nuclear Contamination: the radio-active, explosive, or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
9. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
10. Death arising or resulting from the Life Insured committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion with criminal intent.

d. Exclusions for Benefits under Accidental Total & Permanent Disability (ATPD)

The Company will not pay the ATPD benefit in case of total & permanent disability of Life Insured occurring directly or indirectly as a result of (any of the following):

1. Intentional self-inflicted injury, attempted suicide, while sane or insane.
2. Life Insured being under the influence of drugs, alcohol, narcotics, or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Medical Practitioner.
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot, or civil commotion, strikes.
4. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation.
5. Participation by Life Insured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline or Pilots and cabin crew of a commercial airline, on regular routes and on a scheduled timetable.
6. Participation by Life Insured in a criminal or unlawful act with illegal or criminal intent.
7. Any injury incurred before the Date of Commencement of Risk.
8. Failure to seek or follow medical advice.
9. Engaging in or taking part in professional sport(s) or adventurous pursuits or hobbies.
10. Nuclear Contamination: the radio-active, explosive, or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
11. If the disability has not persisted for at least 180 days and is not in the opinion of a Medical Practitioner, deemed to be permanent.
12. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
13. Disablement arising or resulting from Life Insured committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion with criminal intent.

e. Exclusions for Comprehensive Critical Illness Benefit

The Company shall not be liable to make any payment under this Policy towards a covered condition/illness/ procedure, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than a Critical Illness covered under this Policy.
2. Any Pre-existing Disease or any complication arising therefrom.
3. Pre-existing Disease means any condition, ailment, injury or disease/critical illness/disability:

- a. That is/are diagnosed by a Medical Practitioner within thirty-six (36) months prior to the effective Date of Commencement of the Policy issued by the Insurer or its Revival/reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Medical Practitioner within thirty-six (36) months prior to the effective Date of Commencement of the Policy issued by the insurer or its Revival/reinstatement.
4. Coverage under the Policy after the expiry of 36(Thirty-six) months for any Pre-existing Disease is subject to the same being declared at the time of Application and accepted by Insurer.
 5. Any Critical Illness caused due to treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
 6. Narcotics used by the Life Insured unless taken as prescribed by a Medical Practitioner.
 7. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide.
 8. Any Critical Illness 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.
 9. 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.
 10. Congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Insured.
 11. Any Critical Illness 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.
 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 Critical Illness caused by medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Illness caused due to miscarriages (unless due to an Accident) and lawful medical termination of pregnancy during the policy period.
 14. Any Critical Illness 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 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.
 16. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
 17. Any Critical Illness 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 assured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 18. Any Critical Illness 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 Medical Practitioner;
 - b. The surgery/procedure conducted should be supported by clinical protocols;

- c. The Life Insured has to be a Major as on date of surgery; and
 - d. Body Mass Index (BMI):
 - a. greater than or equal to 40; or
 - b. 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; or
 - ii. Coronary heart disease; or
 - iii. Severe Sleep Apnea; or
 - iv. Uncontrolled Type 2 Diabetes.
19. Any Critical Illness 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 Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
21. Any Critical Illness 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.
22. In the event of death of the Life Insured within the stipulated Survival Period as set out above.

B. Termination of Policy:

The policy will terminate on the occurrence of the earliest of any of the following events:

- i. On Policy being lapsed and not revived within the Revival period.
- ii. On Surrender/ Cancellation of the Policy, upon payment of applicable benefit.
- iii. On the Maturity Date, upon payment of Maturity benefit, if any.
- iv. Upon acceptance of free look request by the Company.
- v. On occurrence of death, upon payment of Benefit, if any.
- vi. On occurrence of covered events, upon payment of 100% benefit, if any. In case multiple coverage options are selected, Policy will continue for remaining covered events.

C. Alteration in Premium Payment Frequency:

During the Premium Payment Term, the policyholder can alter Premium Payment Frequency at policy anniversary given Premium Payment Frequency allowed under this product.

D. Nomination:

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

E. Assignment:

Assignment shall be as per Section 38 of Insurance Act 1938 and as amended from time to time.

F. Prohibition of Rebates:

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

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

G. Tax Benefit:

Income tax benefits may be available as amended from time to time. Please consult your tax advisor for further details.

H. Goods and Services Tax:

Statutory Taxes, if any, imposed on such insurance plans by the Govt. of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

I. Grievance Redressal Procedure:

The Company is sensitive towards its customers' needs and aim to resolve all their grievances. Accordingly, grievance redressal mechanism is set-up for the resolution of any dispute or grievances/complaint. Complaints can be registered at the company touchpoints mentioned on our website.

Escalation Mechanism:

Level 1 – Complaints can be escalated to grievanceredressal@sudlife.in

Level 2 – Contact our Grievance Redressal Officer at gro@sudlife.in

Level 3 – Grievance cell of IRDAI i.e. Bima Bharosa Shikayat Nivaran Kendra (TOLL FREE NO. 155255/18004254732 | Email ID: complaints@irdai.gov.in / <https://bimabharosa.irdai.gov.in>)

Level 4 – Directly approach the Insurance Ombudsman for redressal. Find your nearest ombudsman office by accessing following link – www.cioins.co.in

J. Section 45 of the Insurance Act 1938:

Fraud and Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938, as amended from time to time. For provisions of this Section, please contact the insurance company or refer to sample policy contract of this product on our website www.sudlife.in



For more details, contact the Branch Manager

 1800 266 8833  www.sudlife.in

Star Union Dai-ichi Life Insurance Company Limited is the name of the Insurance Company and “SUD Life Health Assure” is the name of the plan. Neither the name of the Insurance Company nor the name of the plan in anyway indicates the quality of the plan, its future prospects or returns.

SUD Life Health Assure | UIN: 142N098V01 | An Individual Non-Linked Non-Participating Health Insurance Plan

Star Union Dai-ichi Life Insurance Company Limited | IRDAI Regn. No: 142 | CIN: U66010MH2007PLC174472

Registered Office: Unit No. 1101, 11th Floor, Building No. 1, Raheja Mindspace Juinagar, Plot No. GEN 2/1/E, TTC Industrial Area, MIDC Juinagar, Navi Mumbai – 400706 | 1800 266 8833 (Toll Free) | Timing: 9:00 am – 7:00 pm (Mon – Sat) | Email ID: customercare@sudlife.in | Visit: www.sudlife.in | Participation by the Bank’s customers in Insurance Business shall be purely on a voluntary basis. It is strictly on a non-risk participation basis from the Bank. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. Trade-logo displayed belongs to M/s Bank of India, M/s Union Bank of India and M/s Dai-ichi Life International Holding LLC and are being used by Star Union Dai-ichi Life Insurance Co. Ltd. under license.

BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS/FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.