

A **shield** for your family during **uncertain times**.

To know more scan QR code



Introducing, **SUD Life Protect Shield**, a comprehensive term insurance plan with options of **Return of Premium\*** and **Critical Illness Benefit#** which offers complete financial security for your family in case of uncertainties.

### 4 distinct advantages:



#### Life Cover:

Complete protection for life, up to **80 years** of age



#### Return of Premium\*:

Get **all paid premiums** back as soon as policy term gets over **i.e. at maturity**



#### Critical Illness (CI)#:

Get protection against **40 critical illness**



#### Death Benefit:

As per **payout option** chosen



## 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 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 in detail
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. Is this the right plan for you?
2. Know your plan better
3. Making the most of your plan
4. Things you should remember!
5. Terms & Conditions

## What is SUD Life Protect Shield?

SUD Life Protect Shield is a Non-Linked Non-Participating Individual Term Life Insurance Plan that offers protection for your family in case of unfortunate death or critical illness as per benefit option chosen. This plan gives you peace of mind by providing financial security to your family when you are not present plus it also offers you an option for return of premium wherein total premiums paid during the policy term are paid back to you upon survival at maturity. The plan comes with three different types of payout options in case of death which you can choose as per your needs and financial convenience of your loved ones.

## When is this plan right for you?

This insurance plan is right for you if:

- You want to ensure financial security to your family even if you are not around
- You want a plan that provides option for regular monthly income for your family in your absence
- You are looking for a long-term insurance protection
- You are looking for a plan that provides an option of getting back all the premiums paid, at maturity
- You are looking for a term plan that provides an option of Critical Illness cover

## How does the plan work?

- Choose one of the Benefit Options as mentioned below that suit you best:
  - Benefit Option 1- Life Cover or
  - Benefit Option 2- Life Cover with Return of Premium or
  - Benefit Option 3-Life Cover with Critical Illness
- Decide on the death benefit payout options as per the needs of your dependents:
  - Lump Sum
  - Monthly Income
  - Lump Sum plus Monthly Income
- Choose the amount of Sum Assured you want to make available for your family.
- The premium amount will be based on your age, gender, smoker status, chosen benefit option, policy term, premium payment term and sum assured.
- To enjoy the full benefits of your plan, you just need to ensure that premiums are paid when due. There are different premium payment terms offered under this plan.
- In case of death of the life assured during the policy term, the nominee will receive sum assured on death as per the payout option chosen.
- In case the life assured is diagnosed with any of the defined 40 critical illness, then the critical illness benefit will be paid to the life assured, future premiums will be waived and policy will continue for life cover till end of the policy term subject to survival and waiting periods.

## 02 Know Your Plan Better

### Are there any age restrictions while applying for the plan?

The Life Assured should be at least 18 years of age\* and not more than 55 years of age\* while applying for this plan. The maximum age\* at Maturity is 80 years (70 years in case of Benefit Option 2 - Life cover with Return of Premium).

(\*age last birthday)

### How long will the plan be active & for how long do I need to pay my Premiums?

This plan offers you the flexibility to choose from various policy terms and premium paying terms.

Premium Payment Term	Policy Term (years)
15 Pay	20 to 40
5 Pay, 7 Pay, 10 Pay, 12 Pay and Regular Pay	15 to 40

### Are there any restrictions on the Sum Assured?

Yes, please see the below table for the sum assured restrictions.

Options	Minimum Sum Assured	Maximum Sum Assured
Benefit Option 1- Life Cover	50 Lakh	50 Lakh
Benefit Option 2- Life Cover with Return of Premium		1.5 Crore
Benefit Option 3- Life Cover with Critical Illness		5 Crore

Sum Assured should be multiple of ₹ 25 Lakh.

Critical Illness (CI) Sum Assured will be 10% of Basic Sum Assured (i.e. ₹ 5 lakhs).

### What are the Premium Payment modes available?

The Premium Payment modes available under this plan are Yearly, Half-Yearly, Quarterly\*, and Monthly\*.

\* Monthly and quarterly modes are only through ECS/SI

### What are the Benefit Options offered under the Plan?

You can choose from any of the three Benefit Options offered at inception of the policy. The Benefit Option thus selected cannot be modified later during the tenure of the policy.

**Benefit Option 1 - Life Cover:** On death of the Life Assured during the Policy Term, Death benefit as per the death benefit pay-out option chosen by the Life Assured will be paid to the nominee. On survival of the Life Assured till the end of the policy term, no benefit is payable.

**Benefit Option 2 - Life Cover with Return of Premium:** On survival of the Life Assured till the end of the Policy Term, total premiums# paid will be returned to the Life Assured. In case of death of the Life Assured during the Policy Term, the death benefit as per the death benefit pay-out option chosen by the Life Assured will be paid to the nominee.

**Benefit Option 3 – Life Cover with Critical Illness:** Under this option, Life cover along with 40 critical illness (CI) are available to the Life Assured.

- a) On diagnosed with any of the 40 CI during the policy term – The company will pay an amount equal to 100% of the Critical Illness Sum Assured in lumpsum subject to survival and waiting periods.

Additionally, the policy will continue for life cover till the end of the policy term as fully paid-up and in-force policy and no future premiums are required to be paid provided all due premiums before the incident occurred have been paid by the Life Assured.

- b) On death of the Life Assured during the policy term – Death benefit as per the death benefit pay-out option chosen by the Life Assured will be paid to the nominee. In case, the Beneficiary (after the death of the Life Assured) wants to receive the future outstanding monthly income in the form of lump sum benefit at any point in time, discounted value of the remaining monthly income will be paid and no further benefit will be payable. The future outstanding monthly income will be discounted at the rate of 4.75% p.a.

On survival of the Life Assured till the end of the policy term, no benefit is payable. Kindly refer to Annexure 1 for the details of 40 Critical Illness covered under this product.

(All the benefits mentioned above are applicable for in-force including fully paid-up policies)

#"Total Premiums Paid " means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

## **What are the benefits under this Plan?**

### **A. Death Benefit:**

In case of death of the life assured, during the policy term, Sum Assured on Death will be paid to the nominee as per the death benefit payout option chosen. The policy will be terminated, and no further benefits will be paid.

Sum Assured on Death is Highest of

- 10 times of Annualized Premium OR
- 105% of total premium paid as on date of death OR
- Absolute amount assured to be paid on death (i.e. Sum Assured)

Where, "Annualized Premium" shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

"Total premiums" paid mean total of all the premiums received by the Company, excluding any extra premium, any rider premium and taxes.

The death benefit will be reduced by the total premiums falling due and unpaid during the policy year in which death occurs.

### Death Benefit Payout Option:

The plan offers you a choice of three different payout options. The death benefit will be paid as per the payout option chosen by you:

- 1. Lump sum:** Under this option, the death benefit will be paid immediately in Lump sum to the Nominee/ Beneficiary.
- 2. Monthly Income:** Under this option, Monthly Income Benefit of 1% of the Death Benefit will be paid every month for a fixed period of 125 months, starting from next policy month anniversary following the date of death.
- 3. Lump sum plus Monthly Income:** Under this option, 50% of the death benefit will be paid as Lump sum immediately and Monthly Income Benefit of 0.50% of the Death Benefit will be paid every month for a fixed period of 125 months, starting from next policy month anniversary following the date of death.

The Death Benefit Pay-out Option chosen at policy inception can be changed by the Life Assured only, at any time during the Policy term.

In case of Death Benefit Pay-out Option 2 & 3, at any point of time during the pay-out period, the Nominee/ Beneficiary has an option to receive the future outstanding monthly income in the form of lump sum. In such scenarios, the Company would pay the discounted value of the remaining monthly income at the rate of 4.75% p.a. and no further benefit will be payable.

### B. Guaranteed Maturity Benefit:

On survival of Life Assured till the end of policy term, following benefit will be payable:

Benefit Option	Guaranteed Maturity Benefit
Life Cover	Nil
Life Cove with Return of Premium	Total Premiums Paid excluding any extra premium and any rider premiums
Life Cover with Critical Illness	Nil

### C. Critical Illness (CI) Benefit (Applicable only for Benefit Option 3- Life Cover with Critical Illness (CI)):

#### 1. Occurrence of covered CI during waiting period:

In the event the Critical Illness is diagnosed during a **Waiting Period, 90 days** from the Date of Commencement of Policy or policy Revival date whichever is later, except in cases where the Critical Illness occurs as a result of an accident, following benefit will be paid to the Life Assured

**A lumpsum equal to Unexpired Risk Premium.**

$$\text{Unexpired Risk Premium} = \left[ \text{Total Premium Paid Less} \left\{ \text{Total Premium Payable} \times \left( \frac{\text{Number of completed months of policy} + 1}{\text{Total Policy Term in months}} \right) \right\} \right]$$

## 2. Occurrence of covered CI after waiting period:

In case the Life Assured is diagnosed with any of the 40 Critical Illness, then subject to policy being in force and Life Assured survives the Survival Period, the Company will pay an amount equal to **100% of Critical Illness Sum Assured in lumpsum.**

The Policy will continue for life cover till the end of the Policy Term as in-force policy and no future premiums are required to be paid provided all due premiums before the incident occurred have been paid.

The Critical Illness benefit is payable subject to the following conditions:

- a) Critical Illness is diagnosed after a **Waiting Period of 90 days** from the Date of Commencement of Policy or policy Revival date whichever is later except in cases where the Critical Illness occurs as a result of an accident, and
- b) Life Assured survives the **Survival Period of 15 days**. Survival period refers to the period from the diagnosis and fulfillment of the definition of the conditions covered which the Life Insured must survive before the benefit will be payable.

### List of 40 Critical Illness (Refer Annexure I for Definitions)

S. No.	Critical Illnesses	S. No.	Critical Illnesses
1	Apallic Syndrome	21	Surgery to Aorta
2	Benign Brain Tumor	22	Fulminant Viral Hepatitis
3	Blindness	23	Alzheimer's Disease
4	Brain Surgery	24	Aplastic Anaemia
5	Cancer of Specified Severity	25	Cardiomyopathy
6	End Stage Lung Failure	26	Deafness
7	Coma of Specified Severity	27	Loss of Speech
8	End Stage Liver Failure	28	Medullary Cystic Kidney Disease
9	Open Chest CABG	29	Motor Neuron Disease with Permanent Symptoms
10	Myocardial Infarction (First Heart Attack – of Specified Severity)	30	Multiple Sclerosis with Persisting Symptoms
11	Open Heart Replacement or Repair of Heart Valves	31	Muscular Dystrophy
12	Kidney Failure requiring Regular Dialysis	32	Parkinson's Disease
13	Loss of Independent Existence	33	Progressive Supranuclear Palsy
14	Loss of Limbs	34	Primary (Idiopathic) Pulmonary Hypertension
15	Encephalitis	35	SLE with Lupus Nephritis
16	Third Degree Burns	36	Myasthenia Gravis
17	Major Head Trauma	37	Bacterial Meningitis
18	Major Organ / Bone Marrow Transplant	38	Other Serious Coronary Artery Disease
19	Permanent Paralysis of Limbs	39	Chronic Recurrent Pancreatitis
20	Stroke resulting in Permanent Symptoms	40	Ulcerative Colitis

### Benefits explained with Example:

Rohit, aged 35, has opted for SUD Life Protect Shield plan. He chooses Sum Assured of ₹ 50 lacs and a policy term of 30 years with premium payment term as Regular pay.

#### Illustration as per different Benefit Options available under the product:

##### 1. Benefit Option 1: Life Cover – annual premium of ₹ 12,070#

**Scenario 1:** Rohit dies in 19<sup>th</sup> policy year

Based on the type of death benefit payout option chosen, the death benefit is payable to the nominee:

- a. **Lump sum – ₹ 50 lacs** is paid to the nominee and the contract ceases.
- b. **Monthly Income – ₹ 50,000** is payable every month for the next 125 months to the nominee.
- c. **Lump sum plus Monthly Income – ₹ 25 lacs** is paid as lump sum immediately and ₹ 25,000 is payable every month for the next 125 months to the nominee.

**Scenario 2:** Rohit survives policy term.

No benefits are payable for survival at the end of policy term.

##### 2. Benefit Option 2: Life Cover with Return of Premium – annual premium of ₹ 26,633#

**Scenario 1:** Rohit dies in 19<sup>th</sup> policy year

Death benefit is payable as shown in Illustration 1 above for scenario 1.

**Scenario 2:** Rohit survives policy term

At the end of the policy term, ₹ 7,98,990 is payable as maturity benefit and the contract ceases.

##### 3. Benefit Option 3: Life Cover with Critical Illness – annual premium of ₹ 17,060#

**Scenario 1:** Rohit is diagnosed with covered CI during 3<sup>rd</sup> policy year

Critical Illness benefit will be payable to Life Assured i.e. ₹ 5 Lacs will be paid to the Life Assured, all future premiums to be payable under the policy will be waived off and the policy will continue for life cover till the end of policy term.

**Scenario 2:** After payment of CI benefit, Rohit dies in 19<sup>th</sup> policy year

Death benefit is payable as shown in Illustration 1 above for scenario 1

**Scenario 3:** Rohit survives till policy term

No benefits are payable for survival at the end of policy term.

# premium shown is for Non-smoker and for healthy individual. Premium is exclusive of Tax



**What happens in case of missed premiums?**

We allow you a grace period of 30 days in case your premium payment mode is quarterly, half-yearly or yearly mode and 15 days in case of monthly mode to pay the due premium. In case of death/CI during grace period, the Death Benefit/CI Benefit under the policy will be payable after deductions of the premiums then due and all premiums falling due during the policy year of death/CI.

**What happens once your policy Lapses or becomes Reduced Paid-up?**

**A. Lapse:**

Benefits Option	Lapse
Benefit Option 1 Life Cover	The Policy will lapse and cover ceases immediately if the due premiums are not paid within the grace period.
Benefit Option 2 Life Cover with Return of Premium	Policy will lapse if the due premiums are not paid for the first two consecutive full years within the grace period
Benefit Option 3 Life Cover with Critical Illness	Policy will lapse and cover ceases immediately if the due premiums are not paid within the grace period.

Life cover ceases and no benefits will be paid under the lapsed policy till the policy is revived.

**For Benefit Option 2:**

Policy will terminate on expiry of revival period and no benefit shall be payable under the lapsed policy.

**For Benefit Option 1 and 3:**

Policy will terminate on expiry of revival period or death of the Life Assured whichever is earlier, and the policy cancellation value, if any will be paid upon termination.

**B. Reduced Paid-Up:**

The policy will acquire Reduced Paid-Up status if the premiums for the following years (defined below) have been paid and subsequent premiums are not paid.

Benefits Option	Reduced Paid-Up
Benefit Option 1 - Life Cover	Not Applicable
Benefit Option 2 - Life Cover with Return of Premium	The policy will acquire Reduced Paid-up status if due premiums have been paid for at least first two full consecutive policy years and subsequent premiums are not paid.
Benefit Option 3 - Life Cover with Critical Illness	Not Applicable

The reduced paid-up policy will continue with the following benefits:

**i. Death Benefit under Reduced Paid-Up policy:**

On death of the Life Assured during the policy term, the Paid-up Sum Assured (as defined below) will be payable as per the payout option chosen and the contract ceases immediately:

$$\text{Paid-up Sum Assured on Death} = \frac{\text{Total Number of premiums paid}}{\text{Total Number of premiums payable}} \times \text{Sum Assured on Death}$$

**ii. Maturity Benefit under Reduced Paid-Up policy:**

The Paid-up Guaranteed Maturity Benefit (as defined below) will be payable:

$$\text{Paid-up Guaranteed Maturity Benefit} = \frac{\text{Total Number of premiums paid}}{\text{Total Number of premiums payable}} \times \text{Guaranteed Maturity Benefit}$$

**iii. Surrender Benefit under Reduced Paid-Up policy:**

On surrender of Reduced Paid up policy, the Surrender Value will be paid as per the premium payment term and benefit option chosen and the contract get terminated.

**Can you restore your Lapsed/Reduced Paid-up policy to the original benefit levels?**

You can revive your Lapsed/Reduced Paid-up policy within five years from the due date of the first unpaid premium by following these simple steps:

- Giving a written request to the Company within 5 years from the due date of first unpaid premium and producing a proof of continued insurability
- Paying the outstanding premium amount with the applicable interest rate, currently 7.75% p.a. for FY 21-22
- Fulfilling all medical and financial requirements as required by the Company as per the Board approved underwriting policy (the cost of medical examination, if any, will be borne by you i.e. policyholder/Life Assured).

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 will be compounded on half yearly basis. The 10 year G-Sec rate on 31<sup>st</sup> March 2021 was 6.18% and the rate of interest for revival for FY 21-22 is 7.75% (6.18% + 1.5% + rounding to next multiple of 25 basis points). Any change in basis shall be with prior approval of the Authority. The Company will review the revival interest rate on every 1<sup>st</sup> of April.

The Company reserves the right to accept or reject the revival of Lapsed/Reduced Paid-up Policy as per the Board approved Underwriting Policy. Once the policy is revived, all the benefits will be restored to original benefits level, any due and unpaid benefit shall be paid immediately.

### Can the plan be discontinued in between?

Life insurance works best if you invest regularly and for the long term. However, in case of an emergency/contingency, you can surrender your policy anytime during the Policy Term, provided it has acquired Surrender Value.

Policy acquires Surrender value after payment of premium for the time period as given below:

Benefit Option	Acquisition of Surrender Value
Benefit Option 1 – Life Cover	Not Applicable
Benefit Option 2 – Life Cover with Return of Premium	Policy acquires surrender value after receipt of first two consecutive full years' premium.
Benefit Option 3 – Life Cover with Critical Illness	Not Applicable

Once the policy is surrendered, the surrender value, as defined below will become payable and the contract ceases immediately.

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

#### a. Guaranteed Surrender Value:

The Guaranteed Surrender Value (GSV) is defined as,

$$\text{GSV} = \text{Surrender Value Factor} \times \text{Total Premiums Paid till the date of surrender}$$

#### b. Special Surrender Value:

Special Surrender value will be calculated using the basis and formula as approved by IRDAI. The Special Surrender Value may be amended by the Company from time to time with prior approval of the IRDAI.

#### Policy Cancellation Value:

Policy Cancellation Value acquires if at least two consecutive full years' premiums are Paid.

Upon the Policyholder applying for the policy cancellation before the end of Policy Term or at the end of revival period if the policy is not revived, Policy Cancellation value as defined below will become payable and the contract ceases immediately.

The Policy Cancellation Value under various benefit option and premium payment option chosen by the policyholder is as under:

Premium Payment Term	Benefit Option	Acquisition of Policy Cancellation Value
Regular Pay	Benefit Option 1 - Life Cover	No Policy Cancellation Value shall be payable.
	Benefit Option 3 -Life Cover with Critical Illness	
5 Pay, 7 Pay, 10 Pay, 12 Pay and 15 Pay	Benefit Option 1 - Life Cover	Policy Cancellation Value acquires if at least two consecutive full policy years' premiums are paid.
	Benefit Option 3 -Life Cover with Critical Illness	

### Policy Cancellation Value

$$\text{Unexpired Risk Premium Factors} \times \left[ \text{Total Premium Paid Less} \left\{ \text{Total Premium Payable} \times \left( \frac{\text{Number of completed months of policy} + 1}{\text{Total Policy Term in months}} \right) \right\} \right]$$

In case the Policyholder has claimed any benefit under Critical Illness, then the Company will pay the Policy Cancellation Value as applicable in inforce policy at the time of cancellation of the policy

Once the Policy Cancellation Value is paid, the policy will terminate and no further benefits will be payable.

Policy cancellation value is not applicable in case of Benefit Option 2 – Life Cover with Return of Premium.

### Are there any Riders available?

Yes. The following rider is available under this Plan.

### SUD Life Accidental Death and Total & Permanent Disability Benefit Rider – Traditional (UIN: 142B005V01)

This rider provides additional benefits to the Life Assured in the unfortunate event of his or her meeting with an accident during the contract period under this rider.

For Accidental Death Benefit (ADB) & Accidental Total & Permanent Disability Benefit (ATPD), if the accident occurs anytime during the policy term, the ADB & ADTPD cover will be provided for 180 days, irrespective of termination of the risk cover.

Please refer to the rider brochure for more details and information.

This Rider is not available under Benefit Option 3 Life Cover with Critical Illness.

## 04 Things You Should Remember!

### What are the important points to be kept in mind while applying for the plan?

- i. It's important when you apply you give complete and correct information especially about your health and occupation. These details are critical for making sure you get the right benefits
- ii. Provide your correct contact details and address. Always provide a landmark if possible
- iii. It is ideal for you to opt for the NACH/ECS/Direct Debit option. This will make life simple for you by automatically ensuring your premiums are paid on time.

Remember! After filling in your application form correctly and getting the plan issued, it's even more important to ensure that your nominee/family is aware about the plan and understands its features.

Also ensure you update your contact details regularly to ensure you get real time updates on your plan.

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

If you disagree to any of those terms or conditions in the policy, you have an option to return the policy to us within 15 days from the date of the receipt of the policy document or 30 days for policies issued in electronic mode/distance marketing mode, stating the reasons for your objection. In this case we will return your premium as follows:

Premium paid less:

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

### How is the Premium calculated?

Your premium depends upon the Life Assured's age, Gender, Smoker status, chosen Sum Assured, Plan Option, Premium Payment Mode, Premium Payment Term and Policy Term. The following modal factors are applied to Annualized Premium:

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

### Discount on Female Lives:

Setback of 3 years in age will be given on female lives for age at last birthday 21 years and above, for Female life from age 18 – 20 rates of male live age 18 shall be applicable.

## High Sum Assured Discount:

Basic Sum Assured	High Basic Sum Assured Discount (% discount in premium)	
	Benefit Option 1 and Benefit Option 2	Benefit Option 3
Basic Sum Assured Band: 50 lacks to < 1 crore		
50 lakhs	Nil	Nil
75 lakhs	4%	4%
Basic Sum Assured Band: 1 crore to < 2 crores		
1.0 crore	Nil	Nil
1.25 crore	2%	0.5%
1.50 crore	5%	1.0%
1.75 crore	Nil	1.5%

## 05 Terms & Conditions

### A. Policy Loan

Not Available

### B. Suicide Exclusion

In case of death due to suicide within 12 months:

From the Date of commencement of risk or from the date of revival of this policy, the Policyholder/Beneficiary/Nominee, shall be entitled to an amount which is at least higher of 80% of the Total premiums paid till the date of death of the Life Insured or the Surrender Value available as on date of death of the Life Insured, provided the policy is in force.

### C. Other Exclusions (Applicable for Benefit Option 3 Life Cover with Critical Illness)

The Company will not pay any benefits under the Policy if the Critical Illness is caused directly or aggravated by any of the listed exclusion:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
2. Any Pre-existing Disease or any complication arising therefrom.  
Pre-existing Disease means any condition, ailment, injury or disease/critical illness/disability:
  - a. That is/are diagnosed by a physician within 48 months prior to the effective date 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 within 48 months prior to the effective date 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide.
6. 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.
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured.
9. 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.
10. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. 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.

13. 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.
14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. 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 insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. 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 Doctor
  - b. The Surgery/Procedure conducted should be supported by clinical protocols
  - c. The member has to be 18 years of age or older and
  - d. Body Mass Index (BMI):
    - greater than or equal to 40 or
    - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      - i. Obesity related cardiomyopathy
      - ii. Coronary heart disease
      - iii. Severe Sleep Apnea
      - iv. Uncontrolled Type 2 Diabetes
17. 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.
18. 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.
19. In respect of all the benefits payable due to Critical Illness, a 15-day survival period is applicable. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. 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

21. No payment under Critical Illness benefit would be made if the diagnosis of the condition is made after the death of the life insured. The time of diagnosis is the point in time at which the insured first satisfied all of the requirements of the definition AND all of the test results and medical reports required to support the diagnosis in accordance with the definition are available in a form suitable for sending to the insurer.

#### **D. Alteration in Premium Payment Frequency**

During the Premium Payment Term, You have an option to alter/change the premium payment frequency as available under the policy. This option can be exercised only on Policy Anniversary.

#### **E. Termination of Policy**

Policy shall terminate on the occurrence of the earliest of the following:

- i. On Policy being Lapsed and not revived within the revival period.
- ii. On Surrender of the policy, upon payment of applicable surrender value, if any.
- iii. On death of the Life Assured, upon payment of death benefit, as applicable.
- iv. On Maturity of the policy, upon payment of Guaranteed Maturity Benefit, if any. In case of Benefit Option 1 and 3 where there is no Guaranteed Maturity Benefit payable under the policy, on expiry of the policy term.
- v. On free look cancellation, upon payment of free look cancellation
- vi. On occurrence of CI during waiting period, upon payment of unexpired risk premium.

#### **F. Nomination**

Nomination is allowed as per Section 39 of The Insurance Act 1938 as amended from time to time.

#### **G. Assignment**

Assignment is allowed as per Section 38 of The Insurance Act 1938 as amended from time to time.

#### **H. 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 benefits**

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. 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](http://www.sudlife.in) .



# Star Union Dai-ichi Life Insurance

A joint venture of  
  

For more details, contact the Branch Manager

 1800 266 8833  [www.sudlife.in](http://www.sudlife.in)

Star Union Dai-ichi Life Insurance Company Limited is the name of the Insurance Company and “SUD Life Protect Shield” 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 Protect Shield | UIN: 142N085V01 | A Non-Linked Non-Participating Individual Term Life Insurance Plan**

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

**Registered Office:** 11<sup>th</sup> Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703 | 1800 266 8833 (Toll Free) | Timing: 9:00 am - 7:00 pm (Mon - Sat) | Email ID: [customercare@sudlife.in](mailto:customercare@sudlife.in) | Visit: [www.sudlife.in](http://www.sudlife.in) | For more details on risk factors, terms and conditions, please refer to the sales brochure carefully, before concluding the sale. Tax benefits are as per prevailing tax laws and subject to change from time to time. 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. Trade-logo displayed belongs to M/s Bank of India, M/s Union Bank of India and M/s Dai-ichi Life International Holdings LLC and are being used by Star Union Dai-ichi Life Insurance Co. Ltd. under license.

**BEWARE OF SPURIOUS/FRAUD PHONE CALLS**

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

## Annexure 1 – Critical Illness

### 1. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an hospital. This condition has to be medically documented for at least 1 month.

#### **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 the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

### 2. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
  - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
  - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:  
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

### 3. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
  - i. corrected visual acuity being 3/60 or less in both eyes or ;
  - ii. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

#### 4. Brain Surgery

Aneurysm or ballooning of a part of the wall of a blood vessel in the brain that is serious enough to warrant corrective surgery. Benefit shall only be payable on the actual undergoing of surgery to the brain under general anesthesia during which craniotomy is performed. Treatment by micro coil thrombosis or balloon embolization alone is excluded. Burr hole procedures, Tran sphenoidal procedures and other minimally invasive procedures are also excluded.

#### 5. Cancer of Specified Severity

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded:
  - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs

#### 6. End Stage Lung Failure

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ( $PaO_2 < 55\text{mmHg}$ ); and
- iv. Dyspnea at rest

#### 7. Coma of Specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
  - i. no response to external stimuli continuously for at least 96 hours
  - ii. life support measures are necessary to sustain life; and
  - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

### **8. End Stage Liver Failure**

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

### **9. Open Chest CABG**

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
  - i. Angioplasty and/or any other intra-arterial procedures

### **10. Myocardial Infarction (First Heart Attack – of Specified Severity)**

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
  - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
  - ii. New characteristic electrocardiogram changes
  - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers
- II. The following are excluded:
  - i. Other acute Coronary Syndromes
  - ii. Any type of angina pectoris
  - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease or following an intra-arterial cardiac procedure.

### **11. Open Heart Replacement Or Repair of Heart Valves**

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

## 12. Kidney Failure Requiring Regular Dialysis

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

## 13. Loss of Independent Existence

Confirmation by a consultant physician registered with the Indian Medical Association of the 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 six (6) Activities of Daily Living given at the end of the section, 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.

### Activities of Daily Living:

- i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility - the ability to move indoors from room to room on level surfaces;
- v. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding - the ability to feed oneself once food has been prepared and made available.

## 14. Loss of Limbs

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

## 15. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability to perform (whether aided or unaided) at least 3 of the six (6) "Activities of Daily Living" given at the end of the section, for a continuous period of at least 6 months.

### Activities of Daily Living:

- i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial

limbs or other surgical appliances;

- iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility - the ability to move indoors from room to room on level surfaces;
- v. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding - the ability to feed oneself once food has been prepared and made available.

## **16. Third Degree Burns**

- I. 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.

## **17. Major Head Trauma**

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

## **18. Major Organ/Bone Marrow Transplant**

- I. The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible



end-stage failure of the relevant o

- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

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

## 19. Permanent Paralysis of Limbs

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

## 20. Stroke Resulting in Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and 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.

II. The following are excluded:

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

## 21. Surgery to Aorta

The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

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

Stent-grafting is not covered.

## 22. Fulminant Viral Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

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

- Deepening jaundice; and
- Hepatic encephalopathy.

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

### **23. Alzheimer's Disease**

A progressive degenerative disease of the brain characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes. There must be deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in all of the following :

- Permanent irreversible failure of brain function;
- Standardized tests must prove a significant cognitive impairment due to Alzheimer's disease; and
- The Life Insured must require continuous supervision to prevent the Life Insured from harming others or him/herself

This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis; and
- Alcohol related brain damage

### **24. Aplastic Anaemia**

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

- Repeated blood transfusions;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplant

The diagnosis must be confirmed by a haematologist.

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

### **25. Cardiomyopathy**

The unequivocal diagnosis by a consultant cardiologist, of cardiomyopathy that has been confirmed by an echocardiogram and has resulted in the presence of permanent physical impairments of at least class IV of the New York Heart Association Classification of cardiac impairment.

Class IV – Inability to carry out any activity without discomfort. Symptoms of Congestive Cardiac Failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

## **26. Deafness**

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

## **27. Loss of Speech**

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

## **28. Medullary Cystic Kidney Disease**

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

## **29. Motor Neuron Disease with Permanent Symptoms**

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

## **30. Multiple Sclerosis with Persisting Symptoms**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE are excluded

## **31. Muscular Dystrophy**

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system. In respect of this contract, claims shall only be admitted if Muscular Dystrophy causes permanent inability of the Life Assured to perform (whether aided or unaided) at least 3 of the six (6) “Activities of Daily Living” given at the end of the section, for a continuous period of at least 6 months.

### **Activities of Daily Living:**

- i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

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

### **32. Parkinson's Disease**

A slowly progressive degenerative disease of the central nervous system with degeneration of neurones and region of the brain that causes a reduction of dopamine levels in parts of the brain. The disease must be unequivocally diagnosed and all of the following conditions must be fulfilled:

- The disease cannot be controlled with medication;
- The disease shows definite signs of progressive impairment; and
- The disease must cause neurological deficit resulting in the permanent and irreversible inability of the Life Assured to perform (whether aided or unaided) at least 3 (three) of the six (6) "Activities of Daily Living" given at the end of the section, for a continuous period of at least 6 months.

Only primary idiopathic Parkinson's Disease is covered. All other forms of Parkinsonism are excluded.

#### **Activities of Daily Living:**

- i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility - the ability to move indoors from room to room on level surfaces;
- v. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding - the ability to feed oneself once food has been prepared and made available.

### **33. Progressive Supranuclear Palsy**

Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

### **34. Primary (Idiopathic) Pulmonary Hypertension**

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree

of at least Class IV of the New York Heart Association Classification of cardiac impairment.

- II. The NYHA Classification of Cardiac Impairment are as follows:
  - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

### 35. SLE with Lupus Nephritis

A multisystem, multifactorial, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus which involve the kidneys (Class III to Class V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification as noted below). Other forms, discoid lupus and those forms with haematological and joint involvement are specifically excluded. The final diagnosis must be supported by a consultant physician specializing in Rheumatology and Immunology.

WHO Lupus nephritis classification

WHO class I (minimal)	Negative, normal urine
WHO class II (mesangial)	Moderate proteinuria, occasionally active sediment
WHO class III (focal segmental)	Proteinuria, active sediment
WHO class IV (diffuse)	Acute nephritis with active sediment and/or nephrotic syndrome
WHO class V (membranous)	Nephrotic syndrome or severe proteinuria

### 36. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, 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 given below; and
- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is 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.

### **37. Bacterial Meningitis**

Bacterial or viral infection resulting in severe inflammation of the membranes of the brain, brain substance (cerebral hemisphere, brainstem or cerebellum) or spinal cord, resulting in permanent inability to perform (whether aided or unaided) at least 3 of the six (6) "Activities of Daily Living" given at the end of the section, for a continuous period of at least 6 months.

#### **Activities of Daily Living:**

- i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility - the ability to move indoors from room to room on level surfaces;
- v. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding - the ability to feed oneself once food has been prepared and made available.

### **38. Other Serious Coronary Artery Disease**

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

### **39. Chronic Recurrent Pancreatitis**

The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by an gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

Chronic recurrent pancreatitis resulting directly from alcohol abuse is excluded.

### **40. Ulcerative Colitis (Crohn's disease)**

For the purpose of this policy, Ulcerative Colitis shall mean acute Fulminant Ulcerative Colitis involving the entire colon and exhibiting the presence of life threatening electrolyte disturbances, intestinal distention, intestinal rupture, severe bloody diarrhea as well as some systemic signs and symptoms, requiring total colectomy and ileostomy. Diagnosis must be confirmed by histopathological finding.

## Additional Definition for Critical Illness Benefit

Diagnosis/Diagnosed	Means the certified diagnosis of Critical Illness by a Medical Practitioner
Illness	Means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
Pre-existing diseasea	Means any condition, ailment or injury or disease: a. That is/ are diagnosed by a physician within 48 months prior to the effective date 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 within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
Medical Practitioner	Refers to a 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 the scope and jurisdiction of license