



LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)
Registration Number: 512

LIC's New Critical Illness Benefit Rider (UIN: 512A212V02)
(A Non-Linked, Non-Participating, Individual, Health Rider)

PART – A

FORWARDING LETTER

As per the Base policy.

PREAMBLE

This DOCUMENT of LIC's New Critical Illness Benefit Rider details of which are given in the Schedule below, and which shall be deemed as part of the Policy, is an endorsement to the Base Policy.

The premium mentioned in the Schedule and all the terms and conditions printed in this Endorsement are specific to this Rider. Terms and conditions of this Rider are to be read in conjunction with the terms and conditions of the Base Policy. The continuance of risk cover under the Base Policy is necessary precondition for continuance of cover under this Rider. The benefits under the Base Plan shall be governed by the terms and conditions of the Base Policy independent of terms and conditions of the Rider mentioned in this Endorsement.

SCHEDULE

DIVISIONAL OFFICE:

BRANCH OFFICE:

Policy Number:	Name of Proposer and Life Assured:	Date of commencement of LIC's New Critical Illness Benefits Rider:
Critical Illness Sum Assured (Rs):	Critical Illness Benefit Rider Premium (Rs):	Date of commencement of Risk:
Age:		Due Date of payment of last premium for LIC's New Critical Illness Benefit Rider:
Gender:		Date of expiry of LIC's New Critical Illness Benefits Rider:

Date:

Examined by:

Form No.:

p. Chief/ Sr. Branch Manager

PART – B: DEFINITIONS

The definitions of terms/words used in the policy documents are as under:

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, violent and visible means.
2. **Age** is the age last birthday of the Life Assured at the time of the commencement of the rider.
3. **Base Policy** refers to the Policy to which this Rider Document is attached.
4. **Date of commencement of LIC's New Critical Illness Benefits Rider** is the start date of this rider.
5. **Date of commencement of risk/effective date of the rider** is the date on which the Corporation, after underwriting the proposal, accepts the risk for insurance (cover) for the Base Policy along with this rider as evidenced in the Schedule of the rider.
6. **Date of Diagnosis/ Date of occurrence of Critical Illness** is the date on which a medical practitioner first examines the Life Assured and certifies the diagnosis of any of the illnesses/ conditions covered under this rider.
7. **Medical practitioner** means 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 its scope and jurisdiction of license but excluding the Practitioner who is:

- Insured/Policyholder himself or an agent of the Insured.
- Insurance Agent, business partner(s) or employer/employee of the Insured; or
- A member of Insured's immediate family.

8. **Pre existing condition** means any condition, ailment, injury or disease:
- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the rider or date of revival of risk cover 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 rider or date of revival of risk cover.
9. **Schedule** is the part of this Rider document that gives the specific details of your Rider.

Note: For definitions of other terms/words used anywhere in this endorsement, the definitions given in the Base Policy may be referred to.

PART – C : BENEFITS

The following benefits are payable under this rider:

1. **Critical Illness Benefit:**

Under this Rider, on first diagnosis of any one of the 15 Critical Illnesses as mentioned in condition 6 (C) of Part C, provided the same is admissible, the Critical Illness Sum Assured shall be payable subject to the following:

- (i) The Base Policy and the Rider are inforce for full cover on the date of diagnosis
- (ii) Conditions and Restrictions mentioned in the document
- (iii) Claim is incurred before the date of termination of Rider
- (iv) The claim is proved as admissible to the satisfaction of the Corporation

The additional premium for this Rider will not be required to be paid after all the premiums under the base policy have been paid or on and after the policy anniversary on which the age of the Life Assured is 75 years, whichever is earlier. However, the premiums under the base policy with which this rider is attached shall continue to be paid beyond age 75 years till the end of premium paying term, wherever applicable.

The maximum aggregate limit of Critical Illness Sum Assured under all existing policies of the Life Assured under this rider taken from Life Insurance Corporation of India including the new proposal under consideration shall not in any event exceed Rs. 25 lakhs. If there be more policies than one and if the total Critical Illness Sum Assured exceeds Rs.25 lakhs, the benefits shall apply to the first Rs. 25 lakhs.

2. **Maturity Benefit:** No maturity benefit is payable under this rider.

3. **Death Benefit:** No death benefit is payable under this rider.

4. **Payment of premiums –**

(a) The Critical Illness Benefit Rider premium, including the applicable Taxes, if any, from time to time, is payable only along with the premium for the base policy and cannot be paid separately.

(b) Grace period: As per the Base Policy.

(c) Once a claim under Critical Illness Benefit has been admitted, no subsequent premium towards this benefit shall be charged from the next policy anniversary.

(d) In case of diagnosis of any specified Critical Illness under an inforce policy wherein all the premiums due till the date of diagnosis have been paid and where the mode of payment of premium is other than yearly, balance premium(s), if any, falling due from the date of diagnosis and before the next policy anniversary shall be deducted from the claim amount.

5. **Review of premiums:** The premium rates for Critical Illness Benefit Rider are guaranteed for a period of first 5 years from the date of commencement of the policy. At the end of every 5th policy anniversary starting from the date of commencement of the rider, the premium rates for future years will be subject to revision based on the experience of the Corporation under this rider. The premium rates, if revised, shall be guaranteed for a further period of 5 years. The installment premium on each review will be based on age at entry i.e. age as on the date of commencement of rider and original premium paying term

Any such revision in premium rates under a policy after the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The Life Assured shall have the right to discontinue the Critical Illness Benefit Rider and keep the Base Policy inforce in case the revised installment premium for this rider is not acceptable. However, once discontinued the Critical Illness Rider will not be allowed to be reinstated.

6. **Conditions and restrictions:**

(A) Critical Illness benefit will be payable only after the Corporation is satisfied on the basis of available medical evidence that the specified illness has occurred. However, in some illnesses covered under this rider, a specific deferment period applies to establish permanence of the illness covered.

(B) The Critical Illness Benefit Rider shall be payable only once during the term of the policy while the policy is in force. The Rider ceases to apply once the Critical Illness Sum Assured becomes payable. The benefit shall also automatically cease to be available on Surrender of the base policy or if the base policy is converted into a paid-up policy for a reduced Sum Assured.

(C) **The list and definitions of the 15 Critical Illness conditions covered under this rider:**

1. 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;
- ix. All tumors in the presence of HIV infection.

2. 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

3. MYOCARDIAL INFARCTION

(First Heart Attack of specific 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.

4. 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.

5. MAJOR ORGAN /BONE MARROW TRANSPLANT (as recipient)

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 organ, or
- 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

6. 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.

7. 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.

8. 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 and HIV are excluded.

9. AORTIC SURGERY

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

10. 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.

11. ALZHEIMER'S DISEASE/ DEMENTIA

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured for a minimum period of 6 months from date of diagnosis. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Corporation's appointed doctor.

- The following are excluded:
- i. Non-organic disease such as neurosis and psychiatric illnesses; and
 - ii. Alcohol-related brain damage.

12. 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.

13. 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.

14. 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.

15. 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.

(D) Waiting period: A waiting period of 90 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of the Critical Illness under consideration. This would mean that the benefit covered under this rider is not applicable and the rider shall terminate if any of the contingencies mentioned in Condition 6(C) of Part C occurs:

- (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of 90 days reckoned from that date or
- (ii) before the expiry of 90 days from the date of Revival.

However, waiting period will not apply to conditions arising directly out of accident.

(E) Survival period: A survival period of 30 days is applicable from the date of diagnosis of Critical Illness listed above. If death occurs within the survival period, no benefit shall be payable under this rider.

(F) Exclusions

The Corporation shall not be liable to pay any of the benefit covered under this rider if the critical illness has occurred directly or indirectly as a result of any of the following:

- Any of the listed critical illness conditions where death occurs within 30 days from the date of diagnosis
- Any sickness condition related to the illnesses covered under this rider manifesting itself within 90 days of the commencement of risk or revival of risk cover, whichever is later.
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Taking part in any act of a criminal nature.
- Any Pre-existing condition.
- Failure to seek medical or follow medical advice (i.e. failure to undergo tests or treatments that a prudent person would normally undergo as recommended by a Medical Practitioner.
- Radioactive contamination due to nuclear accident.

PART – D: CONDITIONS RELATED TO SERVICING ASPECTS

1. **Proof of Age:** Same as under Base Policy.

2. **Forfeiture and Non-forfeiture Regulations:**

Forfeiture Regulations: Same as under the base policy.

Non-forfeiture Regulations: These provisions do not apply to this rider as it does not acquire any paid up value and the rider benefit ceases to apply, if policy is in lapsed condition.

3. **Revival of lapsed Policies:** Revival of this rider will only be considered along with the revival of the base policy. All terms and conditions applicable under the base policy shall be applicable to this rider.
4. **Surrender Value:** No surrender value will be available under this rider. On surrender of the base policy to which this rider is attached, provided all the due premiums in respect of this rider have been paid, additional rider premium charged in respect of cover after premium paying term shall be refunded as follows:

Regular premium policies: Nothing shall be refunded.

Limited premium paying policies:

- a) Refund shall only be payable if full premiums have been paid for at least:
 - first two consecutive years in case of premium paying term less than 10 years
 - first three consecutive years in case of premium paying term of 10 years or more
- b) Refund during premium paying term shall be:

$$75\% * d * (Pppt - Pn) * (Rider Sum Assured / 1000)$$

Refund after premium paying term shall be:

$$75\% * Pppt * (Rider Sum Assured / 1000) * (ppt / n) * (n - t)$$

Where:

Pppt = Tabular annual premium as applicable from time to time for the limited premium paying term per Rs. 1000/- Rider Sum Assured. (Since the premium rates for this rider are subject to review, the actual premium(s) applicable during the policy term shall be taken. As the surrender amount is calculated using the duration elapsed till the date of surrender multiplied by the premium, all the premiums paid till the date of surrender are considered).

Pn = Equivalent tabular annual regular premium per Rs. 1000/- Rider Sum Assured corresponding to the respective Limited Premium payable, as applicable from time to time during the policy term (as the rates are subject to change). The applicable premium(s) shall be based on policyholder's age at entry and the original term of the rider i.e. n years.

Above premiums excludes service tax and extra premium, if any.

d = policy duration elapsed in completed years as on date of surrender. (Note: Total "d" for a policy may consist of different shorter durations, say d1, d2., wherein different premium rates may apply on count of revision of premium rates. So the final duration will be the sum total of d1, d2.,etc).

n = Term of the Rider.

ppt = Premium paying term of the Rider.

t = Policy duration elapsed in nearest completed years as on the date of surrender.

5. Termination of Critical Illness Benefit Rider:

The Critical Illness Benefit Rider will terminate on the earliest of:

- The date on which the claim is paid in respect of this rider
- The date of expiry of the rider (as mentioned in the Schedule)
- The date on which the base policy to which the rider is attached terminates or is converted into a paid up policy.
- On diagnosis of Critical Illness within the waiting period
- On payment of Free Look cancellation amount for this Rider.

Any critical illness manifesting itself during the waiting period is not admissible. The first admissible critical illness which is manifested, diagnosed and lodged after the waiting period and during the currency of critical illness cover, once admitted for, shall preclude any further critical illness and therefore the cover will terminate.

6. **Free look period:** During the Free Look period, if the Policyholder is not satisfied with the Terms or Conditions of the rider, he/she may return the rider within 15 days from date of receipt of the same to the Corporation stating the reason of objections. On receipt of the same the Corporation shall cancel the rider and return the amount of premium deposited for this rider after deducting the **proportionate risk premium for Critical Illness Benefit for the period of cover (shall not be applicable during the waiting period), charges for stamp duty and charge for medical examination, special reports, if any, on account of rider inclusion.**

PART E

Not Applicable.

PART – F: OTHER TERMS AND CONDITIONS

1. **Assignments and Nominations:** Same as under Base policy.
2. **Tax:** Statutory Taxes, if any, imposed on such insurance riders 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.

The amount of applicable Taxes as per the prevailing rates, shall be payable by the policyholder on premiums including extra amount if charged under the policy due to underwriting decision, which shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of Tax paid shall not be considered for the calculation of benefits payable under the rider.

3. **Normal requirements for a claim:** Within 120 days from the date on which any of the contingencies mentioned under definitions of Critical Illnesses herein above has occurred, full particulars hereof must be notified in writing to the office of the Corporation where this Policy is serviced together with the then address and whereabouts of the Life Assured. Proof satisfactory to the Corporation of the contingency that has occurred, shall be furnished in the manner required as below:

1. Claim Form duly signed by the insured along with NEFT mandate from the Claimant for direct credit of the claim amount to the bank account;
2. Original Policy document;
3. Treating doctor certificate filled by the doctor treating the Life Assured for the diagnosed ailment. The treating doctor should be a Medical Practitioner registered in India/other country as approved by the Corporation, not being the policyholder, Life Assured or the respective partner or spouse or relatives.
4. Hospital certificate/Discharge Summary duly filled by the hospital where Life Assured was admitted.
5. Confirmatory investigations including, but not limited to, clinical, radiological, histological & laboratory evidence;
6. If the insured event requires the surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary;
7. The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed/approved by the Corporation;
8. In case of Critical Illness directly arising out of an Accident, claimant is required to submit the following documents:
 - a) Certified copies of First Information Report (FIR) and the Final Police Closure Report
 - b) Any associated newspaper cutting
9. Any other document or information as asked for by the Corporation depending on the facts & circumstances of each case; This would be in addition to the Claim requirements under the Base Policy.

However, any delay in intimation of the claim by the claimant, if any, where delay is proved to be beyond his/her control may be condoned by the Corporation.

If the claim is not settled within 30 days (or 45 days where the circumstances of claim warrant an investigation) from the date of receipt of last necessary document, then the Corporation shall be liable to pay interest at a rate 2% above the bank rate. This interest shall be payable for the period starting from the date of receipt of last necessary document. The bank rate shall be as fixed by Reserve Bank of India (RBI) at the beginning of the financial year in which claim is reviewed by the Corporation or any such interest rate as may be prescribed by IRDAI from time to time.

PART – G: STATUTORY PROVISIONS

Section 45 of Insurance Act, 1938: Same as mentioned under the Base Policy.

Grievance Redressal Mechanism: same as under base policy.

Grievance Redressal for Senior Citizens:

Email address: co_healthsc@licindia.com

Health Toll free Number: 18004259876

Note:

- In case of dispute in respect of interpretation of terms and conditions mentioned in this Document, the English version shall stand valid.
- The conditions mentioned in this endorsement are not to be read in isolation but in agreement with the conditions mentioned in the Base Policy.

YOU ARE REQUESTED TO EXAMINE THIS POLICY, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.