

I keep my health first.
Hence, I choose **Health First Plan**
which gives me fixed lump sum
payout on first diagnosis

A Comprehensive Health Insurance Plan That Covers¹



HEART
DISEASES



CANCER



26 CRITICAL
ILLNESSES



CANARA HSBC ORIENTAL BANK OF COMMERCE LIFE INSURANCE

HEALTH
FIRST PLAN

Non-Linked, Non-Participating Fixed Benefit Health Insurance Plan



Waiver of
Future Premiums²



Increasing
Cover Option



Monthly Income
Payout³ Option

For more information:

Ask your Bank Branch Staff Toll Free: 1800-103-0003/1800-180-0003 (BSNL/MTNL Users) www.canarahsbclife.com

¹You can choose from any one of the available cover option. ²Available on first diagnose of Minor conditions covered under Cancer Cover and Heart Cover.

³Additional benefit of 1% of initial Sum Assured every month for 60 months following the date of diagnosis of a Major Heart/ Cancer Condition/ Major Critical Illness (as applicable).

Purchase of any insurance products by a bank's customer is purely voluntary and is not linked to availment of any other facility from the bank.

Canara HSBC Oriental Bank of Commerce Life Insurance Health First Plan A Non-linked, Non-Participating Fixed Benefit Health Insurance plan

Health is the most critical asset you have and every aspect of your life revolves around good health. Any adverse impact on your health can risk your dreams and goals, and can put significant financial burden on you and your family. Heart and Cancer related ailments are on a rise, and are the two most deadly ailments that need specialized treatment and care. Further, there are multiple other Major Critical illnesses that need financial assistance to deal with. It therefore becomes imperative to have a fixed benefit critical illness plan that takes care of all your worries in any such situation, and no matter how critical your illness is, it helps you deal with it financially.

Presenting Canara HSBC Oriental Bank of Commerce Life Insurance Health First Plan

A Non-linked Non-Participating Fixed Benefit Health Insurance plan that is affordable and provides you with a lump-sum amount on the occurrence of Heart, Cancer related conditions and on pre-defined 26 Major Critical Illnesses. The plan is designed in such a way that it provides you complete freedom to pick and choose the cover you need, and also provides multiple customization options to best suit your requirements. The lump-sum amount paid can help you overcome the immediate medical expenses without compromising on your lifestyle.

What are the options available under the plan?

There are three plan options under the plan and you can opt for any one of the following option at policy inception:

1. Major Critical Illness Cover
2. Heart Cover
3. Cancer Cover

These options are explained in the "Plan options and benefits in details" section.

What are key benefits under the plan?

- ✓ Option to cover yourself against Heart ailments, Cancer conditions or Major Critical Illness.
- ✓ High coverage at affordable premiums.
- ✓ Increasing cover option to take care of increasing medical needs.
- ✓ Offers lump-sum payout on the first diagnosis of illness irrespective of actual amount spent on treatment.
- ✓ Waiver of all future premiums on first diagnose of Minor Conditions covered under Cancer Cover and Heart Cover.
- ✓ Option of additional monthly income in case of Major Claim (Heart and Cancer Cover) & Major Critical Illness Cover.
- ✓ Get all your premiums paid back on maturity, under Major Critical Illness Cover, if Return of Premium Option is opted (if there is no claim during the Policy Term).

How does it work?

4 simple steps to customize you plan and protect yourself.



Step 1 Choose your plan option(s)

- Depending on your coverage needs choose the plan option {(Major Critical Illness Cover (with or without Return of Premium option)/ Heart Cover/ Cancer Cover)}.



Step 2 Choose your additional option(s)

- Choose whether you need Level Cover or Increasing Cover option. It is advisable to opt for Increasing Cover option to keep pace with rising inflation.
- Choose whether you need additional Monthly Income Benefit option to get an income stream for 5 years



Step 3 Choose your Policy Term

- Flexible policy term options ranging from 5 to 40 years.



Step 4 Calculate your premium, complete your proposal form and pay your premium

- Calculate your premium basis coverage taken, add-on options chosen, and other key details
- Fill your proposal form and pay your premium

Plan options and benefits in detail:

Lump-sum payout on diagnosis: This plan provides lump-sum payout on the first diagnosis of covered illness, irrespective of actual amount spent on treatment, to help you recover without any financial stress.

Major Critical Illness Cover

This option offers you cover against 26 Major Critical Illnesses. When a major Critical Illness strikes, it can place a huge burden on you and your family, not only because of the medical expenses, but also because you may have to take a break from work. To protect you against the financial burden, we will pay you the applicable Sum Assured as lump-sum to meet your financial needs. The benefit is payable irrespective of the actual expenses incurred by you.

This product provides a lump-sum equal to the applicable Sum Assured on first diagnosed of a Major Critical Illness or undergoes first performance of any of the listed surgeries in relation to a Major Critical Illness. On the payment of applicable Sum Assured, coverage will terminate immediately.

Heart Cover and Cancer Cover

The plan offers comprehensive cover for Heart and Cancer related ailments. You can choose the cover which you need at inception.

The benefits payable under Heart or Cancer Cover (as applicable) will be paid as a lump-sum upon first diagnosis of any of the illnesses/ first performance of any of the covered surgeries (as listed below). The payout depends on the severity of the diagnosed condition (Major/ Minor Condition) and claims previously admitted under this Policy. The maximum claim payable in this Policy shall not exceed 100% of the applicable Sum Assured

If the Life Assured is diagnosed to be suffering from Cancer or Heart disease of defined severity, a percentage of the applicable Sum Assured will be paid, as per below schedule:

Condition/Cover	Cancer Cover	Heart Cover
Minor Condition	25% of applicable Sum Assured for Cancer Cover	25% of applicable Sum Assured for Heart Cover
Major Condition (after occurrence of Minor Condition claim)	75% of applicable Sum Assured of Cancer Cover	75% of applicable Sum Assured of Heart Cover
Major Condition (without occurrence of any Minor Condition claim)	100% of applicable Sum Assured of Cancer Cover	100% of applicable Sum Assured of Heart Cover

Only one claim is permissible under each of these Conditions (Major/ Minor). In any case, the total payout in the Policy cannot exceed 100% of the applicable Sum Assured for each cover.

- i) If you are diagnosed with covered Minor Condition under Heart or Cancer cover (as applicable), you will receive 25% of your applicable Sum Assured instantly, and all the future premiums will be waived off for the applicable coverage.
- ii) If you are diagnosed with covered Major Condition under Heart or Cancer cover (as applicable), you will receive the entire 100% of applicable Sum Assured, and the cover will terminate, as applicable.
- iii) If you are diagnosed with covered Minor condition under Heart or Cancer cover (as applicable), and later with a Major Condition under Heart or Cancer cover (as applicable), you will receive 25% of your applicable Sum Assured on diagnosis of a Minor Condition under Heart or Cancer (as applicable) and all future premiums will be waived off, for the of the coverage for which claim has been admitted. Further, you will receive 75% of your applicable Sum Assured on diagnosis of Major Condition under Heart or Cancer cover (as applicable).

Important note

Claim will be admissible only if the Life Assured is diagnosed for the first ever occurrence of any of the listed conditions/ ailments.

Premium Waiver Benefit: In Heart and Cancer Cover the plan continues even after the first pay-out for a Minor Condition Claim is made, without you having to pay any future premiums for the applicable coverage under which the claim is made.

Increasing Cover Option: You have the option of taking Increasing Cover under all the three plan options (Major Critical Illness Cover, Heart Cover, Cancer Cover) at proposal stage. Increasing Cover option helps you take care of growing medical expenses. Under this option, the initial Sum Assured increases by 10% (simple rate) every year starting from the first policy anniversary, until the first claim

is made. The Sum Assured can go up to a maximum of 150% of initial Sum Assured.

If you have opted for Increasing Cover option at inception and there is claim during the Policy Term and the Policy is in-force you will receive a lump-sum payout basis the Increased Sum Assured.

For example, when you choose a Sum Assured of ₹20 lacs under Heart Cover for a term of 10 years and take the Increasing Cover option, starting from the first policy anniversary an additional 10% of initial Sum Assured will be added to your Sum Assured. Hence, by the 5th Policy year your Heart Cover would have increased from ₹20 lacs to ₹30 Lacs. (10% of ₹20 lacs = ₹2 lacs, ₹2 lacs *5 years = ₹10 lacs increase).

Monthly Income Benefit Option: This plan gives you an additional benefit of 1% of initial Sum Assured every month for 5 years (i.e. 60 months) following the date of diagnosis of a Major Heart/ Cancer condition/ Major Critical Illness (as applicable), to help your family deal with loss of income. This monthly income payment is over and above the lump-sum payment made on diagnosis of the illness/ condition, and is continued to be paid to your Nominee for the total defined period of 5 years, even in case of your unfortunate death. The Nominee can also request for commuting the remaining monthly instalments into lump sum within six months of the death of the Life Assured. On the request for such commutation, the value of the remaining monthly instalments, discounted at 4.0% per annum, shall be payable and no further benefit shall be payable thereafter

Maturity benefit: The Policy does not provide any maturity benefit under Heart or Cancer Cover. In case of Major Critical Illness Cover, there is an option to take the Return of Premium Option (available with Policy Term 10 to 20 years), which provides maturity benefit. For details please refer to the Option as explained below.

Return of Premium Option: This benefit ensures that your premiums comes back to you at the end of the Policy Term (if no claim is made) to take care of ongoing health/ medical expenses. Upon survival of the Life Assured till the end of the Policy Term without any claim having made, while the Policy is in-force, the Company will pay back all the premiums paid (including modal loading but excluding underwriting extra premium and Goods and Services Tax & applicable cess(es)/ levy, if any) during the Policy Term as a Maturity Benefit.

Note: The Return of Premium Option is available only in Major Critical Illness Cover with Policy Term 10 to 20 years only.

Surrender benefit: The Policy does not provide any surrender benefit under Heart or Cancer Cover. The surrender benefit under Major Critical Illness Cover under Return of Premium Option is as follows:

On surrender of the Policy, the Surrender Value payable will be higher of {Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV)}. However, the Policy acquires a Guaranteed Surrender Value (GSV) as well as Special Surrender Value (SSV) only after payment for 3 consecutive years'. The Surrender Value will be determined by the Company and may vary from time to time with prior approval of the Authority. The Guaranteed Surrender Value is based on defined percentages of total premiums paid (including modal loading but excluding underwriting extra and Goods and Services Tax & applicable cess(es)/ levy, if any). For the details on Guaranteed Surrender Value percentages (Factors), please refer details below or the sample Policy Contract of this product available on Company's website.

No surrender value shall be payable if any claim has been made under the applicable cover.

Loans: Policy loan facility is not available with this plan.

What are the Paid-up benefits in this plan?

Only available under Major Critical Illness Cover (if Return of Premium Option is taken):

Your policy will acquire a Paid-up status at the expiry of the Grace Period of 30 days (for annual mode) from the due date of first unpaid premium (15 days for monthly mode) provided that first three years' full premiums have been paid. Once the policy is in Paid-up status and provided the policy is not surrendered or revived, the benefits payable are as follows:

Applicable Paid-up Sum Assured is defined as:

Applicable Sum Assured* (Number of premiums paid/ Total number of premiums payable during the Policy Term).

Upon the Life Assured being first diagnosed with any of the covered illnesses/ undergoing of any of the covered surgeries for the first time (as listed below) during the Policy Term but post completion of the Waiting Period), provided the Policy is Paid-up status and the Life Assured is alive at the expiry of the Survival Period.

We shall pay Lump sum benefit equal to 100% of the Applicable Paid-up Sum Assured and the Policy will terminate Further, where Monthly Income Option has been chosen, an

additional benefit equal to 1% of [Initial Sum Assured multiplied with Numbers of premiums paid divided by Numbers. of premiums payable] at the commencement of each month following the date of the Insured's Diagnosis with a Major Critical Illness. The monthly income benefit shall be payable for a period of 5 years from the date of the Insured's Diagnosis with a Major Critical Illness. If the Insured dies before all instalments of the Monthly Income Benefit have been paid, then the remaining instalments will be payable to the Nominee. The Nominee can also request for commuting the remaining monthly instalments into lump sum within six months of the death of the Life Assured. On the request for such commutation, the value of the remaining monthly instalments, discounted at 4.0% per annum, shall be payable and no further benefit shall be payable thereafter.

Paid-up Benefit on date of Maturity:

Upon survival of the Life Assured to end of the Policy Term when the Policy is in Paid-up status, We shall pay 100% of all the Premiums paid excluding Underwriting Extra Premium and Goods and Services Tax & applicable cess(es)/ levy, if any) and on payment of this benefit, the Policy will terminate and no further benefit will be payable.

Heart Cover and Cancer Cover: No Paid-up benefit is available.

What are the key boundary conditions of the plan?

Parameters	Minimum	Maximum
Entry Age	18 years	65 years
Maturity Age	23 years	80 years
Sum Assured (₹)	Major Critical Illness - 5 lacs Heart Cover- 5 lacs Cancer Cover- 5 lacs	Major Critical Illness - 50 lacs Heart Cover- 40 lacs For Increasing Cover option, the maximum Sum Assured allowed is 25 lacs Cancer Cover- 50 lacs
Policy Term	5 years Return of Premium Option under Major Critical Illness Cover: 10 years	40 years, subject to maximum maturity age of 80 years Return of Premium Option under Major Critical Illness Cover: 20 years, subject to maximum maturity age of 80 years
Premium Payment Term	Same as Policy Term	
Annual Premium (₹)	Major Critical Illness Cover (without Return of Premium Option): ₹685 Heart Cover: ₹596 Cancer Cover: ₹456	Depending on chosen Sum Assured, and subject to Underwriting
Premium Payment Mode and Modal Factors	Annual & Monthly mode is available In case of Monthly mode, Annual premium needs to be multiplied with a factor of 0.09 to arrive at the monthly installment premium payable.	

How much does Health First Plan cost?

Please refer to the following table to get a quick and easy idea of the annual premium payable under this plan for each of the options:

Sum Assured	Age	Plan option	Policy term	
			10 yrs	20 yrs
₹20,00,000	30 yrs	Cancer Cover	₹1,035	₹1,195
		Heart Cover	₹1,909	₹2,916
		Major Critical Illness Cover	₹1,804	₹1,806
	40 yrs	Cancer Cover	₹1,966	₹3,263
		Heart Cover	₹6,353	₹8,989
		Major Critical Illness Cover	₹2,389	₹2,535

The above premiums are without additional option(s) and for a healthy male and exclusive of Goods and Services Tax & applicable cess (es)/ levy.

Case Study 1

Sachin aged 35 years an IT professional takes Canara HSBC Oriental Bank of Commerce Life Insurance Health First plan - Heart, Cancer & Major Critical illness Cover under three different policies. He has opted for level Cover and annual premium payment mode for all the three polices. His need is to fully cover himself from Heart ailments, Cancer conditions and Major Critical Illnesses for a duration of 25 years, i.e till he turns 60 years.

Plan Option	Sum Assured (₹)	Policy Term	Annual Premium (₹) without applicable taxes
Major Critical Illness	10 lacs	25 years	1,186
Heart	20 lacs	25 years	6,337
Cancer	30 lacs	25 years	3,590

- At age 40 he undergoes coronary angioplasty – a Minor Condition surgery covered under Heart Cover. To take care of his immediate financial requirements, 25% of applicable Sum Assured i.e. ₹5 lacs under Heart Cover is paid to him and all future premiums for Heart Cover are waived off.
- Premiums for the other two polices (Major Critical Illness & Cancer Cover) will be payable as is.
- At age 50 he undergoes a major surgery of Aorta – a Major Condition surgery under Heart Cover. To take care of expenses of this major surgery, 75% of applicable Sum Assured i.e. ₹15 lacs is paid to him immediately and the coverage for Heart Cover terminates.
- The Total benefit that Sachin receives under Heart Cover is the full Sum Assured i.e ₹20 lacs.
- Major Critical Illness Cover and Cancer Cover continues and Sachin pays the premium as and when due for both the policies.
- The Major Critical Illness Cover and Cancer Cover terminates at age 60 years.

Case Study 2

Rahul aged 40 years is a businessmen and takes Heart & Cancer Cover under Canara HSBC Oriental Bank of Commerce Life Insurance Health First Plan through two different polices. Rahul takes the Increasing Cover option available under the plan to take care of inflating medical expenses and wishes to pay premium in annual mode. The Sum Assured and Policy Term that he chooses, is as follows:

Plan Option	Sum Assured (₹)	Policy Term	Annual Premium (₹) without applicable taxes
Heart	20 lacs	20 years	12,942
Cancer	20 lacs	20 years	4,708

- His Sum Assured increases every year by 10 % (Simple Rate) and at the end of 5th Policy Year his Sum Assured for both Cancer Cover and Heart Cover would become ₹30 lacs each, which is an increase of ₹10 lacs from the initial Sum Assured.
- Unfortunately, Rahul is diagnosed with a Minor Cancer Condition at age 55 years. To take of his immediate financial requirements, 25% of applicable Sum Assured i.e. ₹7.5 lacs under Cancer Cover is paid immediately and all future premiums for Cancer Cover are waived off.
- Premium for the Heart Cover will be payable as is.
- At age 58, unfortunately he is diagnosed with a Major Cancer condition. To take care of medical expenses of this major condition, 75% of applicable Sum Assured i.e. ₹22.5 lacs is paid to him immediately and the coverage for Cancer terminates.
- The total benefit that Rahul receives for Cancer Cover is his Increased Sum Assured of ₹30 lacs.
- Heart Cover continues and the premium is payable as and when due for this policy.
- The Heart Cover terminates at the end of 20 year policy term, i.e his age 60 years.

Case Study 3

Pooja aged 40 years is a business analyst and takes Major Critical Illness & Cancer Cover under Canara HSBC Oriental Bank of Commerce Life Insurance Health First Plan through two different polices. Pooja is also worried about her income loss that might happen if she is diagnosed with Major Critical illness or any Cancer condition, and hence opts for monthly income benefit option. Further, she decides to pay premium in annual mode for both the coverage option.

Plan Option	Sum Assured (₹)	Policy Term	Annual Premium (₹) without applicable taxes
Major Critical Illness	10 lacs	30 years	2,573
Cancer	20 lacs	30 years	12,420

- ➔ Unfortunately, she is diagnosed with Benign Brain Tumour, a Major Critical Illness at the age of 55 years. To take of her immediate financial requirements, 100% of applicable Sum Assured, i.e. ₹10 lacs under Major Critical Illness Cover is paid to her immediately and the cover for Major Critical Illness terminates.
- ➔ In addition to the lump-sum payout of ₹10 lacs, Pooja starts to receive a monthly income of ₹10,000 (1% of Major Critical Illness Sum Assured) for next 5 years (i.e. 60 months) to take care of her regular expenses.
- ➔ Premium for the Cancer Cover will be payable as is.
- ➔ Unfortunately, she is diagnosed with a Minor Cancer condition at the age of 65 years. To take of her immediate financial requirements, 25% of applicable Sum Assured i.e. ₹5 lacs under Cancer Cover is paid to her immediately and all future premiums for Cancer Cover are waived off.
- ➔ At the age of 68 years, unfortunately she is diagnosed with a Major Cancer condition. To take care of expenses for this major condition, 75% of applicable Sum Assured i.e. ₹15 lacs is paid to her immediately and the coverage for cancer terminates.
- ➔ In addition to the lump-sum payout Pooja will also receive a monthly income of ₹20,000 (1% of Cancer Cover Sum Assured) for next 5 years to take care of her regular expenses.
- ➔ The Total benefit that Pooja receives is ₹48 lacs (Full Sum Assured of ₹20 lacs for Cancer Cover, total monthly income payout over five year (₹6 lacs + ₹12 lacs) and ₹10 lacs for Major Critical Illness Cover)

What are the key terms and conditions in this plan?

1. The definition of Age used is 'Age as on last birthday'.
2. Collection of advance Premium shall be allowed within the same financial year for the Premium due in that financial year. However, where the Premium due in one financial year is being collected in advance in earlier financial year, the Company may collect the same for a maximum period of three months in advance of the due date of the premium. The premium so collected in advance shall only be adjusted on the due date of the premium. Such advance premium, if any, paid by the Policyholder shall not carry any interest.
3. **Rebates:** For online purchase: For policies purchased online directly, a discount of 7% on premium would be provided throughout the Policy Term.
4. **Risk Commencement Date:** The risk under this Policy shall commence on the date the Company underwrites the risk, subject to realization of full premium.
5. Goods and Services Tax & applicable cess(es)/ levy, if any will be charged over and above the premium as per applicable laws, subject to amendment from time to time.
6. **Free look period:** The Policyholder has the right to review the Policy Terms and conditions within 15 days from the date of receipt of the policy document and period of 30 days in case of electronic policies and policies obtained through distance mode, to review the terms and condition of the policy and where the policyholder disagrees to any of the terms or conditions, he has the option to return the policy to the company for cancellation, stating the reason for his objection. If the policyholder or insured under the policy has not made any claim during the free look period then the company would refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred on medical examination of the proposer and stamp duty charges.
7. **Waiting Period:** A 180-day waiting period is applicable from the Risk Commencement Date or the date of Revival, whichever is later.
8. **Survival Period:**
 - o **Cancer Cover:** Benefits under Cancer Cover will be payable only if the Life Insured survives for a period of 7 days from the date of diagnosis of any of the listed conditions under Cancer Cover. This means that the insured has to survive 7 days from the "full histopathological diagnosis" of the cancer, including stage and grading.
 - o **Heart Cover:** Benefits under Heart Cover will be payable only if the Life Insured survives for a period of 7 days from the date of diagnosis of any of the listed conditions/ first performance of any of the covered surgeries under Heart Cover.
 - o **Major Critical illness Cover:** Benefits under Major Critical Illness Cover will be payable only if the Life Insured survives for a period of 15 days from the date of diagnosis of any of the covered illnesses/ first performance of any of the covered surgeries.

9. **Pre-Existing Disease/ Condition** - Any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and/ or were diagnosed, and/ or for which medical advice/ treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
10. **Premium Reviewability:** Premium rates are guaranteed for an initial period of 5 years from the Policy Commencement Date and thereafter for a period of every 5 consecutive years. We may review the Premium rates after the completion of first 5 Policy Years and the reviewed premiums will remain unchanged for a period of every block of 5 Policy Years. Any such change in premium shall be subject to prior approval from IRDAI. In case of any change in Premium rates, the revised Premium rates shall be applicable based on Age of the Insured at Policy Commencement Date and based on the Policy Term chosen. In case of no revision in Premium rates, the original Premium rates shall be applicable. Any revision in the Premium rates shall be notified to You at least three months prior to the date of such revision. In case the Policyholder does not wish to continue the Policy by paying the revised Premium the Policyholder has the option to discontinue the Policy.
11. **Grace Period:** In case you miss paying your premium, there is a Grace Period of 30 days (15 days if you have opted for monthly mode) from the date of unpaid premium during which you can pay the premium. The benefits under the Policy shall be payable during the Grace Period, subject to deduction of all due amounts payable.
12. **Revival:** A Policy, which has lapsed or is in a Paid-up state for non-payment of premium may be revived subject to the following conditions:
 - o You can revive a lapsed or Paid-up Policy within a period of two years from the date of first unpaid premium by sending in a written application for revival.
 - o You will also need to pay all due unpaid premiums along with interest on the same (at the prevalent interest rate as declared by the Company from time to time);
 - o You shall provide the evidence of insurability and health to Our satisfaction. The evidence of good/ satisfactory health status shall be provided in the form of latest medical screening reports at Your expense.
 - o On Revival, all benefits would be reinstated as per the terms & conditions of the Policy, but we shall not be liable to make any payment in relation to any claim where the Insured had or is aware of objective evidence, had consultations/ Investigations for it and diagnosed with the disease/ illness which first became apparent it during the period when the Policy was in lapsed state.
13. **Nomination and Assignment:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938, as amended from time to time. Assignment should be in accordance with provisions of Section 38 of the Insurance Act, 1938, as amended from time to time.
14. **Tax Benefits under the plan will be as per the prevailing Income Tax laws and are subject to amendments from time to time. For tax related queries, contact your independent tax advisor.**
15. **Termination of Policy:** The Policy will terminate immediately upon the occurrence of the first of the following events:
 - a) On the date on which We receive a valid free-look cancellation request from You;
 - b) On the date of intimation of acceptance of the claim in respect of an Insured Event in accordance with the terms and conditions of the Policy;
 - c) On the date of the Insured's death;
 - d) on the date of expiry of the Revival Period if the Policy is in Lapsed State.
 - e) On the Maturity Date;
 - f) In case of misstatement of Age, fraud, misrepresentation or forfeiture.

Definitions – Major Critical Illness Cover

Major Critical Illness means an illness, where the insured had or is aware of objective evidence, had consultations/ investigations for it, or was diagnosed with the disease which first became apparent or commenced more than 180 days following the Risk Commencement Date or the date of Revival, whichever is the latest and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered Surgeries stated below:

1. Alzheimer's Disease

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

Activities of Daily Living are defined as:

1. 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;
2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding – the ability to feed oneself once food has been prepared and made available.
6. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

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

2. **Aplastic Anaemia**

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

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

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

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

Temporary or reversible aplastic anaemia is excluded.

3. **Deafness**

Total and irreversible loss of hearing in both ears as a result of illness or accident. The 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.

4. **Loss of Speech**

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

5. **Medullary Cystic Kidney Disease**

Medullary Cystic Kidney Disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

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

6. **Parkinson's Disease**

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

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

The Activities of Daily Living are:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;

5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

Feeding: the ability to feed oneself once food has been prepared and made available

Drug-induced or toxic causes of Parkinsonism are excluded.

7. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

A multi-system, multifactorial, autoimmune disease characterized by the development of autoantibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

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

WHO Classification of Lupus Nephritis:

Class I: Minimal change Lupus Glomerulonephritis – Negative, normal urine.

Class II: Mesangial Lupus Glomerulonephritis – Moderate Proteinuria, active sediment.

Class III: Focal Segmental Proliferative Lupus Glomerulonephritis – Proteinuria, active sediment.

Class IV: Diffuse Proliferative Lupus Glomerulonephritis – Acute nephritis with active sediment and/or nephritic syndrome.

Class V: Membranous Lupus Glomerulonephritis – Nephrotic Syndrome or severe proteinuria.

8. Motor Neurone Disease With Permanent Symptoms

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

9. Multiple Sclerosis With Persisting Symptoms

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

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

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

10. Apallic Syndrome

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at a hospital. There must be medical documentation available confirming that the condition has persisted for at least one (1) month.

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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56 (1) and the said act Or complies with all minimum criteria as under:

- i) Has qualified nursing staff under its employment round the clock;
- ii) 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;
- iii) Has qualified medical practitioner(s) in charge round the clock;
- iv) Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

11. Benign Brain Tumour

Benign brain tumour 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.

The 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

The following conditions are excluded:

- Cysts
- Granulomas
- Malformations in the arteries and veins of the brain,

- Hematomas;
- Abscesses
- Pituitary tumors,
- Tumors of skull bones and tumors of spinal cord;

12. **Blindness**

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

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.

The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedures.

13. **Brain Surgery**

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

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

14. **End-stage Lung Failure**

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

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

15. **End Stage Liver Failure**

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Ascites; and
- Permanent jaundice; and
- Hepatic encephalopathy

Liver failure secondary to alcohol or drug abuse is excluded.

16. **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.

17. **Third Degree Burns**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

18. **Major Head Trauma**

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the Accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The following are excluded:

(a) Spinal cord injury

The Activities of Daily Living are:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to

maintain a satisfactory level of personal hygiene;

6. Feeding: the ability to feed oneself once food has been prepared and made available.

19. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma

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

20. Kidney Failure Requiring Regular Dialysis

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

21. Permanent Paralysis of Limbs

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

22. Fulminant Viral Hepatitis

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

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

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

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

23. Muscular dystrophy

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

- (a) Family history of other affected individuals;
- (b) Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
- (c) Characteristic electromyogram; or
- (d) Clinical suspicion confirmed by muscle biopsy.

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

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

Activities of Daily Living are defined as:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

24. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

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

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

25. Loss of independent existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology.

Activities of Daily Living are defined as:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

26. **Pneumonectomy**

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

General Exclusions for Major Critical Illness: Apart from the disease specific exclusions, no benefit will be payable if any of the Major Critical Illness Condition/s is caused or aggravated directly or indirectly by any of the following:

- i. Any Pre-Existing Disease/ Condition or physical condition, unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
- ii. Any external congenital condition or related illness is not covered under the policy. In case any internal congenital condition or related illness is known and was/ is being treated, is disclosed at proposal stage and accepted, claims will be covered as per policy terms and conditions. If an internal congenital condition is not known to the insured/ family members and the same is proved on the basis of relevant evidence, then such a condition will not be excluded and the claims will be covered as per policy Terms & Conditions.
- iii. Suicide or attempted suicide or intentional self-inflicted injury, by the Insured, whether sane or not at that time.
- iv. Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
- v. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.
- vi. Participation by the Insured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray.
- vii. Treatment for injury or illness caused by hazardous avocations/ activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- viii. Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
- ix. Participation by the Insured person in any flying activity other than as a bona fide passenger (whether fare paying or non- fare paying travelling with valid travel documents), in a licensed aircraft used as public transport.
- x. Deliberate or intentional failure to seek medical advice and the Insured has intentionally delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- xi. Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.

Definitions – Heart Cover

Heart Condition means an illness, where the Insured had or is aware of objective evidence, had consultations/ investigations for it, or was diagnosed with the disease which first became apparent or commenced more than 180 days following the Risk Commencement Date or the date of Revival, whichever is the latest and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered Surgeries stated below:

Major Conditions

1. MYOCARDIAL INFARCTION (FIRST HEART ATTACK – OF SPECIFIED SEVERITY)

The first occurrence of heart attack or myocardial infarction which means the death of a portion

of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis of Myocardial Infarction should be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

2. **CARDIOMYOPATHY**

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

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

3. **STROKE RESULTING IN PERMANENT SYMPTOMS**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization 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 atleast 3 months has to be produced.

The following are excluded:

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

4. **Open Chest CABG**

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

The following is excluded:

- Angioplasty and/ or any other intra-arterial procedures

5. **MAJOR SURGERY OF AORTA**

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

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

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

6. **OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

7. **HEART TRANSPLANT**

The actual undergoing of a transplant of the Heart, that resulted from irreversible end-stage failure of the organ.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

Stem cell Transplants are excluded.

8. **Primary (Idiopathic) Pulmonary Arterial Hypertension**

An unequivocal diagnosis of Primary (Idiopathic) pulmonary hypertension by a cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mmHG on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NHYA 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.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, disease of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

Minor Conditions

Heart Condition means an Illness, where the Insured had or is aware of objective evidence, had consultations/ investigations for it, or was diagnosed with the disease which first became apparent or commenced more than 180 days following the Risk Commencement Date or the date of Revival, whichever is the latest and shall include either the first diagnosis of any of the following Illnesses or first performance of any of the covered Surgeries stated below:

1. ANGIOPLASTY AND STENTING FOR CAROTID ARTERIES

Angioplasty and Stenting for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence of one or more of carotid arteries. All of the following criteria must be met:

1. Actual undergoing of an endovascular intervention such as angioplasty and/ or stenting or atherectomy to alleviate the symptoms; and
2. The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

2. PERICARDECTOMY

The undergoing of a Pericardectomy through a median sternotomy or a thoracotomy approach for the treatment of constrictive pericarditis or recurrent pericarditis. The surgical procedure must be certified to be absolutely necessary by a Specialist in cardiology.

3. INITIAL IMPLANTATION OF PERMANENT PACEMAKER OF THE HEART OR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR (ICD)

Actual undergoing of insertion of a permanent cardiac pacemaker or cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness.

Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter-Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

The insertion of a permanent Cardiac Pacemaker or Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.

Cardiac arrest secondary to alcohol or drug misuse will be excluded.

4. PERCUTANEOUS PROCEDURES FOR HEART VALVE REPAIR OR REPLACEMENT

Percutaneous valve surgery refers to percutaneous valvuloplasty, percutaneous valvotomy and percutaneous valve replacement where the procedure is performed totally via intravascular catheter based techniques.

The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant Cardiologist.

5. ANGIOPLASTY AND STENTING OF CORONARY ARTERIES

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for the treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a Cardiologist and supported by coronary angiogram (CAG).

Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery.

Diagnostic Angiography or investigation procedures without angioplasty/ stent insertion are excluded.

6. RENAL ANGIOPLASTY

Means the actual undergoing for the first time of Renal Artery Angioplasty or the insertion of a stent to correct the stenosis, of one or more renal arteries as shown by Angiographic or appropriate imaging evidence. The revascularization must be considered medically necessary by an appropriate specialist.

Intra Arterial investigative procedures and Diagnostic Angiography are excluded.

7. SURGICAL SEPTAL MYOMECTOMY TO RELIEVE LEFT VENTRICULAR OUTFLOW TRACT (LVOT) OBSTRUCTION IN HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY (HOCM)

Actual undergoing of a surgical procedure to relive LVOT obstruction in HOCM by direct removal of

cardiac septal muscle.

The LVOT obstruction should be causing:

- Significant heart failure (NYHA CLASS III/ IV) despite maximal medical therapy
- LVOT gradient ≥ 50 mmhg at rest
- recurrent syncope judged to be related to LVOT obstruction

Procedure should be considered medically necessary by a cardiologist.

General Exclusions for Heart Cover:

Apart from the disease specific exclusions, no benefit will be payable if any of the Major CI Condition(s)/ cardiovascular condition is caused or aggravated directly or indirectly by any of the following:

- Any Pre-Existing Disease/ Condition unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
- Any external congenital condition or related illness is not covered under the policy. In case any internal congenital condition or related illness is known and was/ is being treated, is disclosed at proposal stage and accepted, claims will be covered as per policy terms and conditions. If an internal congenital condition is not known to the insured/ family members and the same is proved on the basis of relevant evidence, then such a condition will not be excluded and the claims will be covered as per policy Terms & Conditions.
- Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.
- Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
- Treatment for injury or illness caused by hazardous avocations/ activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
- Deliberate or intentional failure to seek medical advice and the Insured has intentionally delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy.
- Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.

Definitions – Cancer Cover

Cancer Condition means an Illness, where the Insured had or is aware of objective evidence, had consultations/ investigations for it, or was diagnosed with the disease which first became apparent or commenced more than 180 days following the Risk Commencement Date or the date of Revival, whichever is the latest and shall include either the first diagnosis of any of the following Illnesses as stated below:

(a) **Early Stage Cancer**

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

- Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
 - Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent or lesser classification.
 - Chronic lymphocytic leukaemia classified as RAI Stage I or II;
 - Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,
 - Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
 - All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification)
- The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

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

(b) **Carcinoma-in-situ**

Carcinoma-in-situ shall mean first ever diagnosis of a histologically proven, localized preinvasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and/ or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

- Breast, where the tumour is classified as Tis according to the TNM Staging method;
- Uterus, vagina, vulva or fallopian tubes where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0;
- Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO* Stage 0;
- Ovary – include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B;
- Colon and rectum;

- vi. Penis;
- vii. Testis;
- viii. Lung;
- ix. Stomach and esophagus;
- x. Urinary tract, for the purpose of in-situ cancers of the bladder and uroepithelium, stage Ta papillary carcinoma is included
- xi. Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy & confirmed by a Registered Medical Practitioner.

*FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique Pre-malignant lesions and carcinoma in situ of any organ, unless listed above, are excluded.

Cancer Condition means an Illness, where the Insured had or is aware of objective evidence, had consultations/ investigations for it, or was diagnosed with the disease which first became apparent or commenced more than 180 days following the Risk Commencement Date or the date of Revival, whichever is the latest and shall include either the first diagnosis of any of the following Illnesses as stated below:

(c) Major Stage Cancer (Cancer Of Specified Severity)

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumours which are histologically described as carcinoma in situ, benign, premalignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & 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 tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- 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 Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPF.
- ix. All tumours in the presence of HIV infection.

GENERAL EXCLUSIONS FOR CANCER COVER

No benefit shall be payable under the Policy in respect of any Major Cancer, Carcinoma-in-situ or Early Stage Cancer resulting directly or indirectly from or caused or contributed by (in whole or in part):

- i. Sexually Transmitted Diseases AIDS or HIV.
- ii. Any external congenital condition or related illness is not covered under the policy. In case any internal congenital condition or related illness is known and was/ is being treated, is disclosed at proposal stage and accepted, claims will be covered as per policy terms and conditions. If an internal congenital condition is not known to the insured/ family members and the same is proved on the basis of relevant evidence, then such a condition will not be excluded and the claims will be covered as per policy Terms & Conditions.
- iii. Any Pre-Existing Disease/ Condition unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
- iv. Intoxication by alcohol or narcotics or drugs not prescribed by a Registered Medical Practitioner.
- v. Nuclear, biological or chemical contamination (NBC) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or biological or chemical contamination.
- vi. Deliberate failure to seek medical advice or intentional delay of medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.

GSV Factor											
Policy Term	10	11	12	13	14	15	16	17	18	19	20
Policy year											
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	57%	56%	55%	54%	54%	54%	53%	53%	53%	53%	53%
6	63%	61%	60%	59%	58%	57%	57%	56%	56%	55%	55%
7	70%	67%	65%	63%	62%	61%	60%	59%	59%	58%	58%
8	77%	73%	70%	68%	66%	65%	63%	62%	61%	61%	60%
9	83%	79%	75%	72%	70%	68%	67%	65%	64%	63%	63%
10	90%	84%	80%	77%	74%	72%	70%	68%	67%	66%	65%
11		90%	85%	81%	78%	75%	73%	72%	70%	69%	68%
12			90%	86%	82%	79%	77%	75%	73%	71%	70%
13				90%	86%	83%	80%	78%	76%	74%	73%
14					90%	86%	83%	81%	79%	77%	75%
15						90%	87%	84%	81%	79%	78%
16							90%	87%	84%	82%	80%
17								90%	87%	85%	83%
18									90%	87%	85%
19										90%	88%
20											90%

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 prospectuses or tables of the insurer:

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

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

Section 45 of the Insurance Act, 1938 as amended from time to time will be applicable. For provisions of this Section, please contact the Insurance Company or refer to the sample Policy contract of this product on our website www.canarahsbclife.com

ABOUT US

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited is a company formed jointly by three leading financial organizations - Canara Bank and Oriental Bank of Commerce, and HSBC Insurance (Asia Pacific) Holdings Limited.

The shareholding pattern of the Joint Venture is – Canara Bank: 51%, HSBC Insurance (Asia Pacific) Holdings Limited: 26% and Oriental Bank of Commerce: 23%.

Our aim is to provide you with a transparent range of life insurance products backed by excellent customer service and thereby, making your life simpler.

Canara HSBC Oriental Bank of Commerce Life Insurance Critical illness Plan Non-linked Non-Participating Fixed Benefit Health Insurance plan.

Trade Logo of Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited is used under license with Canara Bank, HSBC Group Management Services Limited and Oriental Bank of Commerce. This product brochure gives only the salient features of the plan and it is indicative of terms and conditions. This brochure should be read in conjunction with the benefit illustration and the Terms & Conditions for this plan as provided in sample Policy contract available on our website.



aapke vaade,
sar aankhon par

**Canara HSBC Oriental Bank of Commerce
Life Insurance Company Limited (IRDAI Regn. No.136)**

Registered Office:

Unit No. 208, 2nd Floor, Kanchenjunga Building,
18 Barakhamba Road, New Delhi - 110001

Corporate Office:

2 Floor, Orchid Business Park, Sector-48, Sohna Road,
Gurugram - 122018, Haryana, India

Corporate Identity No.: U66010DL2007PLC248825

Website: www.canarahsbclife.com

Call: 1800-103-0003/ 1800-180-0003SNL/ MTNL),

Missed Call: 0124-6156600, **SMS:** 9779030003

Email: customerservice@canarahsbclife.in

Trade Logo of Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited is used under license with Canara Bank, HSBC Group Management Services Limited and Oriental Bank of Commerce.

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.