

RIDER POLICY BOND

Bharti AXA Life Waiver of Premium on Critical Illness (attached to Unit-linked Policies)

DEFINITIONS

“**Critical Illness**” shall mean any one of the following illnesses defined hereunder occurring only after 90 days from the Policy Date or the date of reinstatement of the Policy:

■ **Cancer**

Cancer is a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer includes leukemia, lymphoma and Hodgkin's disease. Cancer must require treatment by surgery, radiotherapy or chemotherapy. The diagnosis must be confirmed with a valid pathology report and a report from a specialist approved by the Company.

The following types of cancer are excluded:

- All tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, or non-invasive.
- Any lesion described as carcinoma in-situ
- Cervical dysplasia or intra-epithelial neoplasia (CIN)
- Prostatic Intra-epithelial Neoplasia (PIN)
- Leukoplakia
- All non-melanoma skin cancers
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least class T2N0M0 by the AJCC Sixth Edition TNM Classification.
- Any form of cancer in the presence of HIV infection, including but not limited to, lymphoma or Kaposi's sarcoma.
- Thin Melanomas with pathology report showing Clark's Level less than III or Breslow thickness less than 1.0 mm.
- Early thyroid cancers that are less than 1 cm in diameter and histologically described as T1 by the AJCC Sixth Edition TNM Classification unless there are metastases;
- Early localized bladder cancers that are histologically described by the AJCC Sixth Edition TNM Classification as Ta or equivalent classification, unless there are metastases;
- Chronic Lymphocytic Leukaemia (CLL) less than RAI Stage 3
- All cancers that are a recurrence or metastases of a tumor that first occurred within the qualifying waiting period.

■ **Coronary Artery Bypass Surgery**

The actual undergoing of open-heart surgery with a thoracotomy and sternotomy to correct narrowing or blockage of one or more coronary arteries with insertion of bypass graft(s). Pre-operative angiographic evidence of more than 50% coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist. Balloon angioplasty (PTCA), heart catheterization, laser relief, rotablate, stenting and all other intra-arterial catheter based techniques are excluded. Key-hole coronary artery bypass surgery is also excluded.

■ **Heart Attack**

Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by all three of the following criteria and be diagnostic of a new acute myocardial infarction:

1. Symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction; and
2. New characteristic electrocardiographic changes; and
3. The characteristic rise above accepted normal values of biochemical cardiac specific markers.

Heart failure, non-cardiac chest pain, angina, unstable angina, myocarditis, pericarditis, and traumatic myocardial injury are not covered. Myocardial infarction that occurs within 30 days of any coronary artery interventional procedure, including but not limited to, angioplasty (PTCA) or stenting, will only be accepted if it has resulted in new Q waves on the ECG or a new regional wall motion abnormality on imaging.

■ **Kidney failure**

The total and chronic irreversible failure of both kidneys. Continuous renal dialysis must be instituted and the dialysis must be deemed medically necessary by a certified nephrologist. Acute reversible kidney failure that only needs temporary renal dialysis and single kidney failure is not covered.

■ **Major organ transplant**

The actual undergoing, as a recipient of, a transplant of a heart, lung, liver, pancreas, or kidney. This transplantation must have been deemed medically necessary to treat the irreversible end-stage failure of the relevant organ. Bone marrow transplant is also covered if the insured has undergone the transplant and a specialist confirms that the bone marrow transplant was medically necessary.

Other stem cell transplants and islet cell transplants are excluded.

■ **Stroke**

"Stroke" is defined as a cerebrovascular incident resulting in irreversible death of brain tissue due to cerebral hemorrhage, cerebral embolism, cerebral thrombosis or subarachnoid hemorrhage. This event must result in significant neurological functional impairment with objective neurological abnormal signs on physical examination by a neurologist at least 3 months after the event. The diagnosis must also be supported by findings on Magnetic Resonance Imaging, Computerized Tomography or cerebral spinal fluid examination and must be consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks (TIA);
- Reversible Ischaemic Neurological Deficit (RIND);
- Brain damage due to an accident or injury, infection, vasculitis, inflammatory disease or migraine;
- Disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina;
- Ischaemic disorders of the vestibular system;
- Asymptomatic silent stroke found on imaging.

"Diagnosis" shall mean diagnosis made by a Physician based on such specific evidence as referred to in the definition of the particular Critical Illness concerned or, in the absence of such specified reference, based upon radiological, clinical, histological or laboratory tests acceptable to the Company.

In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to appoint a Medical Specialist to examine the Life Insured on the basis of evidence used in arriving at such diagnosis and the opinion of such specialist as to such diagnosis shall be considered binding.

"Physician" shall mean any person registered with the Indian Medical Council with appropriate specialization to render medical or surgical services, but excluding a person who is the Life Insured himself or a blood relative of the Life Insured or the Policyholder under the base Policy.

"Rider Premium" is equal to the aggregate of the premiums for the rider payable by You in a Policy Year, according to the frequency of payment chosen by you under the base policy.

"Rider Sum Assured" is defined as the Annualised Regular premium under the base policy multiplied by Rider Benefit Period, subject to a maximum of Rs. 20,00,000 under all the Critical Illness Benefit Rider & Waiver of Premium on Critical Illness Benefit Rider policies issued by the Company and in force.

"Rider Benefit Period" is the number of Policy Years for which the Rider continues, starting from the Policy Date and ending on the Rider Maturity Date and is mentioned in the Policy Specifications.

BENEFITS UNDER THE RIDER:

Under this Rider, whilst the Rider is in effect, if the Life Insured is diagnosed to be suffering from any one of the Critical Illness (as stated above) the Company shall pay the outstanding base policy premiums as and when due into the Base Policy Fund Value from the date of diagnosis till the maturity of the Base Policy. Sum of all the benefits payable are subject to a maximum of Rs. 20,00,000 under all the Critical Illness Benefit Rider & Waiver of Premium on Critical Illness Benefit Rider policies issued by the Company and in force.

On admission of claim, the future base policy premiums paid by the Company will be on annual basis on every Policy Anniversary Date. In case of Monthly, Quarterly & Semi-annual premium payment modes (as chosen by the Policyholder), the remaining premiums from the premium due date following the date of diagnosis for the respective year (year of diagnosis) will be paid on the date of admission of claim and thereafter on every Policy Anniversary Date.

Benefits payable under the Rider shall cease to exist, at the occurrence of earliest of the following:

- When the Life Insured attains the age of 60 years; or
- When base Policy ceases to exist

In case there are outstanding premiums under the base policy after the benefit under the rider has been paid in full, then You have the following options:

- Opt to pay the remaining premiums under the Base Policy (if applicable)
- Opt for Cover Continuance Option (if applicable)
- Opt for surrendering the Base Policy (if applicable)

On death of the Life Assured, the rider will terminate and no further premium shall be payable by the Company in to the Policy Fund Value of the Base Policy.

RIDER PREMIUM:

The Policyholder will have to pay the Rider Premium for the Waiver of Premium on Critical Illness Benefit as per the applicable Rider Premium rates. The Rider Premium as mentioned in the Policy Specifications will have to be paid in the same frequency as the premium for the base Policy.

The Rider Premium payable by you would depend on the Annual premium of the base policy and the age at entry of the Life insured. The premium paid under the Rider cannot be more than the premium paid under the base Policy.

The Rider Premium received by the Company is used to create Units in the relevant Investment Funds in accordance with the Fund Allocation Instruction then in effect under the base Policy. The Units will be created on the Valuation Dates of the relevant Investment Funds as per the provisions mentioned in Section 6 of the base Policy. No premium allocation charge will be levied on Rider Premium. Rider Premium Charge which is equal to the annualised Rider Premium divided by twelve will be deducted on a monthly basis by cancellation of Units from the Policy Fund Value of the base policy.

Service tax and cess will be applicable on the Rider Premium Charge as per the prevailing rates and will be deducted by cancellation of Units from the Policy Fund Value of the Base Policy.

Revision of Rider Premium:

The Rider Premium is based on the age of the Life Insured at the Policy Issue Date and is guaranteed to remain unchanged for duration of 5 years commencing from the Policy Issue Date. After the completion of these 5 years, the Rider Premium may change. The revised Rider Premium will be based on the then attained age of the Life Insured and the premium rates applicable for this Rider at that point of time. The revised Rider Premium is guaranteed to remain unchanged for a further period of 5 years from that date. This process shall continue till the Expiry of the Rider. At any point of time the Rider Premium shall not exceed the premium paid under the base policy.

At time of revision, if the revised Rider Premium exceeds the base Policy premium while the base Policy is in force, the Rider benefit will be revised based on the last paid Rider Premium. This process shall continue till the

expiry of the Rider or the Life Insured attaining the age of 60 years or the Rider Sum Assured becoming less than Rs 75,000, whichever is earlier.

REINSTATEMENT OF RIDER:

In case the Policy has lapsed due to discontinuance of base Policy premium along with Rider Premium within the first three consecutive Policy Years, the benefit under the Rider shall cease to exist immediately from the date of first unpaid premium after a grace period of 30 days. The benefits under the rider may be reinstated subject to the following conditions;

- I. The application for Reinstatement for the base Policy and the Rider Benefit is made within two (2) years from the date of first unpaid premium and before the termination of the base Policy or Expiry of Rider ,whichever is earlier;
- II. Satisfactory evidence of insurability of the Life Insured;
- III. An amount equal to all unpaid base Policy premium along with Rider Premium is paid in full;
- IV. The Company has not discontinued the Rider Benefits based on the intimation by the Policyholder to discontinue the Rider.

In case the Policy has lapsed due to discontinuance of base Policy premium along with Rider Premium within the first three consecutive Policy Years, no Rider Premium charge will be deducted from the Policy Fund Value and no benefit under the Rider shall be payable.

In case base Policy premiums along with Rider Premium is discontinued after three Policy Years, the applicable charges for the Riders are deducted by cancellation of units from the Policy Fund Value along with other relevant base Policy charges, subject to the following conditions:

- You have not requested for a discontinuance of the Rider by intimating the Company in writing; and
- Rider is in force by virtue of the base Policy being in force; and
- Rider is not terminated by virtue of the Expiry of the Rider (as defined below) or by virtue of the payment of the benefit under the Rider.

The charges for medical examination, if any, for re-instatement of the Rider shall be borne by the Policyholder.

CLAIM:

Any claim for this Rider must be applied for within 60 days of the date of the diagnosis, by sending an application in the specified form to the Company. The admission of such claim will be subject to such proofs as the Company may reasonably require to establish that the Life Insured is diagnosed to be suffering from any one of the Critical Illnesses. Such proof shall be submitted to the Company along with the application for claiming the Benefit under this rider.

EXPIRY OF THE RIDER:

Benefits payable under the Rider shall cease to exist, at the occurrence of earliest of the following:

- When the Life Insured attains the age of 60 years; or
- When base Policy ceases to exist; or
- Policy anniversary following the intimation by the Policyholder to discontinue the Rider; or
- When the Policyholder discontinues the Rider Premium but pays the base Policy Premium; or
- Rider Sum Assured becomes less than Rs 75,000 due to revision of Rider Premium; or
- The Benefits under the rider are paid.

Exclusions under the rider:

The Policyholder will not be entitled to any benefits if the Life Insured contracts a Critical Illness resulting either directly or indirectly from any one of the following causes:

- Any diagnosis of a Critical Illness contracted or diagnosed within 90 days from the Policy Date or the date of reinstatement of the Policy;
- Any pre-existing or recurring Covered Critical Illness which is diagnosed or which the Life Insured contracted prior to inception of the Rider or the date of reinstatement of the Policy.
- Attempted suicide or self inflicted injury, whether the Life Insured is medically sane or insane
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed doctor other than the life Insured.
- Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.

Other Terms and Conditions:

1. The Waiver of Premium on Critical Illness Sum Assured shall not be payable in respect of any illness other than those defined as Critical Illness
2. The Waiver of Premium on Critical Illness Benefit Sum Assured under this Rider shall only be payable on the Life Insured surviving 30 days from the date of the diagnosis.
3. The Critical Illness shall not have been caused by the existence of Acquired Immune Deficiency Syndrome.
4. The Company reserves the right to call for any medical examination, including at the time of reinstatement of Rider, as deemed necessary. For this purpose, the Company may request the Life Insured to submit to one or more medical examination/s conducted by the medical practitioner/s appointed by the Company, the cost of which shall be borne by the Policyholder.

Customer Service

You can seek clarification or assistance on the Policy from the following:

- The Agent from whom the Policy was bought
- The Customer Service Representative of The Company at toll free number 1800 102 4444
- SMS "SERVICE" to 56677
- Email: service@bharti-axalife.com
- Mail to: Customer Service
Bharti AXA Life Insurance Company Ltd.
Unit No. 601 & 602, 6th Floor, Raheja Titanium,
Off Western Express Highway,
Goregaon (E), Mumbai - 400 063

Grievance Redressal

Please refer base policy for details.