

INDIAFIRST LIFE SUPER PROTECTION PLAN

(Non-linked
Non-participating Life
Individual Pure Risk,
Savings Plan)

SUPERHEROES SAVE THE DAY. YOU CAN SECURE A LIFETIME!

PAY YOUR PREMIUMS¹, GET THEM BACK²



Pay for limited
period, get cover
till 85 years



Flexibility to receive death
benefit as lump sum
or as monthly income



Built in terminal
illness benefit



Get additional
coverage through
riders³



IndiaFirstLife

PROMOTED BY



¹ Total Premiums Paid shall be the Annualized Premium * Number of years for which premium has been paid. Annualized premium payable in a year is the base premium, excluding applicable taxes, rider premium (if any), underwriting extra premium (if any) and loadings for modal premium (if any). ² Applicable when Return of Premium plan option is chosen.
³ There are 2 Riders available with this product: (1) IndiaFirst Life Accidental Death Benefit Rider (UIN: 143B019V01), (2) IndiaFirst Life Total Permanent Disability Rider (UIN: 143B021V01). For more details on the benefits, terms and conditions of the riders, please refer the Rider Brochure. Disclaimers: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North Tower, Building 4, Nesco IT Park, Nesco Centre, Western Express Highway, Goregaon (East), Mumbai - 400 063. Toll free No - 18002098700. Email id: customer.first@indiafirstlife.com, Website: www.indiafirstlife.com, Fax No.: 912268570600. IndiaFirst Life Super Protection Plan (UIN: 143N075V01). For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding the sale. Trade logo displayed above belongs to our promoter M/s Bank of Baroda and is used by IndiaFirst Life Insurance Co. Ltd under License. Purchase of any Insurance product by Bank's Customer is purely voluntary, and is not linked to avilment of any other facility from the Bank.

BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS/FRAUDULENT OFFERS

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

How Will This Brochure Help You?

This brochure gives you details of how the policy works throughout its lifetime. It's an important document to refer to.

To Help Your Understanding

We've done our best to explain everything as simply as possible; however, you're likely to come across some terms you're unfamiliar with, where possible, we've explained them.

We have used plain language that's easy to understand and believe this brochure is a good place to start when planning your future under this insurance contract.

About IndiaFirst Life Insurance Company Limited (IndiaFirst Life)

Headquartered in Mumbai, IndiaFirst Life Insurance Company Limited (IndiaFirst Life), with a paid-up share capital of INR 754 crores, is one of the country's youngest life insurance companies. Its current shareholders include Bank of Baroda, Union Bank of India, and Carmel Point Investments India Private Limited, which hold 65%, 09%, and 26% stakes in the company. Carmel Point Investments India Pvt Ltd. is incorporated by Carmel Point Investment Ltd, a body corporate incorporated under the laws of Mauritius and owned by private equity funds managed by Warburg Pincus LLC, New York, United States. The company's key differentiator is its simple, easy-to-understand products that are fairly priced and efficiently serviced. For details, please visit <https://www.indiafirstlife.com/>.

Introduction

All of us desire to provide maximum happiness to our loved ones. The thought of unfortunate events befalling us may cause us anxiety about providing a secured happiness to our loved ones. Simply planning about your protection needs can help ease such worries and anxieties.

Presenting, our IndiaFirst Life Super Protection Plan, a life insurance product, that aims to ensure that the visions that you desired for your family in your lifetime, doesn't remain unfulfilled by the financial void which might get created due to untoward events. With multiple coverage options, always be confident of the happiness of your loved ones, irrespective of the circumstances. You can secure your dreams anytime and anywhere through online mode by simply logging onto our website.

Key Features

- Get financial protection for yourself and your family with life cover at an affordable cost.
- Tailor this policy to suit your safety needs as you get a choice of 2 different coverage options
- Flexibility to receive death benefit as a lump sum or as a monthly income (as per the selected coverage option)
- Get covered for up to whole of life (till age 99) with an option of paying premiums for only a short duration
- Want to enhance your sum assured without additional underwriting? We provide you with the flexibility to do so on life stages like Marriage, taking a Home Loan, Childbirth (in selected coverage options). This enhanced sum assured would be available on payment of additional premium
- Get your premiums back at the end of policy term through Return of Premium option
- Opt for Waiver of Premium benefit, to ensure policy continuity on diagnosis of any of the 40 Critical Illness or Accidental Total Permanent Disability (in selected coverage options)
- Option to cover your spouse as well under the same policy.

1. What is the IndiaFirst Life Super Protection Plan?

IndiaFirst Life Super Protection Plan is a Non-linked Non-participating Life Individual Pure Risk, Savings Plan designed to ensure financial well-being of your family in case of any untoward event/s.

2. What are the basic eligibility criteria in this policy?

Criteria		Minimum		Maximum		
Entry Age		18 years		65 years		
Age at Maturity		For Option 1: 23 years		For Option 1: 99 years		
		For Option 2: 28 years		For Option 2: 85 years		
Premium		Frequency	Premium Amount		No limit, subject to Board Approved Underwriting Policy (BAUP).	
		Yearly	5,700			
		Half Yearly	2,900			
		Quarterly	1,450			
		Monthly	450			
		Single	19,500			
Premium Payment Term		For Option 1: Single Pay, Limited Pay - 5 to 47 years For Option 2: Single Pay, Limited Pay - 5, 7, 10, 12, 15, 20, 25, 30, 35				
Policy Term	Option	SP	LP	Option	SP	LP
	Option 1	5 years	10 years	Option 1	20 years	81 years
	Option 2	10 years	10 years	Option 2	20 years	67 years
Sum Assured		For Option 1: Rs. 50,00,000 For Option 2: Rs. 25,00,000			No limit, subject to BAUP	

Note:

- Ages specified are as on last birthday.
- Minimum policy term is subject to chosen Premium Paying Term plus 5 years
- Annualized Premium shall be the premium amount payable in a year, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

3. What is the premium paying modes available in the policy?

The life assured has the option to pay premiums monthly, quarterly, half yearly, yearly under limited premium, or a single premium in the policy. Premium will vary depending upon the coverage option chosen.

The following premium frequency factors will apply on the Annual Premium to arrive at the instalment premium.

Premium Frequency	Factor to be applied to Annual Premium
Annual / Single	1.0000
Half-yearly	0.5119
Quarterly	0.2590
Monthly	0.0870

4. What is the Sum Assured in this policy?

Customer can choose the sum assured subject to minimum & maximum Sum Assured conditions. Premium will be calculated based on Sum Assured chosen, age at entry and chosen Policy Term & Premium Paying Term. Please refer to the eligibility criteria mentioned above (Point 2) for more details.

5. What are the various coverage options available under this policy?

There are 2 coverage options to choose from at policy inception. Coverage option once selected cannot be changed at a later date. We have further explained each of the options and their benefits below for you to understand and choose the right option as per your needs. Your premium will vary depending upon the option chosen by you.

1. Option 1: Life Option
2. Option 2: Return of Premium Option

6. What are the benefits payable under each option available under this policy?

A. Death Benefit

On death of the life assured or diagnosis of terminal illness whichever is earlier, below death benefit will be payable:

For Limited Pay Policies:

The death benefit will be Higher of:

- 10 times of Annualized Premium
- an absolute amount, which is the Sum Assured prevailing at the time of death
- 105% of Total Premiums Paid (TPP)

For Single Premium

The death benefit will be Higher of:

- 1.25 times of Single Premium
- an absolute amount, which is the Sum Assured prevailing at the time of death

where the Sum Assured prevailing at the time of death is the Sum Assured chosen by the policyholder at inception

B. Maturity Benefit

For Life Option

There is no Maturity Benefit Payable under this option

For Life with Return of Premium Option

On survival of the life assured till the end of the policy term, Maturity Benefit i.e. 100% of Total Premiums Paid (TPP) shall be paid to the Policyholder. The policy terminates once the full amount of benefit is paid.

Total Premiums Paid shall be the Annualized Premium * Number of years for which premium has been paid. Annualized premium payable in a year is the base premium, excluding applicable taxes, rider premium (if any), underwriting extra premium (if any) and loadings for modal premium (if any).

Sample Premiums

Please refer to the table below for sample premium amounts for sample ages and coverage options

Sum Assured - Rs. 1,00,00,000**				
Age	Maturity Age	Premium Paying Term	Life Option	Return of Premium Option
30	85	10	52,786	57,611
35	85	10	69,866	76,814
40	85	10	93,509	1,04,220
45	85	10	1,25,354	1,42,145
50	85	10	1,65,980	1,92,711

Rates are for a healthy male life, non-smoker, inclusive of discount, exclusive of applicable taxes.

7. What are the payout options available under this policy?

You can select any of the below given payout options at the inception of the policy.

A. Lumpsum Option

The benefit on death or diagnosis of terminal illness, whichever is earlier, is payable as lumpsum and the policy terminates.

B. Lumpsum and Level Income Option

On death or diagnosis of terminal illness, whichever is earlier, the policyholder can choose 10% to 50%, in multiple of 10%, of the applicable death benefit to be paid immediately as lumpsum and the balance amount to be paid in arrears as equal monthly instalments over a period of 5 years. The lumpsum percentage has to be chosen at the inception of the policy. In case of instalment payment of death benefit, the monthly instalment benefit amount will be calculated as dividing lump sum amount (say, S) by annuity factor (i.e. $a(n)(12)$) i.e. $S/a(n)(12)$, where n is the instalment period of 5 years. The interest rate used to determine annuity factor is {5-year G-Sec rate less 2.00%, rounded down to the nearest 25 bps}, where the 5-year G-Sec is at the beginning of the financial year. The applicable interest rate for FY 24-25 is 5% p.a. (i.e. ~7.18% (5-year G-Sec rate) less 2.00%).

Any change in the methodology for calculating the instalment benefit amount shall be subject to prior approval from the Authority. Once the instalment payment starts, this payment remains level throughout the instalment period.

8. What other optional benefits are offered under this plan?

A. Life Stage Benefit

- This option shall only be available under Life Option
- Sum Assured can be increased without any medical underwriting on any of the below specified events during the life of the Life Assured. The total increase in Sum Assured shall be subject to overall limit of 100% of initial Sum Assured.
- The option to increase Sum Assured can be availed within a period of six months from the date of the specified events provided no claim has been made under the policy for Option (C) Waiver of Premium. The increase in Sum Assured will be effective from the annual policy anniversary falling immediately after the date of notification and an additional premium will be charged for an increase in the Sum Assured based on the attained age of the policyholder at the option exercise date.

- To exercise the above options life assured should be underwritten at standard rate at policy inception, the policy should be premium paying at the time of exercising the option and age of the policyholder must be less than 45 years. This option is not allowed for single premium policies.

Life Stage Events	Maximum additional % of Base SA	Maximum Additional SA allowed
Marriage (only one instance during Policy Term)	50%	50 Lakh
Birth/ Legal adoption of 1st child	25%	25 Lakh
Birth/ Legal adoption of 2nd child	25%	25 Lakh
Home loan taken by Life Assured (only one instance during Policy Term)	50% or loan amount (whichever is lower)	50 Lakh

B. Reduce Sum Assured

- Sum Assured can be reduced in future if it had been increased during an event beforehand and post attaining age 45 years. This option is also applicable only under Life Option.
 - The decrease will be allowed to the extent of Sum Assured increased under the specified event in the life of the Life Assured.
 - The reduction in Sum Assured will be effective from the annual policy anniversary falling immediately after the date of notification and the premium will be decreased at the same time.
 - The decrease in premium corresponding to the specified event of increase will be equal to the additional premium charged at the time of increase in Sum Assured benefit corresponding to that specific event as mentioned in the option to Increase Sum Assured.
 - The option to decrease sum assured benefit cannot be availed by the policyholder during the last 5 policy years.
 - Once the sum assured is decreased it cannot be increased in future.
- The written request for a reduction in Sum Assured should be sent at least two months prior to the annual policy anniversary.

C. Waiver of Premium Option

This is an optional benefit, available only with Life Option provided the policy has been underwritten on standard terms. This option has to be selected by the policyholder at the inception of the policy. All future premiums shall be waived if the Life Assured is diagnosed with any of the listed 40 Critical Illnesses or total permanent disability due to accident. An additional premium will be charged for this benefit. If Joint Life Option is chosen along with this option, then WOP is applicable only on the primary life assured.

In case of critical illness, a waiting period of 180 days will be applicable.

The critical illnesses covered under this plan -

Sr. No.	Critical Illness
1	Cancer of specified severity
2	Open Chest CABG
3	Kidney Failure requiring regular dialysis
4	Permanent paralysis of limbs
5	Primary (Idiopathic) Pulmonary Hypertension
6	Myocardial Infarction (First Heart Attack Of Specific Severity)
7	Stroke Resulting in Permanent Symptoms
8	Major organ / bone marrow transplant
9	Multiple Sclerosis with persisting symptoms
10	Surgery to Aorta
11	Apallic Syndrome
12	Benign Brain Tumour
13	Coma of specified severity
14	End Stage Liver Failure
15	End Stage Lung Failure
16	Open Heart Replacement or Repair of Heart Valves
17	Loss of Limbs

18	Blindness
19	Third degree Burns
20	Major Head Trauma
21	Loss of Independent Existence
22	Cardiomyopathy
23	Brain Surgery
24	Alzheimer's Disease
25	Motor Neurone Disease with permanent symptoms
26	Muscular Dystrophy
27	Parkinson's Disease
28	Deafness
29	Loss of Speech
30	Medullary Cystic Disease
31	Systemic Lupus Erythematosus
32	Aplastic Anaemia
33	Poliomyelitis
34	Bacterial Meningitis
35	Encephalitis
36	Progressive Supra nuclear Palsy
37	Severe Rheumatoid Arthritis
38	Creutzfeldt - Jakob Disease
39	Fulminant Viral Hepatitis
40	Pneumonectomy

The premium rates for this option are guaranteed for five years only from the date of commencement of the policy. The company reserves the right to carry out a general review of the experience from time to time and change the premium because of such review on approval of the IRDAI. The company will give notice in writing about the change and the insured person will have the option not to pay an increased premium.

D. Joint Life Option

You can cover your spouse along with yourself under the same policy. You can do this by opting Joint Life Option. This option is available only with Life Option. Insurance coverage as chosen commences on both the Life Assured's at inception of the policy. If this option is chosen, an additional cover of 50% of Primary Life's Sum Assured will be offered to the spouse up to a max of INR 1Cr cover. An additional premium will be charged for this option where a discount of 2% will be offered on premium of second life. On occurrence of death of the secondary life assured, applicable benefit shall be payable. In case payout happens for a life assured, policy will continue for the other life assured till benefit for both the life assureds' is exhausted or till the end of policy term, whichever is earlier.

E. Discount on Advance Renewal Premium

Collection of renewal premium in advance shall be allowed within the same financial year for the premium due in that financial year. Provided, the premium due in one financial year may be collected in advance in earlier financial year for a maximum period of three months in advance of the due date of the premium. No discount will be offered if premium is paid within one month prior to premium due date. The discount rate applicable for the quarter will be calculated on 5-year G-Sec bond yield (rounded to nearest 5 bps) as at beginning of the quarter. The same discount rate will be applicable to all the advance premiums being paid by the policyholder during that quarter. Any change in the said methodology for the calculation of discount on advance premium is subject to approval of the authority. The discount rate will be calculated from advance premium paid date to premium payment due date (in complete months).

9. What are the tax benefits in this policy?

Tax benefits may be available on premiums paid and benefits receivable as per the prevailing Income Tax Laws. These are subjects to change from time to time as per the Government Tax laws. Please consult your tax consultant before purchasing this policy.

10. Can I get a loan in this policy?

Policy Loan will be available for “Option 2: Life with Return of Premium Option” subject to the following term and conditions.

- The loan amount will be subject to 80% of the surrender value.
- The minimum loan amount should be Rs. 1,000.
- For in-force and fully paid-up policies, if the outstanding loan along with interest exceeds 90% of the surrender value, company will send a notice to the policy holder to repay the loan partially or completely. If loan is not repaid subsequent to receipt of the notice, then we will adjust the outstanding loan along with interest before any payment of benefits. After recovering the outstanding loan along with interest, remaining benefit, if any, will be payable.
- For other than in-force and fully paid-up policies, as and when the outstanding loan along with interest exceeds 90% of the surrender value for paid-up cases, company will send a notice to the policyholder to repay the loan partially or completely. If loan is not repaid within a stipulated period, the policy will be compulsorily surrendered and the outstanding loan along with interest will be recovered from the surrender proceeds or paid-up value.
- The basis used for the calculation of interest rate on loan is 10-year G-Sec rate as at the end of last financial year plus the absolute margin of 250 basis points rounded up to the nearest 50 basis points. The derived interest rate will be applicable in the succeeding financial year. Currently, the interest rate on loan for FY 2024-25 is 10.00% p.a. (simple). It is arrived at by adding a margin of 250 basis points on the effective annual 10-year G-Sec and rounding up to the nearest 50 basis points (10.00% ~ 7.18% + 2.50%).
- Any change in the methodology of calculating the loan interest rate shall be subject to prior approval from the authority.

11. Is there any high Sum Assured rebate under this policy?

Yes, there is a high sum assured rebate under this policy for all options

A. For Life Option

Sum Assured band (INR)	Rebate on premium
75,00,000 - 99,99,999	2.0%
1,00,00,000 - 1,99,99,999	3.5%
2,00,00,000 and above	5.0%

B. For Return of Premium Option

Sum Assured band (INR)	Rebate on premium
75,00,000 - 99,99,999	2.0%
1,00,00,000 - 1,99,99,999	3.5%
2,00,00,000 and above	5.0%

12. Is there a grace period for missed premiums?

We provide you with a grace period which is the time provided for payment of premium from the premium due date during which the policy is considered to be in-force with the risk cover. For Limited Premium policies, you are provided with a Grace Period of 15 days under monthly mode and one month but not less than 30 days for other premium payment modes, in case you miss your due premium on the due dates. All your policy benefits continue during this grace period and the policy will be considered to be in-force.

13. What happens if you miss paying your premiums?

A. Lapse

For Life Option (Limited Pay)

Policy will lapse after the expiry of the grace period from the date of first unpaid premium and all the benefits will cease after expiry of the grace period from the date of first unpaid premium.

For Limited Pay, if the policyholder has not revived the policy during the revival period, the Unexpired Risk Premium Value will be payable as per the conditions mentioned in the 'Unexpired Risk Premium Value' section below.

For Life with Return of Premium Option (Limited Pay)

If less than one (1) full year premium has been paid, the policy will lapse after the expiry of the grace period from the date of first unpaid premium and all the benefits will cease after expiry of the grace period from the date of first unpaid premium.

Policy will acquire paid-up value after expiry of grace period from the date of first unpaid premium after completion of first policy year provided one full year premium has been paid, and subsequent due premiums have not been paid.

B. Paid-Up Benefits

For Life Option (Limited Pay)

Unexpired Risk Premium gets acquired immediately upon payment of premium in case of Single Pay and upon payment upon payment of premiums for at least 1 full year and after completion of first policy year in case of Limited Pay. Please refer Section 15 for more details on Unexpired Risk Premium.

For Life with Return of Premium Option (Limited Pay)

*Paid-up Death Benefit: Higher of Sum Assured on death * (Total numbers of premiums paid) / (Total Number of premiums payable over the policy term) and 105% of total premiums paid*

Paid-up Maturity Benefit: 100% of Total Premiums Paid

14. What are your options to revive the policy?

Under Limited Pay policies, the revival period is 5 years from the date of first unpaid premium. The policyholder may revive the policy by paying all the arrears premium with interest within five years from the due date of first unpaid premium subject to production of satisfactory evidence of health, if required. Revival shall be as per the Board Approved Underwriting Policy. The insurer will always have right to refuse such request for revival as per the Board Approved Underwriting Policy. The cost of underwriting / medicals, if any, will be borne by the policyholder.

The basis used for the calculation of interest rate on revival is 10-year G-Sec rate as at the end of last financial year plus the absolute margin of 300 basis points rounded up to the nearest 50 basis points. The derived interest rate will be applicable during the next financial year. Currently, the interest rate on revival for financial year 2024-25 is 10.5% p.a. (simple). It is arrived at by adding a margin of 300 basis points on the effective annual 10-year G-Sec rate and rounding up to the nearest 50 basis points (10.5% ~ 7.18% + 3.00%). Any change on basis of determination of interest rate for revival can be done only after prior approval of the Authority.

If the policy is revived, then all benefits as per policy T&C will be restored as for an in-force policy.

15. Can you surrender your policy?

Yes, you may surrender this Policy during the Policy Term, by submitting a written request to us any time after the Policy has acquired the Surrender/Unexpired Risk Premium Value. Please remember, you cannot revive your Policy once it is surrendered/terminated.

Unexpired Risk Premium Value (only applicable for Life Option)

Unexpired Risk Premium Value under single premium is allowed after the completion of one policy year. The Unexpired Risk Premium Value for single premium mode will be calculated as below.

$50\% * \text{Total Premiums Paid} * (\text{Unexpired Term\#} / \text{Total Term})$

Unexpired Risk Premium Value under limited premium is allowed after the completion of premium paying term or after ten policy years whichever is lower provided all due premiums have been paid. The Unexpired Risk Premium Value for limited premium mode will be calculated as below.

$30\% * \text{Total Premiums Paid} * (\text{Unexpired Term\#} / \text{Total Term})$

#Unexpired Term will be calculated as on the date of first unpaid premium or on the date on request of termination of the policy, whichever is earlier.

Surrender Value (only applicable for Life with Return of Premium Option:

Surrender Value will be higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

For Single Premium: Surrender value will be available immediately from the date of issuance of the policy.

For Limited Pay: The policy shall acquire a Guaranteed Surrender Value on payment of premium for at least two consecutive years. However, Special Surrender Value shall become payable after completion of first policy year provided one full year premium has been received.

The surrender value shall not exceed 100% of Total Premiums Paid till the date of surrender.

Guaranteed Surrender Value (GSV)

$GSV = GSV \text{ factor} * \text{total premiums paid}$

GSV factors are provided in the policy document of the plan available on company website.

Special Surrender Value (SSV)

Special Surrender Value reflects the notional asset share, guaranteed maturity or survival benefits under the policy.

The SSV will be calculated as follows:

Expected present value of paid-up Maturity Benefit

Plus

Expected present value of paid-up Death Benefit

Where paid-up Maturity Benefit and Paid-up Death Benefit are as defined above.

16. Can you return your policy (free look period)?

Yes, you can return your policy within the Free Look period.

In case you do not agree to the any policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 30 days from the date of receipt of the policy whether received electronically or otherwise.

Do you get any refund when you return your policy?

Yes. We will refund an amount equal to the Premium paid

Less: i. Pro-rata risk premium for the time the policy was in force

Less ii. Any stamp duty paid

Less iii. Expenses incurred on medical examination, if any

17. What are the Riders available under this plan?

There are 2 Riders available with this product:

1. IndiaFirst Life Accidental Death Benefit Rider (UIN: 143B019V01)
2. IndiaFirst Life Total Permanent Disability Rider (UIN: 143B021V01)

For more details on the benefits, terms and conditions of the riders, please refer the Rider Brochure.

Riders are offered in compliance with the provisions of IRDAI Master circular Ref: IRDAI/ACTL/MSTCIR/MISC/89/6/2024.

18. Important Definitions

Accident	An accident is a sudden, unforeseen and involuntary event caused by external and visible means.
Accidental Total Permanent Disability	<p>Accidental Total Permanent Disability means If the life assured is totally and permanently (TPD) disabled as a result of an accident during the term of the policy. TPD means disablement, of the Person Insured, which meets one or both of the two definitions:</p> <p>Definition 1: Loss of use of limbs or visual loss As a result of accidental bodily injury the Life Assured has suffered</p> <ul style="list-style-type: none">▪ Loss of the use of both limbs; or▪ Loss of the sight in both eyes (Blindness) ; or▪ Loss of the use of one limb and the sight of one eye <p>The loss of a limb means the physical separation of a limb, at or above the wrist or ankle level as a result of injury. This will include medically necessary amputation necessitated by injury. The separation has to be permanent without any chance of surgical correction. Loss of a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least six months.</p>

1. The total loss of vision in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident.

2. Loss of sight in both eyes – (Blindness) evidenced by:

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

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

II. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure

Definition 2:

Loss of independent living

Permanent Loss of ability through an injury caused solely by an accident, to do at least 3 of the 6 tasks listed below ever again. Total and Permanent Disability should occur within Ninety 90 days of the accident independent of any other causes.

For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. Loss of independent living must be medically documented for an uninterrupted period of at least six months.

	<p>The tasks are:</p> <ul style="list-style-type: none"> i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available
Medical Practitioner	<p>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.</p> <p>The Medical practitioner should not be the policyholder/insured person himself/herself; or an authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or employed by or under contractual engagement with the insurance company; related to the policyholder/insured person by blood or marriage</p>

Terminal Illness	<p>A Life Assured shall be regarded as Terminally Ill only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months. The Terminal Illness must be diagnosed and confirmed by medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.</p>
Critical Illnesses Covered	<p>1. Cancer of specified severity</p> <p>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.</p> <p>II. The following are excluded -</p> <ul style="list-style-type: none"> 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 T2NOM0 v. All Thyroid cancers histologically classified as T1NOM0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaNOM0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOM0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;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. 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.

5. 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 Cauterization. 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

6. 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.

7. Major Organ/ Bone Marrow Transplant

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant 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

8. 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.

9. Benign Brain Tumour

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.

10. Coma of specified severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

11. End Stage Liver Disease

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

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

12. End Stage Lung Disease

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

13. 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.

14. 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

15. 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

16. Major Head Trauma

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

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

III. The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;

- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

- i. Spinal cord injury;

17. 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.

18. Motor Neurone Disease with Permanent Symptoms

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

19. Multiple Sclerosis with Persistent 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. Neurological damage due to SLE is excluded

20. Deafness

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

21. Loss of Speech

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

22. Surgery to Aorta

Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded

23. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery

24. Loss of Independent Existence

Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the

cover ends or the insured person expects to retire. The company's appointed doctor should also agree that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The tasks are

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

ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. **Mobility:** the ability to move indoors from room to room on level surfaces;

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

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

Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. The company will have the right to evaluate the insured person to confirm total and permanent disability.

Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury.

Coverage for this impairment will cease at age sixty-six (66) or on maturity date/expiry date, whichever is earlier.

25. Cardiomyopathy

The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart

Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

New York Heart Classification

Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.

Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.

Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

26. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy

are excluded. Brain surgery as a result of an accident is also excluded. The procedure must be considered necessary by a qualified specialist."

27. Alzheimer`s Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised 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 life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 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. 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.

Alcohol related brain damage are excluded.

Coverage for this impairment will cease at age sixty-six (66) or on maturity date/expiry date, whichever is earlier.

28. Muscular dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of

certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".

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

29. Parkinson`s Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- 1) The disease cannot be controlled with medication; and
- 2) There are objective signs of progressive deterioration; and
- 3) There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 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. 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.

Drug-induced or toxic causes of Parkinsonism are excluded.

Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier

30. Medullary Cystic Disease

Medullary Cystic Disease is a disease where the following criteria are met:

1. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
2. Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and
3. The diagnosis of medullary cystic disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit

31. Systemic Lupus Erythematosus

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either

a) Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria

b) Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

Discoid lupus and medication induced lupus are excluded

32. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

1. Absolute neutrophil count of less than $500/\text{mm}^3$
2. Platelets count less than $20,000/\text{mm}^3$
3. Reticulocyte count of less than $20,000/\text{mm}^3$

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

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

33. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause; and
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist.

Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded

34. Bacterial Meningitis

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection

35. Encephalitis

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

36. Progressive Supra nuclear Palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist

37. Severe Rheumatoid Arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint

destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities.

Degenerative osteoarthritis and all other forms of arthritis are excluded.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

38. Creutzfeldt- Jakob Disease

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia

39. Fulminant Viral Hepatitis

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

- rapid decreasing of liver size;
- necrosis involving entire lobules, leaving only a collapsed reticular framework;
- rapid deterioration of liver function tests;
- deepening jaundice; and
- hepatic encephalopathy.

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

40. Pneumonectomy

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

Waiting Period	There will be a waiting period of 180 days from policy inception or from any subsequent reinstatement, whichever is later. No Critical Illness Benefit or Degenerative Disease benefit shall be payable during this waiting period.
Survival Period	There will be a survival period of 14 days applicable from the date of diagnosis of a critical illness or degenerative disease for eligibility of critical illness benefit payment.

19. What are the conditions in which the benefits of this policy will not be paid?

Suicide Exclusion

In case of death due to suicide or terminal illness within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

Exclusions for Accidental Total Permanent Disability:

Total and Permanent Disability (due to accident) shall not be paid if disability occurring directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Suicide or self-inflicted injury, whether the life assured is medically sane or insane.
2. War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, civil commotion. War means any war whether declared or not.
3. Service in the armed forces, of any country at war or service in any force of an international body
4. Taking part in any naval, military or air force operation during peace time.
5. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
6. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner
7. Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).

8. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
9. Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.
10. Any disability due to any kind of sickness, disease before and/or after the effective date of the cover; any existing external congenital anomaly will not be covered, and policy will not be issued for such members having external congenital anomaly. Other than external congenital anomaly all other congenital anomaly will be covered.

Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.

11. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

Exclusions for Critical Illness / Degenerative Diseases:

In addition to the condition specific exclusion mentioned in the definitions, we will not pay any

claim arising directly or indirectly due to any of the following causes:

1. Pre-Existing disease:

Pre-Existing disease 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 policy issued by the insurer or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement

After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable

2. Intentional self-inflicted injury, attempted suicide while sane or insane.
3. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, civil commotion, strikes.
5. Taking part in any naval, military or air force operation during peace time.
6. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable
7. Participation by the insured person in a criminal or unlawful act with a criminal intent.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
9. Any external congenital anomaly will not be covered, and policy will not be issued for such individuals having external congenital anomaly.
Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.
10. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature
Please refer Important Definitions section to know more about the exclusions on Critical Illnesses.

20. Nomination

The member can appoint a nominee as per section 39 of the Insurance Act, 1938 as amended from time to time. For more details, please refer to our website www.indiafirstlife.com

21. Assignment

As per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details please refer to our website www.indiafirstlife.com

22. You are prohibited from accepting rebate in any form

Prohibition of Rebate: Section 41 of the Insurance Act, 1938, as amended from time to time, states

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person, to take 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.

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.

23. What happens in case of submission of information which is false or incorrect?

Fraud/ Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

Section 45 of the Insurance Act 1938, as amended from time to time states

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

1) No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy whichever is later.

2) On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured

or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

9) The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

24. Grievance Redressal

You may contact us in case of any grievance at any of our branches or at Customer Care, IndiaFirst Life Insurance Company Ltd, 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. Contact No.: 1800 209 8700, Email id: customer.first@indiafirstlife.com.

- a. A written communication giving reasons of either redressing or rejecting the grievance will be sent to you within 2 (Two) Weeks from the date of receipt of the grievance. In case We don't receive a revert from You within 8 weeks from the date of registration of grievance, then We will treat the complaint as closed.
- b. However, if you are not satisfied with our resolution provided or have not received any response within 2 (Two) weeks, then, you may approach our Grievance Officer at any of our branches or you may write to our Grievance Redressal Officer at grievance.redressal@indiafirstlife.com.

An acknowledgment to all such grievances received will be sent immediately on date of receipt of the grievance.

- c. If you are not satisfied with the response or do not receive a response from us within 2 weeks, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irdai.gov.in

You can also register your complaint online at

<https://bimabharosa.irdai.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department,

Insurance Regulatory and Development Authority of India,

Sy. No. 115/1, Financial District, Nanakramguda

Gachibowli, Hyderabad- 500032, Telangana

IRDAI TOLL FREE NO: 18004254732

25. About IndiaFirst Life Insurance

We've had Bank of Baroda, Andhra Bank (now, Union Bank of India) and Legal & General as our founding partners. After journeying with us through our years of growth, Legal & General sold its stake in Feb 2019 to Carmel Point Investments India Private Limited, a body corporate incorporated under the laws of Mauritius and owned by private equity funds managed by Warburg Pincus LLC. Our shareholding pattern of the company now stands at: Bank of Baroda - 65.00%, Union Bank of India - 9.00%, and Carmel Point Investments India Private Limited - 26.00%.

