

Be it Heart Attack,
Paralysis or Brain Tumour
why take a chance?





Future Generali Heart and Health Insurance Plan


Individual, Non-Linked, Non-Participating (without-profits),
Health and Life Insurance Plan


Life is about enjoying all big and small moments with those who matter to you. And, these moments are best enjoyed when you are healthy and worry free. The modern lifestyle however, exposes us to many risks arising on account of lack of exercises, irregular eating schedule, sedentary work habits and erratic sleep patterns etc. Therefore, while prevention is the best solution, preparedness is equally important.


Presenting the Future Generali Heart and Health Insurance Plan, a comprehensive health protection plan, that safeguards you and your family against financial risks arising out of any defined unforeseen medical emergency. The plan provides a fixed financial benefit that will help you cover medical costs, especially in case of critical illness which require a long term treatment, cost of second opinions, post treatment nursing and above all a loss of income during the affected period.

Why should you buy the Future Generali Heart and Health Insurance Plan?




-  **Comprehensive Critical Illness Cover** – The plan provides comprehensive cover against 59 Critical Illnesses and surgical procedures including Heart and Cancer related ailments.
-  **Cover from Early Stages** - The plan covers you on diagnosis of any of the listed conditions whether it is in Minor, Moderate or Major Stage.
-  **Flexibility to Choose Your Protection Plan** – The plan provides the following 4 flexible options to ensure you have an ideal cover which is best suited to your health needs:
 - a) Option 1 - **Heart Cover:** Provides cover for Minor, Moderate and Major Stage Heart Related Conditions. Covers 18 Critical Illnesses.
 - b) Option 2 - **Critical Illness Cover:** Provides cover for Minor, Moderate and Major Stage Heart Related, Cancer Related and other Critical Illness Conditions. Covers 59 Critical Illnesses.
 - c) Option 3 - **Heart Cover with Return of Premium:** Provides cover for Minor, Moderate and Major Stage Heart Related Conditions along with the added benefit of all your paid premiums being returned to you at maturity. Covers 18 Critical Illnesses.
 - d) Option 4 - **Critical Illness Cover with Return of Premium:** Provides cover for Minor, Moderate and Major Stage Heart Related, Cancer Related and other Critical Illness Conditions along with added benefit of all your paid premiums being returned to you at Maturity. Covers 59 Critical Illnesses.


 **Lumpsum Payout on Diagnosis** - Mediclaim policies offer only hospitalization expenses basis the bill amount and the claim settled may not be sufficient to cover all your expenses. Future Generali Heart and Health Insurance Plan pays out a lump sum on diagnosis of any of the listed conditions which can help you take care of both medical and other incidental costs like travel expenses for a second opinion and treatment, rehabilitation, nursing at home and counseling costs post treatment, loss of income during the treatment and recovery period etc.


 **Inbuilt Death Benefit** – The plan has an Inbuilt Death Cover equal to


- a. 10 times of annualized premium
- b. 105% of total premiums paid
- c. 25% of the sum assured.
- d. Guaranteed Maturity Sum Assured, if any


The death benefit will be available from day 1 i.e. without any waiting period.


 **Multiple Claim Benefit** - You can claim upto 2 times under the minor stage and upto two times under moderate stage claim category provided you have not exhausted your Critical Illness Sum Assured.

 **Waiver of Premium Benefit** - If you are diagnosed with any of the defined minor or moderate conditions, your premiums will be waived for the following 5 years. This means that the plan continues without you having to pay premiums for 5 years. This benefit shall be applicable only once during the Policy Term.

 **Buy for Self and Family** - You can also buy this plan for Your Spouse, Children, Parents, Parent-in-Laws, Brothers and Sisters. You will have to buy individual policy for each family member.

 **High Cover at Low Premium** - A 35 year old male may get ₹10 lakh Critical Illness Cover for 10 years for a monthly premium of about ₹471 including applicable taxes.

 **Online Discount** - You can avail of an online discount of 5% on buying it directly from our website <https://life.futuregenerali.in>

 **Tax Benefit** - You can claim tax deductions for the premiums pay and the claim amount under Section 80C, 80D and 10(10D)

Plan Summary

Product Options	Option 1 - Heart Cover Option 2 - Critical Illness Cover Option 3 - Heart Cover with Return of Premium Option 4 - Critical Illness Cover with Return of Premium
Entry Age and Maturity Age (as on last birthday)	Minimum Age at Entry: 18 years Maximum Age at Entry: 65 years Maximum Maturity age: 75 years
Policy Term (in years)	Policy term for Option 1 and 2 10,15,20,25,30 and 75 minus age at entry Policy Term for Option 3 and 4 a) Upto age 50 years: Policy Period offered are 10 years, 15 years, 20 years, 25 years, 30 years and (75 minus Entry Age) b) For age 51 to 65 years : Policy term offered is 10 years
Premium Payment Term (in years)	Same as Policy Term
Sum Assured (in INR)	Minimum – 5,00,000 Maximum – 50,00,000 Sum Assured Options -5 Lakh, 10Lakh, 20Lakh, 30Lakh, 40Lakh, 50Lakh
Premium Payment Mode	Annual, Quarterly, Half Yearly, Monthly

This Plan equips you to be financially prepared to fight 59 Critical Illnesses including those related to Heart and Cancer

Critical Illness Benefit

Minor Condition	25% of Critical Illness Sum Assured up to a maximum claim benefit of two minor conditions + waiver of premium for 5 years or end of Policy Term whichever is earlier (only on first minor condition claim)
Moderate Condition	50% of Critical Illness Sum Assured up to a maximum claim benefit of two moderate conditions + waiver of premium for 5 years or end of Policy Term whichever is earlier (only on first moderate condition claim)
Major Condition	100% of Critical Illness Sum Assured

The above conditions are applicable for all four options.

- i) Where the Critical Illness Sum Assured shall be higher of:
 - Sum Assured
 - 105% of total premium paid (excluding applicable taxes, rider premiums and extra premiums, if any)
- ii) Total Critical Illness benefit amount payable under your policy shall never exceed 100% of the Critical Illness Sum Assured.
- iii) In case of making a payment for any Critical Illness benefit leads to total claim benefit exceeding 100% of critical illness Sum Assured, only the residual payment shall be made to ensure total Critical Illness benefit do not exceed 100% of Critical Illness Sum Assured
- iv) Maximum two Minor Conditions/Moderate Conditions can be claimed upto a maximum of Critical Illness Sum Assured during the entire Policy Term and any listed condition can be claimed only once.

- v) If more than one covered critical illness conditions are diagnosed and/or a procedure performed at the same time (within 21 days of the first occurrence) from the same group of illnesses (heart related, cancer related or other critical illness related) then the benefit payout for only one critical illness condition which has a higher benefit value will be paid provided the total benefit payout does not exceed 100% of the critical illness sum assured. However, if more than one covered critical illness conditions are diagnosed and/or a procedure is performed at the same time (within 21 days of the first occurrence) but from different groups of illnesses (heart related, cancer related or other critical illness related) then benefits for both the critical illness conditions will be paid, provided the total benefit payout does not exceed 100% of the critical illness sum assured.
- vi) For the conditions Early Stage Cancer and Carcinoma in Situ, multiple Minor Condition claims on the same organ will not be admissible.
- vii) The Policy will terminate on payment of benefit for Major condition.
- viii) The Policy will terminate once 100% of Critical Illness Sum Assured is exhausted.

Waiver of Premium Benefit

- i) Inbuilt waiver of premium shall be offered for 5 years or for the remaining policy term whichever is earlier, only once, on the occurrence of first Minor claim or first Moderate claim.
- ii) Future Installment Premium shall not be waived for second or subsequent Minor Condition or second or subsequent Moderate Condition.
- iii) On completion of the 5 Years for which Installment Premiums have been waived, Installment Premium shall become payable by the Policyholder on the due dates for the remaining Premium Payment Term.
- iv) Waiver of Premium will be applicable only once during the Policy Term.

Maturity Benefit

- i) This benefit is available only with Option 3 - Heart Cover with Return of Premium Option and Option 4 - Critical Illness Cover with Return of Premium Option, as chosen by the Policyholder.
- ii) If Life Assured is alive on the Maturity Date and if all Installment Premiums have been received in full, Guaranteed Maturity Sum Assured shall be paid at the end of Policy Term. Where, Guaranteed Maturity Sum Assured is equal to
 - Nil - For Option 1 and 2
 - Sum of all Instalment Premiums paid (excluding taxes, rider premium, modal loadings and extra underwriting premiums) less any critical illness benefits paid.

Any Premiums waived shall also be considered along with premiums paid by the Policyholder for calculation of the Maturity Benefit.

Death Benefit

Death Benefit will be Higher of

- 25% of Sum Assured
- 10 times Annualised Premium (excluding applicable taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any)
- 105% of all the premiums paid (excluding applicable taxes, rider premiums and extra premiums, if any) as on date of death
- Guaranteed Maturity Benefit , if any

Any Premiums waived shall also be considered along with premiums paid by the Policyholder for calculation of the death Benefit. The policy will terminate once death benefit is paid.

How can you buy the Future Generali Heart and Health Insurance Plan?

Step 1

Choose the amount of health cover (Sum Assured) from the following options

₹ 5 Lakh
₹ 10 Lakh
₹ 20 Lakh
₹ 30 Lakh
₹ 40 Lakh
₹ 50 Lakh

Step 2

Choose your Policy Term Option

10 years
15 years
20 years
25 years
30 years
75 minus age at entry

Step 3

Choose your coverage option

Option 1
Heart Cover

Option 2
Critical Illness Cover

Option 3
Heart Cover with Return of Premium

Option 4
Critical Illness Cover with Return of Premium

Step 4

Fill in your application

Fill a form by answering some health questions

Step 5

Pay your premium

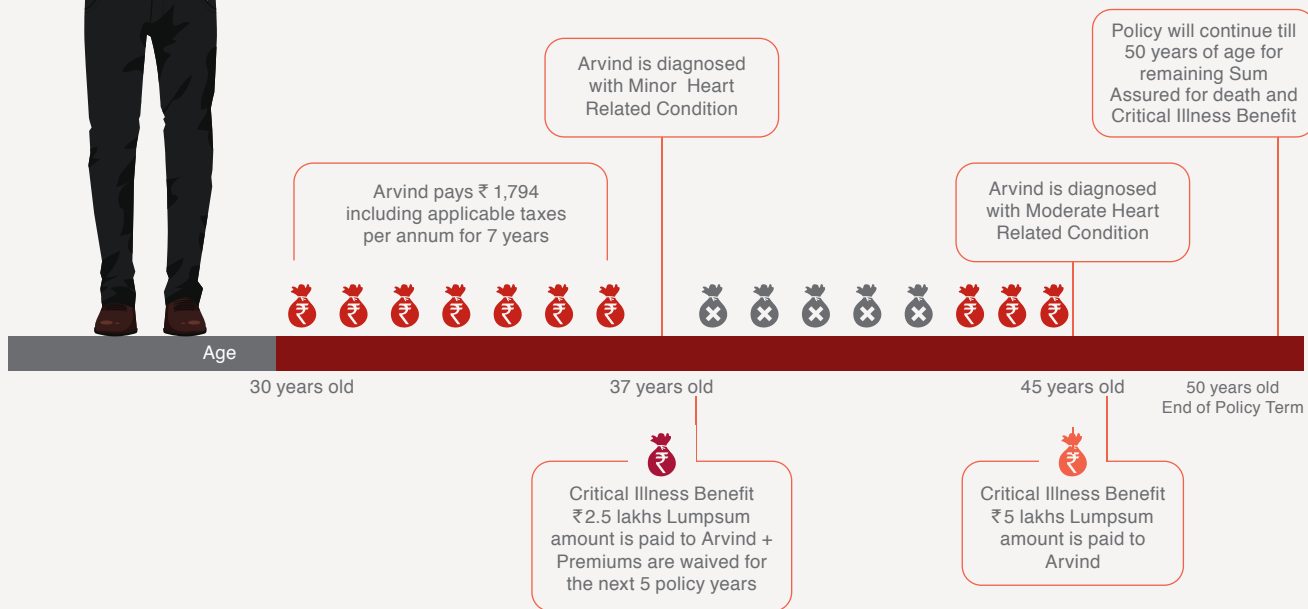
Pay your premium and be protected against critical illnesses.

Let us understand the plan with examples

EXAMPLE 1 – Critical Illness Benefit with Waiver of Premium



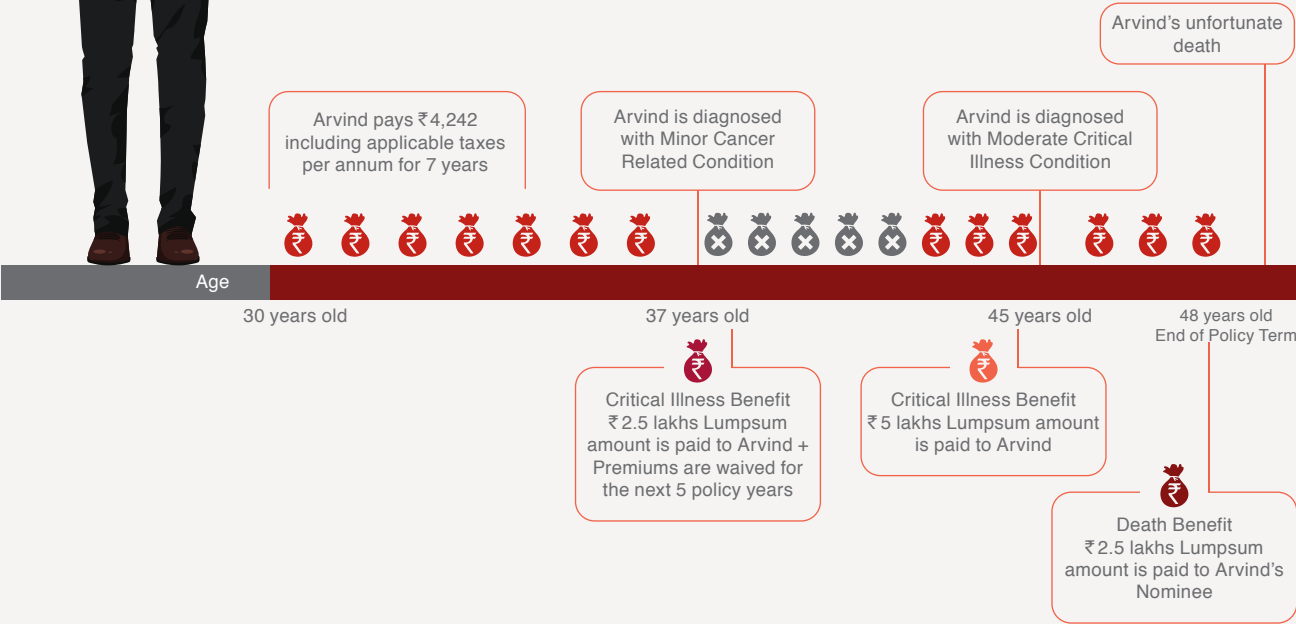
- Arvind is a 30 year old male salaried professional. He is a non-smoker and leads a healthy life.
- He purchased the Future Generali Heart and Health Insurance Plan online for a Sum Assured of ₹10 lakhs for Policy Term of 20 years directly from company's website. He will have to pay regular annual premiums of ₹1,794 per year including applicable taxes for 20 years
- He has opted for Option 1 – Heart Cover



EXAMPLE 2 – Critical Illness Benefit with Waiver of Premium and Death Benefit



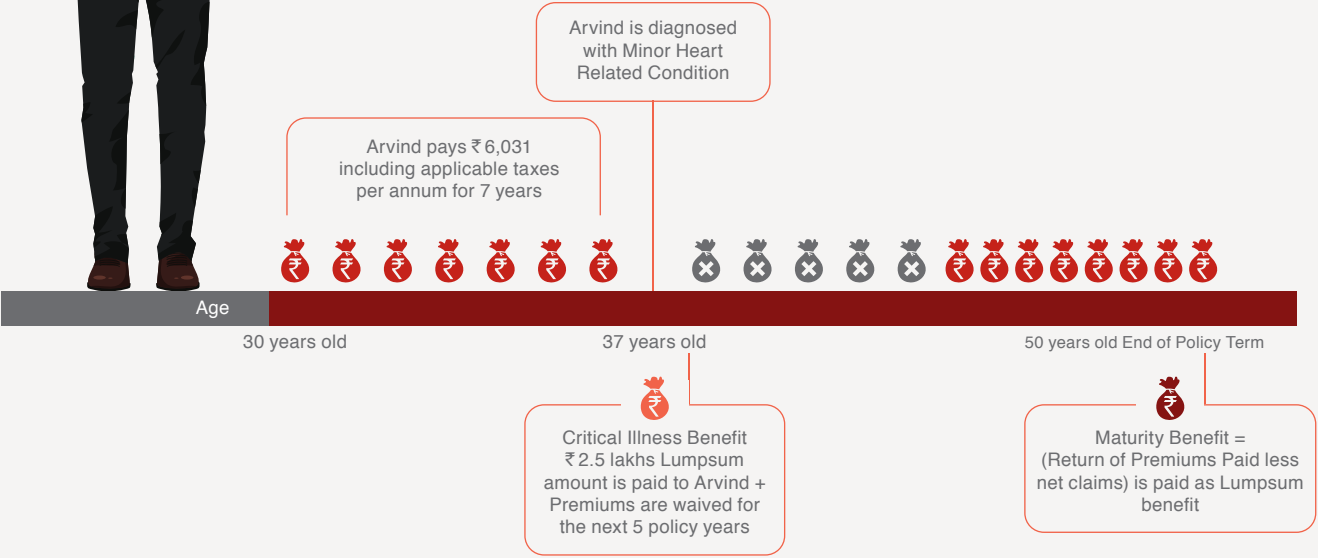
- Arvind is a 30 year old salaried male professional. He is a non-smoker and leads a healthy life.
- He purchased the Future Generali Heart and Health Insurance Plan online for a Sum Assured of ₹10 lakhs for Policy Term of 20 years directly from company's website. He will have to pay annual regular premiums of ₹4,242 per year including applicable taxes
- He opted for Option 2 – Critical Illness Cover



EXAMPLE 3 – Critical Illness Benefit with Waiver of Premium and Maturity Benefit



- Arvind is a 30 year old salaried professional male. He is a non-smoker and leads a healthy life.
- He purchased Future Generali Heart and Health Insurance Plan online for a Sum Assured ₹ 10 lakhs for Policy Term of 20 years directly from company's website. He will have to pay annual regular premiums of ₹6,031 per year including applicable taxes
- He opted for Option 3 – Heart Cover with Return of Premium



What are you covered for?

List of Conditions

OPTION 1 - Heart Cover and Option 3 - Heart Cover with Return of Premium Option

Heart Related Minor Conditions (25%)	Heart Related Moderate Conditions (50%)	Heart Related Major Conditions (100%)
1. Percutaneous Heart Valve Surgery	1. Pericardectomy	1. Myocardial Infarction (First Heart Attack of specific severity)
2. Angioplasty	2. Surgery to Place Ventricular Assist Device or Total Artificial Hearts	2. Open Chest CABG (including Keyhole CABG)
3. Surgery for Cardiac Arrhythmia	3. Minimally Invasive Surgery to Aorta	3. Open Heart Replacement Or Repair Of Heart Valves
4. Infective Endocarditis	4. Insertion of a Defibrillator/Pacemaker	4. Major Surgery to Aorta
5. Carotid Artery Surgery	5. Cardiac Arrest	5. Heart Transplant
	6. Secondary Pulmonary Hypertension	6. Primary Pulmonary (Idiopathic) Hypertension
		7. Cardiomyopathy

Option 2 - Critical Illness Cover and Option 4 - Critical Illness Cover with Return of Premium Option

Heart Related Minor Conditions (25%)	Heart Related Moderate Conditions (50%)	Heart Related Major Conditions (100%)
1. Percutaneous Heart Valve Surgery	1. Pericardectomy	1. Myocardial Infarction (First Heart Attack of specific severity)
2. Angioplasty	2. Surgery to Place Ventricular Assist Device or Total Artificial Hearts	2. Open Chest CABG (including Keyhole CABG)
3. Surgery for Cardiac Arrhythmia	3. Minimally Invasive Surgery to Aorta	3. Open Heart Replacement Or Repair Of Heart Valves
4. Infective Endocarditis	4. Insertion of a Defibrillator/Pacemaker	4. Major Surgery to Aorta
5. Carotid Artery Surgery	5. Cardiac Arrest	5. Heart Transplant
	6. Secondary Pulmonary Hypertension	6. Primary Pulmonary (Idiopathic) Hypertension
		7. Cardiomyopathy

Cancer Related Minor Conditions (25%)	Cancer Related Moderate Conditions (50%)	Cancer Related Major Conditions (100%)
1. Early Stage Cancer		1. Major Stage Cancer
2. Carcinoma in Situ		

Critical Illness Minor Conditions (25%)	Critical Illness Moderate Conditions (50%)	Critical Illness Major Conditions (100%)
1. Guillain Barre Syndrome	1. Endovascular surgeries performed by neurosurgeon	1. Stroke Resulting In Permanent Symptoms
2. Nephrectomy/removal of one kidney	2. Insertion of cerebral shunt	2. Multiple Sclerosis With Persisting Symptoms
3. Chronic Glomerulonephritis	3. Bacterial Meningitis	3. Permanent Paralysis Of Limbs
4. Portal vein Thrombosis	4. Small Bowel Transplant	4. Coma Of Specified Severity
5. Severe COPD	5. Cirrhosis of the Liver	5. Kidney Failure Requiring Regular Dialysis
6. Ulcerative Colitis	6. Chronic Pancreatitis	6. Major Organ /Bone Marrow Transplant
7. Pancreatic Cyst	7. Brain Surgery	7. End Stage Lung Failure
		8. End Stage Liver Failure
		9. Loss of Limbs
		10.Blindness
		11.Third Degree Burns
		12.Major Head Trauma
		13.Deafness
		14.Loss of Speech
		15.Apallie Syndrome
		16.Medullary Cystic Disease
		17.Aplastic Anaemia
		18.Benign Brain Tumour
		19.Motor Neuron Disease With Permanent Symptoms
		20.Alzheimer's Disease
		21.Muscular Dystrophy
		22.Parkinson's Disease
		23.Poliomyelitis
		24.Systemic Lupus Erythematosus

Little privileges just for you



Free Look Period

In case you disagree with any of the terms and conditions of the policy, you can return the policy to the company within 15 days (30 days if policy is sold through direct marketing mode) of its receipt for cancellation, stating your objections. Future Generali will refund the policy premium after the deduction of stamp duty charges, medical expenses, if any and proportional risk premium for period of cover, if any.

If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:

- For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.
- For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the eInsurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

Loan

Loan is not available against this policy.

Change in Premium Payment Frequency

We allow you to make change in the mode of premium payment under the policy which shall be applicable from the next policy anniversary.

Surrender Value

There is no surrender value applicable under Option 1 – Heart Cover and Option 2 - Critical Illness Cover. We will provide a surrender value under Option 3 - Heart Cover with Return of Premium and Option 4 - Critical Illness Cover with Return of Premium,

We encourage you to continue your policy as planned, however, you have the option to surrender the same for immediate cash requirement, in case of an emergency, any time after the payment for first two full policy year's premium.

The amount payable on surrender will be higher of the Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

Guaranteed Surrender Value (GSV):

(Applicable only for Option 3-Heart Cover with Return of Premium and Option 4-Critical Illness Cover with Return of Premium)

The GSV shall be Guaranteed Surrender Value Factor multiplied by Total Premiums paid under the base policy (excluding applicable taxes, rider premium and extra underwriting premiums, if any) less any benefits already paid, if any.

Special Surrender Value (SSV):

(Applicable only for Option 3-Heart Cover with Return of Premium and Option 4-Critical Illness Cover with Return of Premium). Special surrender value shall be based on the expectation of future financial and demographic conditions and may be reviewed by the company from time to time with prior approval from IRDAI.

It is calculated as:

Special Surrender Value = Special Surrender Value Factor x Total Premiums paid under the base policy (excluding applicable taxes, rider premium and extra underwriting premiums, if any) less any benefits already paid, if any.

Grace Period

You get a grace period of 30 days for annual, half yearly and quarterly mode and 15 days for monthly mode from the premium due date to pay your missed premium. During this grace period, you will continue to be insured and be entitled to receive the benefits. If a valid claim arises under the policy during the Grace Period, but before the payment of due premium, the claim will be honoured. In such cases, the due premium will be deducted from the benefit payable.

Tax Benefits

The Premium(s) paid by you are eligible for tax benefit as may be available under the provisions of Section(s) 80C, 80D and 10 (10D) as applicable. For further details, consult your tax advisor. Tax benefits are subject to change from time to time.

Terms and Conditions

Premium guarantee

- Premium rates are guaranteed for an initial period of 5 years from the date of issuance of the Policy and thereafter for a period of every block of five years. The Company can review the renewal premium after the completion of first 5 Policy years and that reviewed premiums will remain unchanged for a period of every block of five 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 at Policy Commencement Date and original 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 the policyholder at least three months prior to the date of such revision and the policyholder will be given a period of 30 days from Premium Due Date (on or after the effective date of change) to continue the Policy.
- If the policyholder is not willing to continue the Policy with the revised Premium rates, the Policy shall lapse or surrender as per conditions given above.
- Changes in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and for existing policies which have completed initial period of 5 years and thereafter every block of 5 years subject to revision in premium rates.

Lapse

Option 1 and 2: If due premiums have not been paid within the grace period, the policy shall lapse and will have no value. All risk cover ceases while the policy is in lapsed status. The policyholder has the option to revive the policy within 5 years from the due date of first unpaid premium.

In case the Policy is not revived during the revival period no benefit shall be payable at the end of revival period and the policy will terminate thereafter.

Option 3 and 4: If due premiums for the first two (2) policy years or less have not been paid within the grace period, the policy shall lapse and will have no value. All risk cover ceases while the policy is in lapsed status. The policyholder has the option to revive the policy within 5 years from the due date of first unpaid premium as mentioned below.

In case the Policy is not revived during the revival period no benefit shall be payable at the end of revival period and the policy will terminate thereafter.

Revival period

- a. The policyholder can revive a lapsed policy within five years from the due date of first unpaid premium.
- b. The revival will be considered on receipt of application from the policyholder along with the payment of all overdue premiums with interest (interest shall be applicable only for option 3 & 4). The revival will be effected as per Board approved underwriting policy.
- c. The interest charged is 9% p.a. compound. However, the company may decide to change the interest charged on revival from time to time with prior approval from IRDAI. No interest shall be charged for revival under Option 1 and Option 2.
- d. Any revival of riders will be considered along with the revival of the base policy, and not in isolation.
- e. Reinstatement request will attract a Waiting Period of 180 days from date of reinstatement. Waiting period in case of reinstatement shall not be applicable if policy is revived within 90 days of last premium due date and a continuous waiting period of 180 days has been served.
- f. If a Policy is Revived, the premiums for Revival shall be based on the premium rate applicable when the premiums were due.

Nomination and Assignment

Nomination, in accordance with Section 39 of Insurance Act, 1938, as amended from time to time is permitted under this policy.

It is advisable that you nominate someone to receive the proceeds of the policy in case of your untimely demise.

Making timely nominations may save your near and dear ones from a lot of legal hassles with respect to successions/legal heirship that they may have to complete in case you have not nominated someone in the policy.

No Assignment is allowed under this product.

Prohibition on rebates

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.

Non-Disclosure

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

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of 3 years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

2. A policy of life insurance may be called in question at any time within 3 years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud.

For further information, Section 45 of the Insurance Laws (Amendment) Act, 2015 may be referred.

Why choose us?



Future Generali India Life Insurance Company Limited. is a joint venture between Future Group, India's leading retailer, Generali group, Italy based insurance major; and Industrial Investment Trust Ltd (IITL). The Company was incorporated in 2006 and brings together the unique qualities of the founding companies - local experience and knowledge with global insurance expertise.

Future Generali India Life Insurance Company Limited offers an extensive range of life insurance products, and a network that ensures we are close to you wherever you go.

Definitions and Exclusions of Listed Conditions

Heart Related – Minor Conditions (25%)

1. Percutaneous Heart Valve Surgery

The actual undergoing of surgery to replace existing heart valve by the deployment of a new replacement valve by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous or transcatheter based repair procedures not involving replacement with a new valve are excluded.

2. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for 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 a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

3. Surgery For Cardiac Arrhythmia

Procedures like Maze surgery, RF Ablation therapy or any relevant procedure/surgery deemed absolutely necessary by a cardiologist to treat life threatening arrhythmias. Diagnosis must be evidenced by monitoring through a Holter monitor, event monitor or loop recorder and should be confirmed by a consultant cardiologist. The following are excluded: Cardio version and any other form of non-surgical treatments

4. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s)
- Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a cardiologist.

5. Carotid Artery Surgery

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) or above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:

(a) Either:

- Actual undergoing of endarterectomy to alleviate the symptoms; or
- Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

(b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

Heart Related – Moderate Conditions (50%)

6. Pericardectomy

The undergoing of a pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist.

The following are excluded:

Other procedures on the pericardium including pericardial biopsies and pericardial drainage procedures by needle aspiration.

7. Surgery To Place Ventricular Assist Device Or Total Artificial Hearts

The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.

The following are excluded:

Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

8. Minimally Invasive Surgery To Aorta

The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

9. Insertion of a Defibrillator/Pacemaker

Insertion of a permanent cardiac pacemaker/ Implantable Cardioverter Defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. Cardiac arrhythmias to be evidenced by 24 Holter monitoring report or any such other established diagnostic reports.

The insertion of any other type of temporary cardiac pacemaker is specifically excluded.

10. Cardiac Arrest

Sudden loss of heart functions with cessation of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable Cardioverter-Defibrillator (ICD), or
- Cardiac Resynchronization Therapy with Defibrillator (CRT-D)
- For the above definition the following is not covered
- Insertion of a defibrillator without cardiac arrest
- Cardiac arrest secondary to alcohol or drug misuse

11. Secondary Pulmonary Hypertension

Secondary Pulmonary hypertension confirmed by a Cardiologist with the help of investigations including Echo/ and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Heart Related– Major Conditions (100%)

12. Myocardial Infarction

(First Heart Attack of specific 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 for Myocardial Infarction should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (for e.g. typical chest pain)
- New characteristic electrocardiogram changes
- 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.

13. Open Chest CABG (Including Keyhole 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 are excluded: Angioplasty and/or any other intra-arterial procedures

14. 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.

15. Major Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches (including aortofemoral or aortoiliac bypass grafts). The surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and supported by imaging findings.

The following is excluded: Surgery performed using only minimally invasive or intra-arterial techniques.

16. Heart Transplant

The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

17. Primary (Idiopathic) Pulmonary 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 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- 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, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

18. 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 and

- Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following is excluded: Cardiomyopathy directly related to alcohol or drug abuse.

Cancer Related - Minor Conditions (25%)

19. Early Stage Cancer

It shall mean first ever diagnosis with the presence of one of the following malignant conditions. The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

Early Stage Cancers of Prostate

- This condition is characterised by uncontrolled growth and spread of malignant prostate cancer cells with invasion and destruction of normal prostate tissue.
- It must be classified as "T1N0M0" according to the latest TNM staging method. The cancer is still within the prostate and has not spread to nearby lymph nodes [N0] or elsewhere in the body [M0]. The diagnosis must always be on the basis of a microscopic examination of fixed tissue showing a Gleason Score of two to six. The diagnosis should be confirmed by a qualified oncologist / specialist in the relevant field

All grades of Prostate Intraepithelial Neoplasia (PIN) are not covered under this definition.

Thyroid Papillary Micro-carcinoma

It is defined as papillary carcinoma of the thyroid that is less than 10 mm in diameter and is characterised by the uncontrolled growth and spread of malignant papillary thyroid cancer cells with invasion and destruction of normal thyroid tissue. The cancer is confined to the thyroid gland and has not spread to nearby lymph nodes or elsewhere in the body. The diagnosis should be confirmed by a qualified oncologist / specialist in the relevant field.

Chronic Lymphocytic Leukaemia – early stages

Chronic Lymphocytic Leukaemia is categorized as the uncontrolled growth and spread of malignant lymphocyte white blood cells within the bone marrow and the blood. The Chronic Lymphocytic Leukaemia must be diagnosed and classified as Rai stage 0, 1, or 2 by a specialist in the relevant field. These early Rai stages of leukaemia imply that there is an elevated malignant monoclonal lymphocyte count with or without enlarged lymph nodes or spleen, but there is no anaemia and no thrombocytopenia.

20. Carcinoma In Situ

Carcinoma-in-situ shall mean first ever diagnosis of a histologically proven, localized pre-invasion 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:

- i) Breast, where the tumor is classified as Tis according to the TNM Staging method;
- ii) Uterus, vagina, vulva or fallopian tubes where the tumour is

classified as TIS according to the TNM Staging method or FIGO* Stage 0;

- iii) Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO* Stage 0;
- iv) 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;
- v) Colon and rectum;
- vi) Penis;
- vii) Testis;
- viii) Lung;
- ix) Liver;
- x) Stomach and oesophagus;
- xi) Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
- xii) 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 Related Conditions – Major Conditions (100%)

21. Major Stage Cancer

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 tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii) Malignant melanoma that has not caused invasion beyond the epidermis;
- iv) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi) Chronic lymphocytic leukemia less than RAI stage 3
- vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

Critical Illness - Minor Conditions (25%)

22. Guillain Barre Syndrome

Guillain-Barre syndrome is an acute, inflammatory, post-infectious polyneuropathy resulting in progressive and ascending paralysis. The diagnosis must be confirmed by a Neurologist, have been treated with plasma exchange or intravenous immunoglobulin, and must be of a severity to have documented evidence of persistent neurological symptoms lasting for a period of at least six months from the time of diagnosis.

Cases of Guillain-Barre syndrome that present with or progress to bulbar weakness and respiratory dysfunction with resultant ventilation or tracheostomy will be paid on diagnosis.

Guillain-Barre syndrome that

- i) present with respiratory dysfunction treated with tracheostomy and/or ventilation, and
- ii) with persistent neurological symptoms lasting at least 3 months

23. Nephrectomy/Removal Of One Kidney

The actual undergoing of a complete nephrectomy due to illness, disease or Accident. Nephrectomy for the purpose of organ donation is specifically excluded. The requirement of surgery has to be confirmed by a specialist medical practitioner

24. Chronic Glomerulonephritis

The condition is characterized by irreversible and progressive glomerular and tubulointerstitial fibrosis, ultimately leading to a reduction in the glomerular filtration rate (GFR) and retention of uremic toxins. Should be evidenced by below:

- i) Evidence of kidney damage based on abnormal urinalysis results (eg, proteinuria or hematuria) or structural abnormalities observed on ultrasound images and
- ii) A GFR of less than 60 mL/min for 3 or more months.

The diagnosis has to be confirmed by a qualified nephrologist.

25. Portal Vein Thrombosis

Portal vein thrombosis is blockage or narrowing of the portal vein (the blood vessel that brings blood to the liver from the intestines) by a blood clot. It should be characterised by the following:

- i) Bleeding from varicose veins in the esophagus or stomach and/or
- ii) An enlarged spleen

Doppler ultrasonography /magnetic resonance imaging (MRI) or computed tomography (CT) and a Gastroenterologists report is necessary.

26. Severe COPD

Chronic obstructive pulmonary disease (COPD) is characterised by airflow obstruction that is not fully reversible.

COPD is now the preferred term for patients with airflow obstruction who were previously diagnosed as having chronic bronchitis or emphysema and should be characterised by atleast two of the following:

- i) A consistent forced expiratory volume (FEV1) test value of less than one (1) liter (during the first second of a forced exhalation);

- ii) Baseline arterial blood gas analysis showing arterial partial oxygen pressure at a level of fifty-five (55) mmHg or less; and
- iii) Dyspnea at rest.

The diagnosis must be confirmed by a Chest physician.

27. Ulcerative Colitis

Ulcerative Colitis is a chronic inflammation of the large intestine, not caused by bacteria, which results in ulceration and bleeding. The diagnosis must be confirmed by a Gastro-Enterologist and the disease must be treated with either steroids or immunomodulatory medication for a period of at least six months. It should be supported with Endoscopy and histopathological report.

28. Pancreatic Cyst

Complicated Pancreatic Cyst:

A benign cyst or a pseudocyst in the pancreas which is unequivocally diagnosed based on imaging studies and have atleast two of the following complications:

- Rupture of the cyst or hemorrhage (bleeding)
- Jaundice
- Portal hypertension
- Infected cyst (may lead to pancreatic abscess)

Any complicated pancreatic cyst secondary to alcohol use is excluded

Critical Illness - Moderate Conditions (50%)

29. Endovascular Surgeries Performed By Neurosurgeon

Any endovascular surgery performed by a Neurosurgeon for cerebral aneurysm, arteriovenous malformations, embolism or any other reason diagnosed after policy inception.

This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques and certified by a neurosurgeon or qualified medical doctor of relevant specialty.

30. Insertion Of Cerebral Shunt

Insertion of a cerebral shunt to treat Hydrocephalus caused due to head injury, space occupying lesions, tumours, infections, or any other causes diagnosed after the policy commencement. The shunt should be in-situ for atleast a period of 3 months and the necessity of the shunt to be certified by a neurosurgeon or qualified medical doctor of relevant specialty.

31. Bacterial Meningitis

A definite diagnosis of Meningitis confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in permanent neurological deficit documented for at least 90 continuous days from the date of diagnosis.

All other forms of meningitis other than those caused by bacterial infection are excluded.

32. Small Bowel Transplant

Certified by a gastroenterologist that the surgery is necessary in case of person has a small intestinal failure (serious malfunctioning bowel), and has developed complications from total parenteral nutrition or

are unable to tolerate this form of feeding. Payout will be based on the actual undergoing of surgery.
Drug or alcohol abuse leading to intestinal failure is excluded.

33. Cirrhosis Of The Liver

Cirrhosis is a late stage of scarring (fibrosis) of the liver caused by many forms of liver diseases and conditions, such as hepatitis. Characterized by atleast three of the following conditions:

- i) Jaundice
- ii) Ascites
- iii) Bleeding from esophageal varices

Should be certified by a hepatologist and supported by a MRI and Ultrasound and elevated Bilirubin levels.

Drug or alcohol abuse leading to liver cirrhosis is excluded.

34. Chronic Pancreatitis

Chronic, progressive inflammatory disease of the pancreas, characterized by irreversible morphologic changes where all of the following criteria are met:

The necessary treatment is surgical clearance of diseased tissue or pancreatectomy; and

The Diagnosis is based on characteristic findings in ERCP/MRCP and other Abdominal Radiography tests (like CT scan of abdomen/Endoscopic or Transabdominal USG, etc.) and is confirmed by a Registered Medical Practitioner who is a gastroenterologist.

Acute pancreatitis or pancreatitis due to alcohol or drug abuse is excluded.

35. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia during which a Craniotomy is performed. Burr hole and brain surgery as a result of an Accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

This requirement of surgery must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques and certified by a neurosurgeon or qualified medical doctor of relevant specialty.

Critical Illness - Major Conditions (100%)

36. 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 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.

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.

37. Multiple Sclerosis With Persisting Symptoms

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.

Other causes of neurological damage such as SLE are excluded.

38. 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.

39. 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:

- 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.

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

40. 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 (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

41. Major Organ /Bone Marrow Transplant

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.

The following are excluded:

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

42. End Stage Lung Failure

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

- i) FEV1 test results consistently less than 1 litre measured on 3

occasions 3 months apart; and

- ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- iv) Dyspnea at rest.

43. End Stage Liver Failure

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.

Liver failure secondary to drug or alcohol abuse is excluded.

44. 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.

45. 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 aids or surgical procedure.

46. 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.

47. 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 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.

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.

The following are excluded: Spinal cord injury

48. Deafness

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

49. 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. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.

50. Apallic Syndrome

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days

51. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

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

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

52. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- i) Blood product transfusion;

- ii) Marrow stimulating agents;
- iii) Immunosuppressive agents; or
- iv) Bone marrow transplantation.

The Diagnosis of aplastic anemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- i) Absolute Neutrophil count of 500 per cubic millimeter or less;
- ii) Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
- iii) Platelet count of 20,000 per cubic millimeter or less.

53. Benign Brain Tumour

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.

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.

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.

54. Motor Neuron 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.

55. Alzheimer's Disease

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

The following are excluded:

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

56. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner

who is a neurologist based on three (3) out of four (4) of the following conditions:

- i) Family history of other affected individuals;
- ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- iii) Characteristic electromyogram; or
- iv) Clinical suspicion confirmed by muscle biopsy.

Activities of Daily Living assessment should confirm the inability of the Insured to perform at least three (3) of the Activities of Daily Living for a continuous period of at least 6 months, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

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.

57. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- i) Cannot be controlled with medication;
- ii) Shows signs of progressive impairment; and

Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

Drug-induced or toxic causes of Parkinson's disease are excluded.

58. Poliomyelitis

The occurrence of poliomyelitis where the conditions are met:

- i) Poliovirus is identified as the cause and is provided by stool analysis
- ii) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months

59. Systemic Lupus Erythematosus

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International

Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

- i) Class I - Minimal mesangial lupus nephritis
- ii) Class II - Mesangial proliferative lupus nephritis
- iii) Class III - Focal lupus nephritis
- iv) Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
- v) Class V - Membranous lupus nephritis
- vi) Class VI - Advanced sclerosing lupus nephritis

The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology.

Exclusions

Suicide Exclusion: In case of death due to suicide 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.

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 or its reinstatement by the insurer or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to effective date of the policy or its reinstatement.
- c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy or its reinstatement in a diagnostic illness or medical condition.

Reinstatement means the revival of policy post expiry of grace period. No Critical Illness benefits shall be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of reinstatement whichever is later and the Company has accepted the same.

Waiting Period: No Critical Illness benefits shall be payable under this Policy for any covered disease/illness/disorder diagnosed or manifested within the 180 days following the effective date of the Policy or reinstatement date (whichever is later 'and the policy will terminate). In such case, Company will refund the premiums from risk commencement date of the policy or from the date of revival as applicable. This will be subject to Section 45 of the Insurance Act, 1938, as amended from time to time.

Waiting period in case of reinstatement shall not be applicable if policy is revived within 90 days of last premium due date and a continuous waiting period of 180 days has been served.

Survival Period: No Critical Illness benefit shall be payable under this Policy for any covered disease/illness/disorder if Insured person has survived for less than or equal to 21 days.

Survival period is not applicable for Cancer related conditions i.e. Early Stage Cancer, Carcinoma in Situ and Major Stage Cancer.

No critical illness benefit will be payable in respect of any listed

condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

- Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- Self-inflicted injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- Radioactive contamination due to nuclear accident.
- War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- Illness or Injury cause by engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel, skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement.
- Existence of any Sexually Transmitted Disease (STD) and its related complications.

For more details on risk factors, terms and conditions, please read the policy document carefully and/or consult your Advisor and/or visit our website before concluding a sale. Tax benefits are as per Income Tax Act 1961 and are subject to change in law any amendment made thereto from time to time. You are advised to consult your tax consultant. Future Group's, Generali Group's and IITL's liability is restricted to the extent of their shareholding in Future Generali India Life Insurance Company Limited.

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