

DREAD DISEASE RIDER

1. THE CONTRACT

- 1.1 This Rider Contract ("Rider") forms part of and supplements the Base Policy referred to in the Schedule/ Endorsement (the "Base Policy"). The Proposal and other particulars (if any) together with the premium deposit and declarations, received from the Proposer, form the basis of this Rider. In addition to the terms and conditions mentioned herein, this Rider is also subject to the terms and conditions of the Base Policy. In the event of any inconsistency between the terms and conditions of the Base Policy and this Rider, the provisions of this Rider shall prevail with respect to the matters dealt with in this Rider.
- 1.2 The Company agrees to provide the benefits under this Rider while this Rider is in force.

2. BENEFITS

On the happening of any of the following events, confirmed by a Registered Medical Practitioner, including a relevant Specialist acceptable to the Company (cost to be borne by the Policy Holder) and provided the insured has survived for at least thirty (30) days after the happening of the event, the Company will pay the Benefit shown in the Schedule/ Endorsement:

- (i) On the Diagnosis of any of the Dread Diseases defined in Sections 5.1 to 5.7; or
- (ii) On the actual undergoing of the surgery defined in Sections 5.8 to 5.10.

The Benefits under this Rider are in addition to the benefits available under the Base Policy and any other Riders in force at the time of occurrence of the Insured Event.

3. PERIOD OF COVERAGE

The Rider will remain effective from the Effective Date of this Rider and shall remain valid for the period stated in the Schedule/ Endorsement unless terminated in accordance with Section 8 below.

4. DEFINITIONS

**Congenital Condition** means any congenital abnormality, which has manifested or was diagnosed before the Life Insured attains age twelve (12).

**"Diagnosis"** shall mean the definitive diagnosis made by a Registered Medical Practitioner, based upon radiological, clinical, and histological or laboratory evidence acceptable to the Company. All diagnosis are subject to acceptance and concurrence by the Company's appointed doctor. The respective evidence shall be submitted to the Company. In the event of any doubt the Company shall have the right to call for examination of the Life Insured by an independent expert selected by the Company. The opinion of the independent expert shall be subject to the final opinion of the Company's appointed doctor and must satisfy the definition of the covered disease or surgery.

**Hospital** means an institution which is legally registered and licensed as a medical or surgical hospital in the country in which it is located, and is not primarily a clinic, a place for custodial care for alcoholics or drug addicts, a nursing, rest or convalescent

home or a home for the aged or similar establishment. It must be under the constant supervision of a Registered Medical Practitioner.

**Registered Medical Practitioner** shall mean any person qualified by degree in medicine and registered with the Medical Council of his/her country, who possesses sufficient skill and competence to render medical or surgical services in respect of the disease concerned, but excluding a Registered Medical Practitioner who is the Policy Holder or the Life Insured or the spouse or lineal relative of the Policy Holder/ Life Insured.

**Specialist** means a Registered (or otherwise licensed under law) Medical Practitioner whose name appears in the Specialist Registry of the Medical Council of the country or institution with equivalent authority.

## 5. DREAD DISEASES

### 5.1 CANCER

The term cancer is a malignant tumour characterised by all the conditions stated below:

- 1.uncontrolled growth and spread of malignant cells,
- 2.invasion of tissue; and
- 3.the diagnosis must be histologically confirmed.

Benefit shall be payable only if all the three conditions as mentioned above are satisfied.

The term cancer includes leukaemia but the following cancers are excluded:-

- All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus;
- Kaposi's Sarcoma in the presence of any Human Immunodeficiency Virus;
- Any skin cancer other than invasive malignant melanoma;
- Early prostate cancer, which is histologically described as T1 (including T1a and T1b and T1c) or another equivalent or lesser classification.

### 5.2 HEART ATTACK

Heart attack is the death of a portion of heart muscle as a result of inadequate blood supply evidenced by all the following conditions:

1. An episode of typical chest pain,
2. New electrocardiographic changes,
3. Elevation of the cardiac enzymes, and
4. Diagnosis must be confirmed by a consultant physician. The evidence must be consistent with the diagnosis of heart attack.

Benefit shall be payable only if all the four conditions as mentioned above are satisfied.

### 5.3 STROKE

A cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded. Evidence of neurological deficit for at least 3 months has to be produced.

### 5.4 MULTIPLE SCLEROSIS

A Diagnosis by a consultant neurologist of multiple sclerosis which satisfies all of the following criteria:

- There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months; and
- The diagnosis must be confirmed by MRI examination.

Benefit shall be payable only if all the two conditions as mentioned above are satisfied.

#### 5.5 KIDNEY FAILURE

End stage renal failure characterised by all of the following conditions:

1. Chronic irreversible failure of both kidneys to function,
2. As a result of the failure of both the kidneys either regular renal dialysis or renal transplant is undertaken;
3. Evidence of end stage kidney disease must be provided; and
4. Requirement for dialysis or transplantation must be confirmed by a consultant.

Benefit shall be payable only if all the four conditions as mentioned above are satisfied.

#### 5.6 COMA

Coma is a state of unconsciousness and must be characterised by all of the following:-

1. No reaction or response to external stimuli or internal needs persisting continuously for at least 96 hours requiring the use of life support systems ; and
2. Resulting in a permanent neurological deficit.

Benefit shall be payable only if all the two conditions as mentioned above are satisfied.

Coma secondary to alcohol or drug misuse is not covered.

#### 5.7 PARALYSIS

The condition must be characterised by all of the following:-

1. The total irreversible loss of muscle function of whole of any two or more limbs as a result of injury to or disease of the spinal cord;
2. The disability must be permanent and must last for atleast three months; and
3. Appropriate neurological evidence to support the disability must be present.

#### 5.8 CORONARY ARTERY BY-PASS GRAFT SURGERY (CABGS)

Coronary Artery By-Pass Graft Surgery (CABGS) must be characterised by all the following:-

1. The Life Insured should have already undergone open heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.
2. Angiographic evidence to support the necessity of the surgery will be required.

Benefit shall be payable only if all the two conditions as mentioned above are satisfied.

Balloon angioplasty (PTCA), keyhole surgery, laser or any catheter-based procedures are excluded from Coronary Artery By-Pass Graft Surgery.

#### 5.9 MAJOR ORGAN TRANSPLANT

Major Organ Transplant must be characterised by all of the following:-

1. The Life Insured should have already undergone surgery as a recipient of a transplant of a heart, liver, lung, pancreas or bone marrow as a result of chronic irreversible failure;
2. Evidence of end stage disease must be provided; and
3. The requirement for transplantation must be confirmed by a consultant physician.

Benefit shall be payable only if all the three conditions as mentioned above are satisfied.

#### 5.10 HEART VALVE REPLACEMENT OR REPAIR

The condition must be characterised by all of the following:

1. The Life Insured should have already undergone open-heart surgery to replace or repair one or more heart valves; and
2. The surgery must have been advised by a consultant cardiologist.

Benefit shall be payable only if all the two conditions as mentioned above are satisfied.

Any procedure that does not involve open heart surgery is not covered.

#### 6. EXCLUSIONS

No Benefits under this Rider will be payable if Dread Disease occurs from or is caused, either directly or indirectly, voluntarily or involuntarily, by one of the following:

- 6.1 attempted suicide or intentional self-inflicted injury, by the Life Insured, whether sane or not at the time;
- 6.2 use of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner;
- 6.3 war (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations;
- 6.4 participation by Life Insured in a criminal or unlawful act;
- 6.5 service in the military/ para-military, naval, air forces or Police organizations of any country in a state of war (declared or undeclared) or of armed conflict;
- 6.6 participation by Life Insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the Life Insured does not, at that time, have any duty on board such aircraft;
- 6.7 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; bungy-jumping;
- 6.8 the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 6.9 any pre-existing condition, which is defined as any injury, illness or condition and/ or directly related conditions for which the Life Insured has received medical treatment or advice or of which the Life Insured was aware or could reasonably be expected to be aware prior to the Effective Date of this Rider;
- 6.10 failure to seek or follow medical advice;
- 6.11 any congenital condition;

- 6.12 any premalignant tumors, polyps or carcinoma-in-situ of any organ;
- 6.13 pregnancy or childbirth or complications arising therefrom; and
- 6.14 presence of the HIV/ AIDS.

Further, no amount of Benefit shall be payable under this Rider if the relevant Dread Disease is first diagnosed or surgery relating to the said Dread Disease occurs within a period of one hundred and eighty (180) days from the Effective Date of this Rider.

The above exclusions shall be in addition to the exclusions provided under the Base Policy.

## 7. PREMIUM / COVERAGE GUARANTEE

### 7.1 In case this Rider is attached to a Traditional Plan

- a) The Premiums for this Rider are guaranteed for five years from the Effective Date of this Rider. After expiry of five years from the Effective Date of this Rider the Company reserves the right, to revise the Premium rates for this Rider by giving thirty (30) days notice.
- b) Subject to Section 7.1 (c) below, this Rider cannot be cancelled by the Company due to deterioration of the health or changes in the occupation, profession, or hobbies of the Life Insured occurring during the period of coverage of this Rider.
- c) With the continuing advances in medical treatment and diagnostic techniques, the Company may need to review the definitions of Dread Diseases given in Section 5 above to ensure that they (a) remain appropriate; (b) take into account effective cures and vaccines; and (c) exclude diseases which are found to have become minor. The Company reserves the right, therefore, to adjust the Dread Disease definitions.

### 7.2 In case this Rider is attached to a Unit Linked Plan

In addition to the conditions mentioned in Clause 7.1 (b) & (c) above, the following condition shall also be applicable:

- (a) The Premium received by the Company under this Rider shall be invested in the Funds selected by the Policy Holder and allocated to the Unit Account:
- (b) Each month an appropriate number of Units, including a part thereof, in the Unit Account will be cancelled at their Bid Price to meet charge(s) under this Rider. We reserve the right to review the charges.

## 8. TERMINATION

This Rider shall automatically terminate:

- 8.1. if the Base Policy goes into Non-Forfeiture (applicable only in the case of traditional plan), or has expired or lapsed or has been paid-up, surrendered, cancelled or terminated for whatever reason; or
- 8.2. on the death of the Life Insured, for whatever cause; or
- 8.3. on the anniversary of the Base Policy at which the Life Insured is of age sixty (60); or
- 8.4. upon the Policy Holder's written request for cancellation of the Rider; or
- 8.5. when one hundred percent (100%) of the Benefit under this Rider has been paid.

Termination of this Rider shall be without prejudice to any rights and liabilities, which has or have arisen prior to such termination. Any payment or receipt, of any Premium(s) hereunder subsequent to cancellation/ termination of this Rider shall not create any liability, except that the Company will refund such Premium(s), without interest.

9. NOTICE AND ADMISSION OF CLAIM

The Company must be notified in writing within sixty (60) days from the date after the initial diagnosis of the Dread Disease. Admission of any claim will be subject to production of such proof as the Company may reasonably require being given within one hundred and eighty (180) days from the date of the happening of the events as mentioned in Section 5.

10. ASSIGNMENT

This Rider or the benefits under this Rider cannot be assigned by the Policy Holder separately from the Base Policy. If the Base Policy is assigned by the Policy Holder, this Rider and the benefits under the Rider shall also stand assigned along with the Base Policy.

11. REINSTATEMENT OF THE RIDER

At any time after the Rider has ceased to be valid the Policy Holder may request for reinstatement of the Rider. Upon such request, the Company may at its sole discretion, reinstate the Rider, subject to reinstatement terms as may be in force at the relevant time.

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