



LIFE

LIFE GOALS. DONE.

Bajaj Life

Secure Plus

A Non-Participating, Non-Linked, Individual Health Plan



About Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)

Bajaj Life Insurance Limited one of India's leading private life insurers, is a subsidiary of Bajaj Finserv Limited. Built on the strong foundation of the Bajaj Group's legacy, it offers innovative life insurance solutions with a focus on enabling Life Goals for millions across the country.

Bajaj Life Secure Plus

Life is unpredictable, but your family's financial security doesn't have to be. **Bajaj Life Secure Plus** is a comprehensive plan that shields your loved ones against life's toughest challenges. It provides protection in case of demise or disability, while also covering critical and terminal illnesses. With personalised coverage that adapts to your needs, Bajaj Life Secure Plus plan ensures that your family is financially secure even when the unexpected happens.

Key Advantages

- **Protection** that stands by you and your family during Death, Disability, Terminal and Critical Illnesses
- **Flexibility to pay** premiums throughout the policy term, pay a single premium or for a limited number of years
- **Option to get back** your premiums paid as Maturity benefit¹
- **Choose** how you or your family receives the benefit, as lump sum or as monthly income or a combination of both
- **Get tax benefits**, as per the prevailing tax laws

Maturity benefit¹ available for Shield with ROP Variant

Plan Variant and Cover Options

- You can choose from the following two Variants:
 - o Variant 1: Shield
 - o Variant 2: Shield with Return Of Premium (ROP)
- Under each variant, you will have the option to select one or more below covers.
 - o Terminal Illness with Term Booster (TI with TB)
 - o Accidental Death Benefit (ADB)
 - o Accidental Total Permanent Disability (ATPD) Benefit
 - o Critical Illness (CI) Benefit

Note: You can choose only one Variant at inception of the policy which cannot be changed during the Policy Term.

How does this product work?

- **Step 1:** Select Variant 1 or Variant 2.
- **Step 2:** Select one or more covers as per your need
- **Step 3:** Select Sum Assured under each cover option chosen
- **Step 4:** Select the Policy Term and Premium Paying Term

Cover Options

1. TERMINAL ILLNESS WITH TERM BOOSTER (TI with TB)

A diagnosis of terminal illness brings emotional and financial uncertainty—but your protection plan doesn't stop when life gets hard. Terminal Benefit cover provides immediate financial support when it's needed the most. In the case of diagnosis of Terminal Illness or death of the Life Insured (whichever occurs first), during the policy term, if all due premiums are paid up to date and the policy is in-force, Higher of TI with TB Sum Assured or Guaranteed Benefit* shall be payable.

- a) If the TI with TB Benefit gets paid on the diagnosis of Terminal Illness, then, the TI with TB cover will

terminate immediately and automatically on payment of this benefit. The benefits of all the remaining covers in the policy (if any) will continue. No future premium payment will be required with respect to the continuing cover/s.

- b) If the TI with TB Benefit has been paid on occurrence of death of the Life Assured, all other covers in the policy (if any) will terminate immediately and automatically on payment of the benefit

2. ACCIDENTAL DEATH BENEFIT (ADB)

A sudden accident leading to demise can bring your family's life to a standstill. The Accidental Death Benefit will make sure that your family is financially secure.

In the event of death due to an accident of the Life Assured during the Policy Term, if all due premiums are paid up to date and the policy is in-force, higher of ADB Sum Assured or Guaranteed Benefit* will be paid and cover with respect to ADB along with all covers in the policy (if any) will terminate immediately and automatic on the payment of the benefit.

If TI with TB benefit has also been opted for, the Life Assured will also receive the Terminal Benefit Sum Assured along with the ADB Sum Assured.

3. ACCIDENTAL TOTAL PERMANENT DISABILITY (ATPD) BENEFIT

Your family depends on you, and your disability should not hamper that, Accidental Total Permanent Disability cover makes sure that their financial future is protected.

In the event of Total Permanent Disability of the Life Assured due to an accident during the Policy Term, if all due premiums are paid up to date and the policy is in-force, higher of ATPD Sum Assured or Guaranteed Benefit* will be paid and the ATPD risk cover will terminate immediately and automatically on payment of this benefit, and the benefits of all other covers (if any) will continue with due premium payment with respect to the continuing covers.

4. CRITICAL ILLNESS (CI) BENEFIT

When illness starts, let finances be the last thing, you worry about.

On first diagnosis of any of the covered Critical Illnesses for the Life Assured, as per the option chosen, if all the premiums are paid up to date and the policy is in-force, higher of CI Sum Assured or Guaranteed Benefit will be paid and the CI risk cover will terminate immediately and automatically on payment of this benefit, and the benefits of all other covers (if any) will continue with due premium payment with respect to continuing covers.

You may choose any one of the three Options-

1. Critical, which covers 10 Major Critical Illness
2. Enhanced, which covers 25 Major Critical Illness
3. Comprehensive, which covers 60 Major Critical Illness

Maturity Benefit

Variant 1: Shield

No Maturity Benefit will be applicable

Variant 2 : Shield with ROP

Applicable for all covers: Total Premiums Paid under the Policy , with respect to the unclaimed cover(s) will be paid out on the Maturity Date as the ROP Benefit, provided the policy is in-force and the life assured is alive and the claim with respect to one or more cover(s) has not been paid. The policy will terminate immediately & automatically on payment of the Maturity Benefit. No ROP Benefit will be available for the cover which has already been paid or is in payment.

Benefit Payout Options

You have an option to take the Benefits as:

- a) Lumpsum
- b) In monthly or yearly instalments

- c) Combination of Lumpsum and instalments.
- The option must be chosen at the policy inception.
 - Once chosen, the option cannot be altered during the Policy Term.
 - In case benefit is taken either fully or partly in instalments, the instalments will be over a period of 5 to 40 years, as chosen by the policyholder and will be payable in advance.
 - The first monthly instalment will be payable as :
 - Due as on date of death
 - due as on date of diagnosis in ATPD/TI
 - 14 Days from date of diagnosis provided the life assured survives the period in case of CI
 - There will be discount in premium for the proportion of benefit taken in instalment period chosen. Discount % will be equivalent to the instalment period chosen. For example:

Instalment Period (years)	5	10	20	30	40
Premium discount	5%	10%	20%	30%	40%

The interest rate used to arrive at this discount is 5% p.a.

- If a proportion of the benefit is taken in lump sum and the rest in instalments, then, the final premium will be weighted average of the premium for % Benefit taken in lump sum & the premium (after applying the proportion) for % Benefit taken in instalments.
- You/nominee will have the option to request for discontinuation of the instalments even after the instalments have commenced. The policyholder/nominee will be eligible to receive an amount equal to discounted value of the future instalments as on the date of such request (which would be discounted at the same interest rate used at the time of instalment calculation).

Eligibility Criteria

Parameter	Variant 1: Classic			
Minimum Entry Age	18 years			
Maximum Entry Age	65 years Single Pay for TI with TB has maximum entry age of 50 Years			
Minimum Age at Maturity	Variant 1 (Single Pay): 19 Years Variant 1 (Regular Pay): 20 Years Variant 1 (Limited Pay): 21 Years Variant 2: 28 Years			
Maximum Age at Maturity	85 years			
Policy Term	Available Policy Terms under this policy are:			
		Description	Minimum	Maximum
	Variant 1: Shield (Other than CI)	Single Pay	1 year	67 years
		Regular Pay	Equal to PPT	
		Limited Pay	PPT+ 1 year	67 years
	Variant 1: Shield (CI)	Single Pay	1 year	30 years
		Regular Pay	Equal to PPT	
		Limited Pay	PPT+ 1 year	30 years
	Variant 2: Shield with ROP (Other than CI)	Single Pay	10 years	67 years
		Regular Pay	Equal to PPT	
		Limited Pay	PPT+5 years	67 years
	Variant 2: Shield with ROP (CI)	Single Pay	10 years	30 years
		Regular Pay	Equal to PPT	
Limited Pay		PPT+5 years	30 years	

Premium Paying Term (PPT)	Description		Minimum	Maximum										
	Premium Paying Term (PPT)	Variant 1: Shield (Other than CI)	Single Pay	1 year										
Regular Pay			2 years	67 years										
Limited Pay			2 years	66 years										
Variant 1: Shield (CI)		Single Pay	1 year											
		Regular Pay	2 years	30 years										
		Limited Pay	2 years	29 years										
Variant 2: Shield with ROP (Other than CI)		Single Pay	1 year											
		Regular Pay	10 years	67 years										
		Limited Pay	5 years	62 years										
Variant 2: Shield with ROP (CI)	Single Pay	1 year												
	Regular Pay	10 years	30 years											
	Limited Pay	5 years	25 years											
Premium Payment Frequency	Single, Yearly, Half Yearly, Quarterly, Monthly													
Frequency Loading	<p>The basic premiums will be derived for yearly premium frequency. The premium for frequencies other than yearly is, then, arrived at by multiplying the yearly premium amount with the frequency factor.</p> <p>The frequency factors are:</p> <table border="1"> <thead> <tr> <th>Premium frequency</th> <th>Monthly</th> <th>Quarterly</th> <th>Half yearly</th> <th>Yearly</th> </tr> </thead> <tbody> <tr> <td>Frequency Factor</td> <td>0.0859</td> <td>0.2564</td> <td>0.5084</td> <td>1</td> </tr> </tbody> </table>				Premium frequency	Monthly	Quarterly	Half yearly	Yearly	Frequency Factor	0.0859	0.2564	0.5084	1
Premium frequency	Monthly	Quarterly	Half yearly	Yearly										
Frequency Factor	0.0859	0.2564	0.5084	1										
Minimum Sum Assured	₹50,000 for each cover option													
Maximum Sum Assured	No Limit, subject to the prevailing Board Approved Underwriting Policy of Company													
Annualised Premium	As per the chosen Sum Assured, Policy Term, Premium Payment Term and Age of Life Assured.													

All ages mentioned above are age as on last birthday The policy is available for sale through online mode.

Sample Premium

Variant 1: Shield

A male customer opts for Bajaj Life Secure Plus, with TI with TB, ADB & ATPD Sum Assured as ₹ 1 Cr. Each.

Age (years)	PT (years)	PPT (years)	TI+TB (p.a)	ADB (p.a)	ATPD (p.a)	Total Premiums Paid
30	40	Regular Pay	₹ 19,596	₹ 6,438	₹ 4,516	₹ 12,22,000
		Limited Pay (10 Pay)	₹ 46,412	₹ 11,069	₹ 7,432	₹ 6,49,130
35		Regular Pay	₹ 28,473	₹ 6,438	₹ 4,516	₹ 15,77,080
		Limited Pay (10 Pay)	₹ 67,432	₹ 11,069	₹ 7,432	₹ 8,59,330
40		Regular Pay	₹ 43,250	₹ 6,438	₹ 4,516	₹ 21,68,160
		Limited Pay (10 Pay)	₹ 1,01,768	₹ 11,069	₹ 7,432	₹ 12,02,690

A 5% discount on premium has been provided as the customer has opted for multiple covers.

Variant 2: Shield with ROP

A male customer opts for Bajaj Life Secure Plus, with TI with TB, ADB & ATPD Sum Assured as ₹ 1 Cr. Each.

Age (years)	PT (years)	PPT (years)	TI+TB (p.a)	ADB (p.a)	ATPD (p.a)	Total Premiums Paid
30	40	Regular Pay	₹ 37,222	₹ 9,130	₹ 5,612	₹ 20,78,560
		Limited Pay (10 Pay)	₹ 72,481	₹ 20,060	₹ 15,714	₹ 10,82,550
35		Regular Pay	₹ 52,696	₹ 9,080	₹ 5,583	₹ 26,94,360
		Limited Pay (10 Pay)	₹ 1,01,138	₹ 20,032	₹ 15,473	₹ 13,66,430
40		Regular Pay	₹ 76,681	₹ 9,030	₹ 5,559	₹ 36,50,800
		Limited Pay (10 Pay)	₹ 1,45,412	₹ 19,904	₹ 15,180	₹ 18,04,960

A 5% discount on premium has been provided as the customer has opted for multiple covers.

Health Management Services

Provided the Policy is in-force, and all due Regular Premiums are paid up to date, the Policyholder will have the option to take Health Management Services such as medical second opinion, medical case management, medical consultation, etc. from the service providers registered with the Company. These wellness services can help the Life Assured to get correct diagnosis of a medical condition and to procure appropriate illness care.

These services are available subject to:

- The availability of the particular service with the service providers at the time of option.
- First diagnosis and medical opinion have already been obtained from a competent medical practitioner.
- All the supporting medical records (as required by the service provider) are available to avail of the service.

Please note that:

- These services are optional services offered at no additional cost to Life Assured. The Policyholder/ Life Assured shall exercise his own discretion:
- To avail the services and/or
- To follow the course of treatment suggested by the service provider.
- These services shall be directly provided by the service providers with no participation of the Company.
- The services are being provided by third-party service provider(s), and the Company shall not be liable for any liability.
- The Company can choose to commence/discontinue the service(s) or change the service provider(s) at any time.

The Company will communicate to the Policyholder and inform the IRDAI if & when the Health Management Services feature is discontinued/changed in the plan.

Additional Benefits

Benefit Enhancer

- If you purchase this product in combination with a product offered by us ("Companion Product"), you may be entitled to additional benefits in the form of a Benefit Enhancer. This benefit will be equivalent to the "Family Benefit" in the Companion Product purchased in combination, which may be either:
 - o Discounts on the Premium or increase in a benefit as per the terms and conditions in Non-Linked Non-Participating and Non-Linked Participating products; or
 - o Additional units allocated in Unit Linked products
- In this case, this benefit will only accrue if all the due premiums under both the plans 'in combination' have been paid till date of the family benefit accruing as applicable.
- This benefit will be limited to products purchased as part of a combination offering by us.

Rebate for combination of Covers

- If You have opted for more than one cover in the same policy, then a rebate of 5% shall be provided on the premium amount.

Female Lives Rebate (Applicable only with TI with TB Cover)

- Premium rate for female life will be with 3-years set-back. The mortality rates for female lives is expected to be lower than that of males and the same is passed-on as a set-back in the age taken.

Kindly refer to the policy document for additional details.

Surrender/Termination

You will have the option to surrender the policy at any time, post which benefits of all the covers opted for will immediately cease, and no further Premium will be collected, and Surrender Value/ Termination Value as applicable shall be payable.

Variant 1: Shield

- For Regular Pay i.e. PPT is equal to the Policy Term, no Termination Value shall be available.
- For Limited Pay i.e. If the PPT is less than the Policy Term, Termination Value shall be available after the end of PPT, provided all premiums are paid in full.
- For Single Pay, Termination Value is available immediately after the single premium payment. Policy will terminate on the date of surrender.
- The termination value is calculated as: Termination Factor X Total Premiums Paid
- Termination factors will not be guaranteed.

Variant 2: Shield with ROP

- Surrender Value payable shall be higher of GSV or SSV, where
 - The GSV (Guaranteed Surrender Value) is: $GSV \text{ Factor} \times \text{Total Premiums Paid}^*$ till date for policy
 - The SSV (Special Surrender Value) is the sum of SSV1 and SSV2
 - o $SSV1 \text{ Factor} \times \text{Paid-up sum assured}$
 - o $SSV2 \text{ Factor} \times \text{Paid up maturity benefit}$
 - The Surrender value shall not exceed 100% of Total Premiums paid till the date of surrender. Policy will terminate on the date of surrender.
- GSV shall become payable provided two (2) full years' premiums have been paid for PPT greater than or equal to 5 years. For PPT lesser than that, the policy will acquire a Guaranteed Surrender Value provided one full year's premiums have been paid
- GSV factors are guaranteed throughout the Policy Term
- SSV shall become payable after completion of first policy year provided one (1) full years' premium has been received for PPT more than or equal to 5 years. For PPT lesser than that, payment of one full year's premium is required.
- The SSV factors are not guaranteed. The applicable SSV factors shall be reviewed by the company at least annually and will be based on prevailing 10-year G-Sec yields plus 50 bps.
- If multiple covers have been chosen, once a claim is paid for a cover, the surrender value of the remaining covers shall be paid.

Kindly refer to the website for additional details on GSV & SSV factors.

Non-Payment of Premium

Variant 1: Shield

If the due premium is not paid under the policy, the policy will immediately and automatically lapse at the expiry of the grace period, and no benefit except the termination value will be payable under the policy. You will have the option to revive the lapsed/paid up policy subject to the conditions mentioned in "Revival" section.

Variant 2: Shield with ROP

- If at least one (1) full years' premium is not paid, under the policy, the policy will immediately & automatically lapse at the expiry of the grace period, and no benefit will be payable under the policy.
- A policy which has acquired surrender value shall not lapse by reason of non-payment of future premiums, instead the policy will be, immediately & automatically, converted to a paid-up policy at the expiry of the grace period.
 - I. The paid-up sum assured will be obtained by multiplying the sum assured by factor equal to the proportion of the number of premiums paid to the total number of premiums payable under the policy.
 - II. The paid-up maturity benefit will be equal to the Total Premiums paid* till date of paid-up.
 - III. The paid-up sum assured will not be lower than 105% of the Total Premiums paid** till date of paid-up with respect to each cover in the policy.
- You will have the option to revive the lapsed/paid-up policy subject to the conditions mentioned in "Revival" section.

Revival of the Policy

A Policy, which has lapsed or has become paid-up for non-payment of premium, may be revived, subject to the following conditions:

- a) The application for revival is made within five (5) years from the due date of the first unpaid premium but before the end of the Policy Term.
- b) The arrears of premiums together with interest, at such rate as the company may decide from time to time along with applicable taxes are paid. The current applicable revival interest is 10.00% p.a. compounded half-yearly.
- c) The policyholder furnishes, at his/her own expense, satisfactory evidence of health of the life assured and continuity of insurability, as applicable.
- d) The revival of the policy may be on terms different from those applicable to the policy before it lapsed/ became paid-up, based on prevailing Board approved underwriting guidelines.
- e) The revival will take effect only on it being specifically communicated by the company to the policyholder.
- f) The Company may revive or refuse to revive the policy, based on the prevailing Board approved underwriting policy. If revival is refused based on the Board Approved Underwriting Policy, the Company will refund the amount deposited for the purposes of revival.
- g) On revival of the policy, benefits (as applicable under the policy) which prevailed before the date of latest lapse/paid-up will be reinstated.

Note: The revival interest rate will be benchmarked to the G-Sec based on the information from Financial Benchmark India Private Ltd (FBIL). It will be equal to [10-year G-Sec yield PLUS 2%] rounded-up to the next full interest rate. The revival interest rate will be reviewed on an annual basis at the beginning of each financial year. Any change in bases used for determination of applicable interest rate will be subject to prior approval of IRDAI.

Tax Benefits under the Policy

As per applicable tax laws as amended from time to time. You are requested to consult your tax consultant and obtain independent advice for eligibility and before claiming any benefit under the policy.

Grace Period

If you have failed to make payment of the premium by the due date specified, you will be allowed a grace period of thirty (30) days for premium payment frequencies other than monthly and fifteen (15) days for monthly frequency to pay the due premium without any penalty or late fee.

During the grace period, the life assured will be covered for the contingent events & on occurrence of the contingent events during the grace period when the due premium up to the date of the contingent event was not paid, the same will be deducted from the benefit payable.

Free Look Period

Every policyholder, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy.

In the event a policyholder disagrees to any of the Policy Terms or conditions, or otherwise and has not made any claim, he shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

The request for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.

Definitions

- Single premium is the premium w.r.t. the variant and cover chosen by the policyholder, exclusive of taxes, rider premium and underwriting extra premium, if any.
- Annualized Premium is the premium w.r.t. the variant and cover chosen by the policyholder, payable in a policy year. This annualized premium is exclusive of taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.
- **Guaranteed Benefit**, for each cover, is 105% of Total Premiums paid** with respect to that cover
- **Total Premiums Paid** shall be total of all premiums received under the variant and the cover chosen, exclusive of taxes, extra premium, if any.

Terminal Illness with Term Booster (TI with TB):

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two appropriate independent Medical Practitioners, life expectancy is no greater than six (6) months from the date of notification of claim. The insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The Terminal Illness must be diagnosed and confirmed by two Medical Practitioners. The Medical practitioner should be a specialist from that field of medicine for which the Terminal Illness is being claimed. The Company reserves the right for an independent assessment by a different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided by the member.

For the purposes of the above, a Medical Practitioner means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license. The Medical practitioner should not be

- the policyholder/insured person himself/herself; or
- an authorised 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.

The Company should be informed of the Terminal illness within 30 days of diagnosis of the Terminal Illness. However, claims filed beyond such a period will be considered if there is a valid reason for the delay

Accidental Death Benefit (ADB):

- An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Accidental Death means death:
 - a) which is caused by Bodily Injury resulting from an Accident and

- b) which occurs due to the said Bodily Injury solely, directly and independently of any other causes
- c) which occurs within 180 days of the occurrence of such Accident.
- Bodily Injury means Injury must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.
- Injury means accidental physical bodily harm excluding any illness, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- Medical Practitioner means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/ Life Insured.

A written intimation must be submitted preferably within 60 days from the date of death due to Accident, along with the base Policy claim papers.

If the Accident leading to death has occurred during the policy term but Accidental Death has occurred after the expiry of the policy term, but however, within 180 days from the date of Accident, then, the ADB shall be paid.

Accidental Total Permanent Disability (ATPD):

- An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Accidental Total Permanent Disability means disability as a result of bodily injury caused by an Accident (a sudden unforeseen and involuntary event caused by external, visible and violent means) and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the life assured's disability which must be permanent and total. Accidental Total Permanent Disability is defined as a bodily injury that must result in one of the following: (a) Loss of both eyes; (b) Loss of both arms or both hands; (c) Loss of one arm and one leg; (d) Loss of one arm and one foot; (e) Loss of one hand and one foot; (f) Loss of one hand and one leg; (g) Loss of both legs; (h) Loss of both feet;
- If the disability is due to amputation/dismemberment, the loss of hand will mean amputation/dismemberment above wrist, the loss of arm will mean amputation/dismemberment above elbow, the loss of feet will mean amputation/dismemberment above ankle and the loss of leg will mean amputation/dismemberment above knee.
- If the disability is not due to amputation/dismemberment, loss will mean loss of usage of limb/s of motor-grade power 0/5, 1/5 or 2/5 only. Both the limbs should have motor-grade power less than or equal to 2/5.
- Loss of one/both eye/s means total loss of vision in that/both eye/s, certified by an ophthalmologist.
- Bodily Injury means Injury must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.
- Injury means accidental physical bodily harm excluding any illness, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- Medical Practitioner means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/ Life Insured.

A written intimation should reach the Company preferably within 60 days of occurrence of the Accidental Total Permanent Disability of the Life Assured.

Critical Illness (CI):

- The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and is supported by acceptable clinical, radiological, histological and laboratory evidence.
- The company should be informed of the critical illness within 60 days of diagnosis of the Critical Illness. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.
- Survival Period: The CI benefit shall be payable only after 14 days from the date of diagnosis provided the life assured survives this period.

Note: Each of the above options include women specific illness/diseases such as: Cancer relating to breast, Corpus uteri, Cervix uteri, ovary, vulva, vagina.

List of Critical Illness covered:

S no.	Name of CI / Surgery	Critical	Enhanced	Comprehensive
1	Cancer of Specified Severity	✓	✓	✓
2	Myocardial Infarction (First Heart Attack - Of Specified Severity	✓	✓	✓
3	Open Chest CABG	✓	✓	✓
4	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓
5	Coma of Specified Severity	✓	✓	✓
6	Multiple Sclerosis with Persisting Symptoms	✓	✓	✓
7	Blindness	✓	✓	✓
8	Deafness	✓	✓	✓
9	End Stage Lung Failure	✓	✓	✓
10	End Stage Liver Failure	✓	✓	✓
11	Kidney Failure Requiring Regular Dialysis		✓	✓
12	Stroke Resulting in Permanent Symptoms		✓	✓
13	Major Organ/Bone Marrow transplant		✓	✓
14	Permanent Paralysis of Limbs		✓	✓
15	Motor Neuron Disease with Permanent Symptoms		✓	✓
16	Benign Brain Tumor		✓	✓
17	Loss of Speech		✓	✓
18	Loss of Limbs		✓	✓
19	Major Head Trauma		✓	✓
20	Primary (Idiopathic) Pulmonary Hypertension		✓	✓
21	Third Degree Burns		✓	✓
22	Parkinson's Disease		✓	✓
23	Major Surgery of Aorta		✓	✓
24	Loss of Independent Existence (Cover up to Age 74)		✓	✓
25	Fulminant Viral Hepatitis		✓	✓
26	Myasthenia Gravis			✓
27	Aplastic Anaemia			✓
28	Progressive Scleroderma			✓
29	Other Serious Coronary Artery Diseases			✓
30	Severe Rheumatoid Arthritis			✓
31	Cardiomyopathy			✓
32	Infective Endocarditis			✓
33	Medullary Cystic Kidney Disease			✓
34	Apallic Syndrome			✓

35	Creutzfeldt-Jakob Disease			✓
36	Pneumonectomy (Surgical Removal of One Lung)			✓
37	Brain Surgery			✓
38	Severe Ulcerative Colitis			✓
39	Chronic Relapsing Pancreatitis			✓
40	Progressive Supranuclear Palsy - Resulting in Permanent Symptoms			✓
41	Severe Progressive Bulbar Palsy			✓
42	Good Pastures Syndrome with Lung and Renal Involvement			✓
43	Severe Crohn's Disease			✓
44	Bacterial Meningitis			✓
45	Necrotizing Fasciitis			✓
46	Muscular Dystrophy			✓
47	Poliomyelitis			✓
48	Tuberculous Meningitis			✓
49	Encephalitis			✓
50	Primary Myelofibrosis			✓
51	Pheochromocytoma			✓
52	Systemic Lupus Erythematosus with Renal Involvement			✓
53	Eisenmenger's Syndrome			✓
54	Loss of One Limb and One Eye			✓
55	Refractory Heart Failure			✓
56	Takayasu Arteritis			✓
57	Severe Guillain-Barre Syndrome			✓
58	Spinal Stroke			✓
59	Benign Spinal Cord Tumor with Neurological Deficit			✓
60	Alzheimer's Disease			✓

Definitions:

1. Cardiomyopathy of specified severity

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, based on the following classification criteria:

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

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

2. Major Surgery of Aorta:

The actual undergoing of medically necessary major surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded.

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

3. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterization resulting in permanent physical impairment to the degree of New York Heart

Association Classification Class IV, or its equivalent, 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.

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 regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 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 registered Medical Practitioner who is a cardiologist

5. **Bacterial Meningitis**

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of Daily Living# (defined below).

This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist certifying the diagnosis of bacterial meningitis.

6. **Encephalitis**

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 6 weeks, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit must result in permanent inability to perform three or more Activities of Daily Living# (defined below).

7. **Tuberculosis Meningitis**

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by:

- Findings in the cerebrospinal fluid (csf) report
- Presence of acid-fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR.
- Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD.

The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living# (defined below).

8. **Progressive Supranuclear Palsy - Resulting in Permanent Symptoms**

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. The condition must have resulted in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living# (defined below).

9. **Fulminant Viral Hepatitis**

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

- Rapid decreasing of liver size.
- 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.

10. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

11. Severe Guillain-Barre Syndrome

It is a disorder in which the immune system of a person attacks the person's peripheral nervous system resulting in irreversible and permanent neurological deficit which persist for at least 6 weeks and resulting in permanent inability to perform three or more Activities of Daily Living# (defined below). The diagnosis has to be confirmed by a neurologist and substantiated by typical findings in CSF, EMG and NC studies.

12. Takayasu's Arteritis

It is a specific kind of arteritis, and the inflammation damages the aorta and its main branches resulting in the medically necessary bypass surgery or aortic valve surgery. The diagnosis has to be confirmed by a specialist medical practitioner and substantiated by typical findings in angiography.

13. Severe Rheumatoid Arthritis

Widespread chronic progressive joint destruction with major deformity, where all of the following criteria are met:

- Unequivocal diagnosis of Rheumatoid Arthritis made based on the American College of Rheumatology criteria.
- Damage and deformity of at least 3 (three) of the following joints: hand (metaphalangeal joints), wrist, elbow, knee, hip, or feet (metatarsophalangeal joints). Such deformity must be confirmed by imaging studies showing such changes; and

Disability resulting in the inability of the Insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living# (defined below)" for a continuous period of at least 6 months.

14. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to Hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be made by a registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

15. Severe ulcerative colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

- The entire colon is affected, with severe bloody diarrhoea; and
- The necessary treatment is total colectomy and ileostomy; and
- The diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology

16. Chronic Relapsing Pancreatitis

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The diagnosis must be made by a gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

17. Primary Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in severe anaemia below 10 g/dl, low platelet counts below 100,000 microL and enlarged spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Insured Person requires a blood transfusion at least monthly over at least six (6) consecutive months. The diagnosis of Primary Myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

Secondary Myelofibrosis is excluded.

18. Necrotizing Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:

- the usual clinical criteria of necrotising fasciitis are met; and
- the bacteria identified is a known cause of necrotising fasciitis; and
- there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

19. Benign Spinal Cord Tumor with Neurological Deficit

Benign spinal cord tumor is defined as a life threatening, non-cancerous tumor of the spinal cord or its meninges. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This spinal cord tumor must result in Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days and must be confirmed by the relevant medical specialist. The Neurological deficit must result in permanent inability to perform three or more Activities of Daily Living# (defined below).

20. Systemic lupus erythematosus (SLE) with renal involvement

Multi-system, autoimmune disorder characterized by the development of autoantibodies, directed against various self-antigens. For purposes of the definition of "SLE" under this policy 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.

Diagnosis by a nephrologist, supported by renal biopsy report is mandatory. There must be positive antinuclear antibody test.

The following are excluded:

- Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.
- Class I – Minimal mesangial lupus nephritis
- Class II – Mesangial proliferative lupus nephritis

21. Spinal Stroke

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. 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.

22. Severe Progressive Bulbar Palsy

Neurological disorder within the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be Unequivocally Diagnosed by a Medical Practitioner who is a neurologist. The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living# (defined below). These conditions have to be medically documented for at least three (3) consecutive months.

23. Other Serious Coronary Artery Diseases

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

24. 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.

25. 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.

26. END STAGE LIVER FAILURE

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

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

Liver failure secondary to drug or alcohol abuse is excluded.

27. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

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

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

28. 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.

29. 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.

30. COMA OF SPECIFIED SEVERITY

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

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

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

31. 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 a Medical Practitioner appointed by Us. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Alcohol-related brain damage.

32. PARKINSON'S DISEASE

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in permanent inability to perform independently at least three of the Activities of Daily Living, for a continuous period of at least 3 months.

The following is excluded:

Parkinson's Disease accompanied with drug and/or alcohol abuse.

33. APALLIC SYNDROME

Universal non-functioning of the brain cortex, with the brain stem intact. Diagnosis of Apallic Syndrome must be definitely confirmed by a registered Medical Practitioner who is also a neurologist and substantiated

by clinical and investigation findings. This condition must be documented for a continuous period of at least one month.

34. BENIGN BRAIN TUMOR

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.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- 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.

35. CREUTZFELDT-JAKOB DISEASE

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist, and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

36. 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# (defined below) 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 following are excluded:

- Spinal cord injury

37. 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.

38. MEDULLARY CYSTIC DISEASE

Medullary Cystic Disease where the following criteria are met:

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

The following are excluded

- Isolated or benign kidney cysts are specifically excluded from this Benefit
- Any condition in which cysts are absent

39. MUSCULAR DYSTROPHY

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions:

- Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction.
- Characteristic electromyogram
- Clinical suspicion confirmed by muscle biopsy.

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

40. POLIOMYELITIS

The occurrence of Poliomyelitis, where the following conditions are met:

- Poliovirus is identified as the cause through laboratory investigation
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

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

41. APLASTIC ANEMIA

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

- Blood product transfusion
- Marrow stimulating agents
- Immunosuppressive agents; or
- Bone marrow transplantation

The diagnosis of Aplastic anaemia must be confirmed by a bone marrow biopsy. At least two of the following values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

42. MYASTHENIA GRAVIS

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification is as follows:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

The following are excluded:

- Congenital myasthenic syndrome
- Transient neonatal or juvenile myasthenia gravis

43. Progressive SCLERODERMA

A systemic collagen-vascular illness causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea)
- Eosinophilic 27asciitis; and
- CREST syndrome.

44. GOOD PASTURES SYNDROME with lung or renal involvement

Good pastures Syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least 30 days. The diagnosis must be proven by kidney biopsy and confirmed by a specialist Medical Practitioner who is a rheumatologist.

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:

- Corrected visual acuity being 3/60 or less in both eyes or
- 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. 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.

47. CANCER OF SPECIFIED SEVERITY

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.

The following are excluded –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- Malignant melanoma that has not caused invasion beyond the epidermis
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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

48. 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.

49. 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.

50. MAJOR ORGAN/BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

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

- Other stem-cell transplants.
- Where only islets of langerhans are transplanted

51. OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) 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

52. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level 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.

53. END STAGE LUNG FAILURE

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

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
- Dyspnoea at rest.

54. 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.

55. 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:

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

56. Loss of use of One Limb and Loss of Sight in One Eye

To be eligible, both the conditions should be fulfilled.

- The complete and permanent loss of use of one (1) arm or one (1) leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness as certified by medical specialist, plus
- Total, permanent and irreversible loss of sight in one eye as a result of illness or accident, which must be certified by an ophthalmologist.

57. REFRACTORY HEART FAILURE

Refractory heart failure is defined as a systolic dysfunction that does not respond to optimal medical therapy ("triple therapy") and results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six months. The diagnosis of refractory heart failure has to be supported by echocardiographic findings of compromised ventricular performance. The diagnosis must be made by a cardiology specialist.

The following is excluded:

- Reversible causes of heart failure such as hypocalcemia, alcohol abuse, thyroid, anaemia.

58. Pneumonectomy (Surgical Removal of One Lung)

Complete surgical removal of the entire right or entire left lung necessitated by an illness or an Accident of the Insured. The surgery must be certified to be Medically Necessary by a Medical Practitioner who is a pulmonologist or thoracic surgeon.

59. Loss of Independent Existence (till age 74)

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the Activities of Daily Living# (defined below), with no hope of recovery.

This condition must be confirmed by the company's approved doctor. Post age 74, this benefit ceases to exist.

60. 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.

***Activities of Daily Living:**

For the purpose of the above clauses, Activities of Daily Living are defined as:

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

Exclusions

Accidental Death Benefit (ADB)

- Death occurs as a result of the Life Assured committing any breach of law with criminal intent.
- Death as a consequence of the Life Assured being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner.
- Death as a result of self-inflicted injuries.
- Death occurs as a result of the Life Assured taking part in any naval, military or air force operation during peace time.
- Death occurs as a result of the Life Assured participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition.
- Death occurs as a result of suicide.
- Death occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognised airline on regular routes and on a scheduled timetable.
- Death occurs as a result of war, invasion, civil war, rebellion, riots.
- Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
- Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.
- 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.
- Death as a result of any disease or infection.

Accidental Total Permanent Disability (ATPD)

- Disability as a result of the Life Assured committing any breach of law with criminal intent.
- Disability of Life Assured as a result of war, invasion, civil war, rebellion or riot.
- Disability as a consequence of the Life Assured being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner.
- Disability as a result of the Life Assured taking part in any naval, military or air force operation.
- Disability as a result of the Life Assured participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition.
- Disability of Life Assured as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable.
- Disability of Life Assured as a result of attempted self-injury.
- Any condition that is pre-existing at the time of inception of the policy. Pre-existing condition means any condition, ailment, injury or disease: -
 - That is/are diagnosed by a physician within 48 months prior to the Date of Commencement of Cover or latest revival, whichever is later, or for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the Date of Commencement of Cover or latest revival, whichever is later. This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by the insurer at inception or at reinstatement.
- Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
- Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.
- 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.
- Disability as a result of any disease or infection.

Critical Illness (CI)

The critical illness benefit shall not be paid on any of the lives covered in case of the following conditions:

- If the diagnosis of such Critical Illness was made within 90 days of the start of coverage (i.e. during the waiting period).
- If the insured dies within the survival period as per definition from date of the diagnosis of the covered CI.
- Intentional self-inflicted injury, suicide or attempted suicide.
- For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
- Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting, bungee-jumping; under water activities involving the use of breathing apparatus or not.
- *Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.
- Participation by the insured person in a criminal or unlawful act with criminal intent.
- For any medical condition or any medical procedure arising from 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.
- For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time.
- For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder.
- Failure to follow medical advice.

Grievance Redressal

Link for registering the grievance with the insurer's portal: Insurance company grievance portal - <https://bit.ly/3YdvtCr>

In case the Policyholder have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Centre at Branch Office of the Company. Alternatively, you may communicate with the Company:

By post at: Customer Care Desk,
Bajaj Life Insurance Limited,
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006
By Phone at: 020-67121212
By Email: customercare@bajajlife.com

In case the Policyholder are not satisfied with the resolution provided to him by the above office, or have not received any response within fourteen (14) days, or he has any suggestion in respect of this Policy or on the functioning of the office, he may contact the following official for resolution:

Grievance Redressal Officer,
Bajaj Life Insurance Limited, Bajaj Insurance House,
Airport Road Yerawada, Pune, District – Pune, Maharashtra -411006
Customer Care Number: 020 67121212
Email ID: gro@bajajlife.com

If the Policyholder is not satisfied with the response or does not receive a response from the Company within fourteen (14) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:

By Phone: TOLL FREE NO.: 1800-4254-732

By Email: complaints@irdai.gov.in

By post at: Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell Insurance Regulatory and Development Authority of India

Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032

The Policyholder can also register his complaint in the Bima Bharosa Shikayat Nivaran Kendra; <https://bimabharosa.irdai.gov.in>

In case the complaint is not resolved within 30 days or you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman. Contact details of Ombudsman: Find your nearest Ombudsman office at <https://www.cioins.co.in/ombudsman>

Statutory Information

Assignment: Section 38 of the Insurance Act, 1938

Assignment should be in accordance with provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

Nomination: Section 39 of the Insurance Act, 1938

Nomination should be in accordance with provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

Prohibition of Rebate: Section 41 of the Insurance Act,1938 (As amended from time to time)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the Premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provision of this section shall be liable for a penalty that may extend up to ten lakh rupees.

Fraud & Misstatement: Section 45 of the Insurance Act,1938

Fraud and Misstatement would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time

Applicability of Goods & Service Tax (GST)

GST will be applicable basis prevailing Tax Laws which are subject to amendments from time to time.

Contact Details

Bajaj Life Insurance Limited, Bajaj Insurance House, Airport Road, Yerawada, Pune - 411 006
IRDAI Reg No.: 116 | CIN: U66010PN2001PLC015959

For any queries please contact:

Sales: 022-6124 1800

Service: 020-6712 1212

UIN: 116N216V01

Mail us: customercare@bajajlife.com

Visit us at: www.bajajlifeinsurance.com

For More Information: Kindly consult our "Insurance Consultant" or call us today on the customer care numbers mentioned above. This brochure should be read in conjunction with the Benefit Illustration and Policy Exclusions. Please ask for the same along with the quotation.

Disclaimer

All Charges applicable shall be levied. This brochure should be read in conjunction with the Benefit Illustration. The Policy document is the conclusive evidence of contract and provides in detail all the conditions and exclusions related to Bajaj Life Secure Plus. Please ask for the same along with the quotation. The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / 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.

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