



LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)
Registration Number: 512

LIC's Jeevan Shiromani (With Profits) (UIN: 512N315V01)
(A non-linked, with-profits, limited premium payment, money back life insurance plan)

PART – A

Ref: NB

(Branch Office):

Date:

Dear Policyholder,

Re: Your Policy No. _____

We have pleasure in forwarding herewith the above Policy Document which please find in order.

We would also like to draw your kind attention to the information mentioned in the Schedule of the Policy and the benefits available under the Policy.

Some of our plans have certain options (including rider(s)) available under them. It is important that the options, if any, available under this plan and mentioned in the Policy Document are noted carefully as it will be helpful to you, in case you decide to exercise any of the available options. It is also essential to note that such option, if available and mentioned in the document of this plan has to be exercised in the right manner and during the stipulated time limit as prescribed herein.

Free Look Period

We would request you to go through the terms and conditions of the Policy and in case you disagree with any of the terms and conditions, you may return the Policy within a period of 15 days from the date of receipt of Policy Document stating the reasons of your objections and disagreement. On receipt of the policy we shall cancel the same and the amount of Premium deposited by you shall be refunded to you after deducting the **proportionate risk premium (for Base Policy and Rider(s), if opted for) for the period on cover and charges for medical examination, special reports, if any and stamp duty.**

We would also like to draw your attention to the following aspects:

- 1) **Change of Address:** In case you change your residence, kindly ensure that you inform the change in address to the servicing Branch Office.
- 2) **Assignment:** Assignment should be in accordance with the provisions of Section 38 of the Insurance Act 1938, as amended from time to time. The current provisions of Section 38 are enclosed as Annexure-1 for reference.
- 3) **Nomination:** Nomination should be in accordance with the provisions of Section 39 of the Insurance Act 1938, as amended from time to time. The current provisions of Section 39 are enclosed as Annexure-2 for reference.
- 4) **Section 45 of the Insurance Act 1938:** The current provisions of the same are enclosed as Annexure -3.
- 5) Please avail LIC's e-services. Visit our website: www.licindia.in to enable us to serve you better.

If you find any errors in this Policy Document, you may return this Policy for corrections.

Thanking you.

Yours faithfully,

p. Chief/Sr.Branch Manager

PART- A (Contd.)

THE LIFE INSURANCE CORPORATION OF INDIA(hereinafter called "the Corporation") having received a Proposal along with Declaration and the first premium from the Proposer and the Life Assured named in the Schedule referred to herein below and the said Proposal and Declaration with the statements contained and referred to therein having been agreed to by the said Proposer and the Corporation as basis of this assurance do by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums as set out in the Schedule, to pay the Benefits, but without interest, at the Branch Office of the Corporation where this Policy is serviced to the person or persons to whom the same is payable in terms of the said Schedule, on proof to the satisfaction of the Corporation of the Benefits having become payable as set out in this Policy Document, of the title of the said person or persons claiming payment and of the correctness of the age of the Life Assured stated in the Proposal if not previously admitted.

And it is hereby declared that this Policy of Assurance shall be subject to the Definitions, Benefits, Conditions Related To Servicing Aspects, Other Terms And Conditions and Statutory Provisions printed on the back hereof and that the following Schedule and every endorsement placed on the Policy by the Corporation shall be deemed part of the Policy.

SCHEDULE

DIVISIONAL OFFICE:

BRANCH OFFICE:

Policy No.:	Basic Sum Assured (Rs.): Instalment Premium for Base Policy (Rs.): Total Instalment Premium (Rs.): (Taxes, if any, as applicable from time to time are charged extra)	Due date of premium:
Date of Commencement of Policy:		Mode of payment of premium:
Date of Commencement of Risk:		Due Date of Payment of Last premium for Base Policy:
Plan & Policy Term:		Date of birth of the Life Assured:
Premium Paying Term:		Age of the Life Assured:
Date of Maturity:		Whether age admitted? Whether Settlement Option taken? Whether Option to take Death benefit in instalments taken?

Sr. No.	Rider Opted	UIN	Date of Commencement of Risk for Rider	Rider Sum Assured	Instalment Premium for Rider	Due date of payment of last premium for Rider	Date of rider termination
1							
2							
3							

Note: Conditions of the rider(s) opted and mentioned above are enclosed as endorsement to the policy.

Name of Nominee(s) under Section 39 of the Insurance Act, 1938, and their percentage share:	Proposal No.:	
Age of Nominee(s) and their relationship:		Date of Proposal:
If nominee is a minor, name of the Appointee:		Date of issuance of policy:
Name and address of Proposer:	Benefit Illustration Reference No.:	
Name and address of Life Assured:	Name and address of Proposer:	

Beneficiary to whom Benefits payable	The proposer or the Life Assured or his Assignee under Section 38 of the Insurance Act, 1938 or Nominees under Section 39 of the Insurance Act, 1938, as amended from time to time, or proved Executors or Administrators or other Legal Representatives who should take out representation to his/ her Estate or limited to the moneys payable under this Policy from any Court of any State or Territory of the Union of India, as applicable.
Period during which premiums payable	Till the stipulated due date of payment of last premium or earlier death of the Life Assured.
Dates when premium payable	On the stipulated due date in.....

Signed on behalf of the Corporation at the above mentioned Branch Office, whose address and e-mail ID are given on the last page and to which all communications relating to the policy should be addressed.

Date:

Examined by:

Form No.:

p. Chief/ Sr. Branch Manager

Agency Code	Agency Name	Agent's Mobile Number / Landline Number

PART- B: DEFINITIONS

The definitions of terms/words used in the Policy Document are as under:

1. **Age** is the age nearest birthday of the Life Assured at the time of commencement of the policy except for age 18 years for which the age is in completed years.
2. **Appointee** is the person to whom the proceeds/benefits secured under the Policy are payable if the benefit becomes payable to the nominee and nominee is minor as on the date of claim payment.
3. **Annualized Premium** is the total amount of premium payable in a policy year excluding extra amount if charged under the policy due to underwriting decisions, loading for mode of payment for other than yearly mode and rider premium, if any.
4. **Assignee** is the person to whom the rights and benefits are transferred by virtue of an Assignment.
5. **Assignment** is the process of transferring the rights and benefits to an "Assignee". Assignment should be in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
6. **Base Policy** is that part of the Policy referring to basic benefit (benefits referred to in this Policy Document excluding benefits covered under Rider(s), if opted for).
7. **Beneficiary** means the person who is entitled to receive benefits under this Policy. The Beneficiary may be proposer or Life Assured or his Assignee or Nominees or proved Executors or Administrators or other Legal Representatives as the case may be.
8. **Corporation** means the Life Insurance Corporation of India established under Section 3 of the LIC Act, 1956.
9. **Date of commencement of policy** is the start date of this Policy.
10. **Date of commencement of risk** is the date on which the Corporation accepts the risk for insurance (cover) as evidenced in the schedule of the policy.
11. **Date of Diagnosis/ Date of occurrence of Critical Illness** is the date on which a medical practitioner first examines the Life Assured and certifies the diagnosis of any of the illnesses/ conditions covered under this rider.
12. **Date of issuance of policy** is a date when a proposal after underwriting is accepted as a policy and this contract gets effected.
13. **Date of maturity** means the date specified in the Schedule on which the Maturity Benefit shall become payable to the policyholder.
14. **Death Benefit** means the benefit, agreed at the inception of the contract, which is payable on death of Life Assured
15. **Discharge form** is the form to be filled by policyholder/claimant to claim the maturity /surrender / death benefit under the policy.
16. **Due Date** means a fixed date on which the policy premium is due and payable by the policyholder.
17. **Endorsement** means conditions attached/ affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Corporation.
18. **Foreclosure** is an action of closing the policy due to default in payment of outstanding loan and/or loan interest on due date when the outstanding loan amount along with interest is to exceed the surrender value.
19. **Free Look Period** is the period of 15 days from the date of receipt of the Policy Document by the Policyholder to review the terms and conditions of this policy and where the Policyholder disagrees to any of those terms and conditions, he/ she has the option to return this policy as detailed in Condition 7 of Part D of this policy document.
20. **Grace period** is the time granted by the insurer from the due date for the payment of premium, without any penalty/ late fee, during which time the policy is considered to be in force with the insurance cover without any interruption as per the terms of the policy.
21. **Guaranteed Surrender Value** is the minimum guaranteed amount of Surrender Value payable to the policyholder on surrender of the policy.
22. **Inbuilt Critical Illness Benefit** means the benefit payable on first diagnosis of any one of the 15 Critical Illnesses and subject to the Conditions and Restrictions, mentioned in Condition 3.II of Part C of this policy document.
23. **Inforce policy** means a policy in which all the due premiums have been paid and the premiums are not outstanding.
24. **IRDAI** means Insurance Regulatory and Development Authority of India earlier called as Insurance Regulatory and Development Authority (IRDA).
25. **Lapse** is the status of the Policy when due premium is not paid within the grace period.
26. **Life Assured** is the person on whose life the insurance cover has been accepted.
27. **Loan** is the interest bearing repayable amount granted by the Corporation against the surrender value payable to the policyholder.
28. **Maturity Benefit** means the benefit, which is payable on maturity i.e. at the end of the policy term on life assured surviving the stipulated Date of Maturity.
29. **Material information** is the information already known to the Life Assured at the time of obtaining a policy which has a bearing on underwriting of the proposal /Policy submitted.
30. **Medical practitioner** is a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license but excluding the Practitioner who is:
 - Insured/Policyholder himself or an agent of the Insured.
 - Insurance Agent, business partner(s) or employer/employee of the Insured; or
 - A member of Insured's immediate family.
31. **Medical Second Opinion** is a facility which enables Life Assured to get an opinion on their diagnosis and their treatment plans evaluated by another doctor, on first diagnosis of any one of the 15 Critical Illnesses as mentioned in Condition 3.II of Part C of this policy document.
32. **Nomination** is the process of nominating a person who is named as "Nominee" in the proposal form or subsequently included/ changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
33. **Nominee** is the person nominated by the Life Assured under this Policy who is authorized to receive the claim benefit payable under this Policy and to give a valid discharge to the Corporation on settlement of the claim.
34. **Option to take Death Benefit in installments:** Option to take Death Benefit in installments, as specified in Condition 9 of Part D of this Policy Document, is an option available under this policy, to receive Death Benefit in instalments instead of lumpsum amount over a period chosen by the Life Assured.
35. **Participating** means the Policy is eligible for share of profit depending upon the Corporation's experience.
36. **Paid - Up** is the status of the Policy, if atleast one full year's premium has been paid and on completion of one policy year and

- subsequent due premium(s) be not paid.
37. **Policy Anniversary** means one year from the date of commencement of the Policy and the same date falling each year thereafter, till the date of maturity.
 38. **Policy/ Policy Document** means this document along with endorsements, if any, issued by the Corporation which is a legal contract between the Policyholder and the Corporation.
 39. **Policyholder** is the legal owner of this policy.
 40. **Policy term** is the period, in years, as chosen by the policyholder and as specified in the Schedule, commencing from the Date of commencement of policy.
 41. **Policy year** is the period between two consecutive policy anniversaries. This period includes the first day and excludes the next policy anniversary day.
 42. **Premium** is the contractual amount payable by the Policyholder at specified times periodically as mentioned in the schedule of this Policy Document to secure the benefits under the policy. The premium payable will be "Total Instalment Premium" which includes
 - Instalment Premium for Base Policy and
 - Instalment Premium for Rider(s), if rider(s) has been opted for.

The term 'Premium' used anywhere in this Policy Document does not include any taxes which is payable separately.
 43. **Pre existing condition** is defined as any condition, ailment or injury or related condition (s) for which the policyholder had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the date of commencement / revival of the policy.
 44. **Premium paying term** means the period, in years, during which premium is payable.
 45. **Proof of continued insurability** is the information sought from the policyholder to decide revival of the policy. This includes Form of declaration of Good Health, Medical Reports, Special Reports, etc.
 46. **Proposer** is a person who proposes the life insurance proposal.
 47. **Revival** of a policy which was discontinued due to the non-payment of premium, means restoration of the policy by the insurer as per underwriting decision, upon the receipt of all the premium due and other charges/late fee, if any, as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the insured on the basis of the information, documents and reports furnished by the policyholder, in accordance with the then existing underwriting guidelines.
 48. **Revival Period** is the period of two consecutive years from the date of discontinuance of the policy, during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium.
 49. **Rider** is an add-on benefit in addition to basic benefits as specified under this Policy Document.
 50. **Rider Premium** is the premium payable by the policyholder along with the premium under Base Policy towards the additional cover/benefit opted under the rider, if opted.
 51. **Rider Sum Assured** is the assured amount payable on happening of a specified event covered under the rider, if opted.
 52. **Schedule** is the part of policy document that gives the specific details of your policy.
 53. **Settlement Option:** Settlement Option, as specified in Condition 8 of Part D of this Policy Document, is an option available under this policy, to receive Maturity Benefit in instalments instead of lumpsum amount over a period chosen by the Life Assured.
 54. **Sum Assured on Death** is the assured amount payable on death before the stipulated Date of Maturity.
 55. **Sum Assured on Maturity** is the absolute amount guaranteed to be payable on maturity as mentioned in Condition 1.C of Part C of this Policy Document.
 56. **Surrender** means complete withdrawal / termination of the entire policy before maturity.
 57. **Surrender Value** means an amount, if any, that becomes payable in case of surrender in accordance with the terms and conditions of this policy.
 58. **Survival Benefit** is the specified benefit payable on survival of the Life Assured to each of specified durations as mentioned in Condition 1.B of Part C and Condition 2 of Part D of this Policy Document during the policy term of this policy.
 59. **Tabular premium** is the premium for the chosen Sum Assured, premium paying term and policy term, based on the age of the Life Assured before application of any rebate or extra loading.
 60. **Underwriting** is the term used to describe the process of assessing risk and ensuring that the cost of the cover is proportionate to the risks faced by the individual concerned. Based on underwriting, a decision on acceptance or rejection of cover as well as applicability of suitable premium or modified terms, if any, is taken.
 61. **UIN** means the Unique Identification Number allotted to this plan by the IRDAI.
 62. **With Profits** policies mean policies which are entitled for any share in surplus (profits) emerging during the term of the policy in accordance with the terms and conditions of the policy.

PART- C: BENEFITS

1. The following benefits are payable under an inforce policy:

A. Death Benefit:

Death Benefit payable in case of death of the life assured before the stipulated Date of Maturity provided the policy is inforce shall be as under:

i) On death during first five policy years

"Sum Assured on Death" along with accrued Guaranteed Additions.

ii) On death after completion of five policy years but before the stipulated Date of Maturity

"Sum Assured on Death" along with accrued Guaranteed Additions and Loyalty Addition, if any.

Where "**Sum Assured on Death**" is defined as the highest of

- 10 times of annualised premium or
- Sum Assured on Maturity as defined in Condition 1.C below or
- Absolute amount assured to be paid on death, i.e. 125% of Basic Sum Assured

This death benefit shall not be less than 105% of the total premiums paid excluding extra amount if charged under the policy due to underwriting decision and Rider(s) premium, if any, as on date of death.

B. Survival Benefit: Provided the policy is inforce, on the Life Assured surviving to each of the specified durations during the policy term, a fixed percentage of Basic Sum Assured shall be payable. The fixed percentage for various policy terms is as below:

For policy term 14 years: 30% of Basic Sum Assured on each of 10th and 12th policy anniversary

For policy term 16 years: 35% of Basic Sum Assured on each of 12th and 14th policy anniversary

For policy term 18 years: 40% of Basic Sum Assured on each of 14th and 16th policy anniversary

For policy term 20 years: 45% of Basic Sum Assured on each of 16th and 18th policy anniversary

C. Maturity Benefit: On Life Assured surviving the stipulated Date of Maturity, provided the policy is inforce, **Sum Assured on Maturity** along with accrued Guaranteed Additions and Loyalty Addition, if any, shall be payable.

Where "**Sum Assured on Maturity**" as a fixed percentage of Basic Sum Assured is as below:

For policy term 14 years: 40% of Basic Sum Assured

For policy term 16 years: 30% of Basic Sum Assured

For policy term 18 years: 20% of Basic Sum Assured

For policy term 20 years: 10% of Basic Sum Assured

2. **Guaranteed Additions:** Provided the policy is inforce, Guaranteed Additions, at the rate of Rs.50 per thousand Basic Sum Assured for the first five years and Rs.55/- per thousand Basic Sum Assured from 6th policy year till the end of premium paying term, will be added to the policy at the end of each policy year for which full year's premiums have been paid. In case the premiums are not duly paid, the Guaranteed Additions shall cease to accrue under a policy.

In case of a paid-up policy or on surrender of a policy the Guaranteed Addition for the policy year in which the last premium is received will be added on proportionate basis in proportion to the premium received for that year.

3. **Inbuilt Critical Illness Benefit:**

I. Benefit:

On first diagnosis of any one of the 15 Critical Illnesses as specified in Condition 3.II of Part C of this policy document, provided the policy is inforce on the date of diagnosis, the following benefits/ facilities shall be available:

(A) **Lumpsum Benefit:** Inbuilt Critical Illness Benefit equal to 10% of Basic Sum Assured shall be payable subject to the following:

- Conditions and Restrictions as mentioned in Condition 3.II of Part C of this policy document
- Claim is incurred before the termination of Inbuilt Critical Illness benefit as specified in Condition 3.II.G below
- The claim is proved as admissible to the satisfaction of the Corporation

(B) **Option to defer the payment of premiums if a claim under Inbuilt Critical Illness Benefit is paid:** When a claim under Inbuilt Critical Illness Benefit is admitted, life assured will have an option to defer the payment of premiums falling due within 2 years from the date of admission of Critical Illness claim under the policy (including rider premiums). The deferment of premiums shall be allowed for a period of 2 years from the date of admission of Critical Illness claim and subsequent premiums, if any, shall be payable on their due dates. No interest shall be charged from the life assured for deferred premiums within the period of such deferment. During this period, if any outstanding premium(s) are not paid, and any of the benefits payable under the base policy and/or rider(s) become due, the applicable benefit(s) shall be payable as under an inforce policy after the deduction of all the premiums due under the policy.

(C) **Medical Second Opinion:** The policyholder will have facility of taking Medical Second Opinion through the available healthcare providers internationally or through reputed hospitals in India or through specialist doctors available in different places depending on the arrangement in this regard by the Corporation. The Medical Second Opinion shall not include the cost of any diagnostic tests. This facility shall be available only once during the policy term with no extra cost. The Corporation will not be responsible for the opinion provided by Medical Second Opinion. This provision for all or either of the options of Medical Second Opinion is subject to availability of the facility and arrangements made by the Corporation and as intimated in this regard.

II. Conditions and restrictions under Inbuilt Critical Illness Benefit:

(A) Inbuilt Critical Illness benefit will be payable only after the Corporation is satisfied on the basis of available medical evidence that the specified illness has occurred. However, in some illnesses covered under this benefit, a specific deferment period applies to establish permanence of the illness covered.

(B) The inbuilt Critical Illness Benefit shall be payable only once during the currency of the policy. Under a paid-up policy proportionate benefit amount shall be payable as mentioned in Condition 2 of Part D of this policy document.

(C) **The list and definitions of the 15 Critical Illness conditions covered under this benefit:**

1. CANCER OF SPECIFIED SEVERITY:

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

II. 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 behavior, 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;

- vi. Chronic lymphocytic leukaemia 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;
- ix. All tumors in the presence of HIV infection.

2. OPEN CHEST CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
Angioplasty and/or any other intra-arterial procedures

3. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. 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.

5. MAJOR ORGAN /BONE MARROW TRANSPLANT (as recipient)

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

6. STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. 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.

8. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

9. AORTIC SURGERY

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.

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

10. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac 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.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

11. ALZHEIMER'S DISEASE/ DEMENTIA

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 for a minimum period of 6 months from date of diagnosis. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Corporation's appointed doctor.

The following are excluded:

- i. Non-organic disease such as neurosis and psychiatric illnesses; and
- ii. Alcohol-related brain damage.

12. BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. 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.

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. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

(D) **Waiting period:** A waiting period of 90 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of the Critical Illness under consideration. This would mean that this benefit shall terminate if any of the contingencies mentioned in Condition 3.II. of Part C of this policy document occurs:

- (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of 90 days reckoned from that date or
- (ii) before the expiry of 90 days from the date of Revival.

However, waiting period will not apply to conditions arising directly out of accident.

(E) **Survival period:** A survival period of 30 days is applicable from the date of diagnosis of Critical Illness listed above. If death occurs within the survival period, no inbuilt critical illness benefit shall be payable.

(F) Exclusions:

The Corporation shall not be liable to pay any of the benefits under Inbuilt Critical Illnesses Benefit if the critical illness has occurred directly or indirectly as a result of any of the following:

- i. Any of the listed critical illness conditions where death occurs within 30 days from the date of diagnosis

- ii. Any sickness condition related to the critical illnesses listed above manifesting itself within 90 days of the commencement of risk or revival of risk cover, whichever is later.
- iii. Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- iv. Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- v. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- vi. Taking part in any act of a criminal nature.
- vii. Any Pre-existing medical condition.
- viii. HIV or AIDS
- ix. Failure to seek medical or follow medical advice (i.e. failure to undergo tests or treatments that a prudent person would normally undergo as recommended by a Medical Practitioner.
- x. Radioactive contamination due to nuclear accident.

(G) Termination of Inbuilt Critical Illness Benefit:

The Inbuilt Critical Illness Benefit will terminate on the earliest occurrence of any of the following events:

- a) The date on which the claim is paid in respect of this benefit; or
- b) The date of expiry of policy term; or
- c) The date on which surrender benefit are settled under the policy; or
- d) On cancellation/termination of the policy for any reason; or
- e) On cancellation/termination of the policy by the Corporation on grounds of misrepresentation, fraud or non-disclosure established in terms of Section 45 of the Insurance Act, 1938, as amended from time to time; or
- f) On diagnosis of a Critical Illness within the waiting period

Any critical illness manifesting itself during the waiting period is not admissible. The first admissible critical illness which is manifested, diagnosed and lodged after waiting period and during the currency of policy, once admitted for, shall preclude any further critical illness and therefore the benefit will terminate.

- (H) (i) If the insured event requires the surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary;
- (ii) The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed/approved by the Corporation;

4. Rider Benefits:

The following 4 rider(s) are available under this policy:

1. LIC's Accidental Death and Disability Benefit Rider (UIN: 512B209V02)
2. LIC's New Term Assurance Rider (UIN 512B210V01)
3. LIC's Accident Benefit Rider (UIN 512B203V03)
4. LIC's New Critical Illness Benefit Rider (UIN 512A212V01)

However, the eligible Life Assured can opt between either of the LIC's Accidental Death and Disability Rider or LIC's Accidental Benefit Rider. Therefore, a maximum of three riders can be availed under this policy.

Under an inforce policy the LIC's Accidental Death and Disability Benefit Rider or LIC's Accident Benefit Rider can be opted for at any time within the premium paying term of the Base Policy provided, the outstanding premium paying term of the Base Policy is atleast five years.

LIC's New Term Assurance Rider/LIC's New Critical Illness Benefit Rider is available only at the inception of the policy on payment of additional premium.

Conditions of rider(s), if opted, are enclosed as endorsement(s) to this policy.

- 5. Option to defer the Survival Benefit(s):** The policyholder shall have an option to defer the Survival Benefit(s) and take the increased Survival Benefits (i.e deferred original Survival Benefit(s) along with interest) at any time on or after its due date but during the currency of the policy. If the increased survival benefit(s) are not taken by the policyholder during the currency of the policy the same shall be payable along with benefit payable at the time of termination of the policy in form of death or maturity or surrender. This option can be availed under an inforce as well as paid-up policy.

The annual compound interest rate payable on each deferred survival benefit shall be equal to the Yield corresponding to 5 year G-Sec Rate **minus** 150 basis points. Where, 5 year G-Sec Rate shall be as at 31st March preceding the date of exercise of deferment option. This rate shall be fixed for the entire duration of deferment of that survival benefit.

This option can be exercised for either or both of the Survival Benefits separately and is to be intimated in writing to the servicing Branch Office of the Corporation at least six months before the due date of the Survival Benefit. Else the survival benefits would be paid on their due dates as per the terms of the policy.

- 6. Participation in profits:** Provided the policy has completed five policy years and atleast 5 full years' premium have been paid, then depending upon the Corporation's experience the policies under this plan shall be eligible for Loyalty Addition at the time of exit in the form of Death during the policy term or Maturity, at such rate and on such terms as may be declared by the Corporation.

In addition, Loyalty Addition, if any, shall also be considered in Special Surrender Value calculation on surrender of policy during the policy term, provided the policy has completed five policy years and atleast 5 full years' premium have been paid. In case of surrender of policy, Loyalty Addition shall be corresponding to the completed policy year for which the policy was inforce.

Under a paid-up policy, Loyalty Addition shall be payable for the completed policy years for which the policy was inforce.

In case the premiums are not duly paid, Guaranteed Additions shall not accrue and the policy shall also cease to participate in future profits irrespective of whether or not the policy has acquired paid-up value.

7. Payment of Premiums

- (a) The policyholder has to pay the Premium on the due dates as specified in the Schedule of this Policy Document along with taxes, if any, as applicable from time to time.
- (b) **Grace period:** A grace period of one calendar month but not less than 30 days shall be allowed for payment of yearly or half-yearly or quarterly premiums and 15 days for monthly premiums. If the premium is not paid before the expiry of the days of grace, the Policy lapses.

If the death of the Life Assured occurs within the grace period but before the payment of the premium then due, the policy will still be valid and the benefits shall be paid after deductions of the said unpaid premium as also the unpaid premium(s), if any, falling due from the date of death and before the next policy anniversary.

If a Inbuilt Critical Benefit claim is intimated within the grace period but before the payment of the premium then due, the policy will still be valid and the benefits shall be paid after deductions of the said unpaid premium.

- (c) In case of death of Life Assured under an inforce policy wherein all the premiums due till the date of death have been paid and where the mode of payment of premium is other than yearly, balance premium(s), if any, falling due from the date of death and before the next policy anniversary shall be deducted from the claim amount.
- (d) In case of claim under Inbuilt Critical Illness Benefit is paid and option to defer the payment of premiums is availed, during this deferment period of two years from the date of admission of Inbuilt Critical Illness Benefit claim if any of the benefits payable under the base policy and/or rider(s) become due, the applicable benefit(s) shall be payable as under an inforce policy after the deduction of all the premiums due under the policy. If the due premiums are not paid before the expiry of the deferment period of two years from the date of admission of Inbuilt Critical Illness Benefit claim, the Policy lapses.

The Corporation does not have any obligation to issue a notice that premium is due or for the amount that is due.

PART – D: CONDITIONS RELATED TO SERVICING ASPECTS

1. **Proof of Age:** The premiums having been calculated on the age of the Life Assured as declared in the Proposal, in case the age is found higher than such age, without prejudice to the Corporation's other rights and remedies, including those under the Insurance Act, 1938, as amended from time to time, the premiums shall be payable in such case at the rate calculated on the Basic Sum Assured and Rider(s) Sum Assured, if opted for, the correct age at entry, and the accumulated difference between the premiums for the correct age and the original premiums, from the commencement of the Policy upto the date of such payment shall be paid to the Corporation with interest at such rate as fixed by the Corporation from time to time. However, in case the Life Assured/Proposer continues to pay the premiums at the rates shown herein, and also does not pay the above mentioned accumulated debt, the accumulated difference between the premiums for the correct age and the original premiums from the commencement of this Policy up to the date on which the Policy becomes a claim, with interest on each instalment of such difference at such rate as may be fixed by the Corporation from time to time, shall accrue and be treated as a debt due by the Life Assured / Proposer against the said Policy and shall be deducted from the Policy benefits payable and/or on the Policy becoming a claim.

Provided further that if the Life Assured's correct age at entry is such as would have made him/her uninsurable under the class or terms of assurance specified in the said Schedule hereto, the class or terms shall stand altered to such Plan of Assurance as are granted by the Corporation according to the practice in force at the commencement of this policy subject to the consent of the Policyholder, otherwise the policy will be cancelled.

2. Forfeiture and Non-forfeiture Regulations:

Forfeiture Regulations:

- i. If less than one year's premium have been paid in respect of this policy and any subsequent premium be not duly paid, all the benefits shall cease after the expiry of grace period from the date of first unpaid premium and nothing shall be payable, and the premiums paid thitherto are also not refundable.
- ii. **Forfeiture in Certain Other Events:** In case any condition herein contained or endorsed hereon be contravened or in case it is found that any untrue or incorrect statement is contained in the proposal, personal statement, declaration and connected documents or any material information is withheld, then and in every such case this policy shall be void and all claims to any benefit in virtue of this policy shall be subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

Non –forfeiture Regulations:

If, after atleast one full year's premium has been paid and on completion of one policy year and any subsequent premiums be not duly paid, this policy shall not be wholly void, but shall subsist as a paid-up policy.

The **Sum Assured on Death** under a paid-up policy shall be reduced to such a sum, called '**Death Paid-up Sum Assured**' and shall be equal to [**Sum Assured on Death** * (Number of premiums paid / Total number of premiums payable)]. In addition to the Death Paid-up Sum Assured the Guaranteed Additions accrued upto the date of first unpaid premium along with Loyalty Addition, if any, shall also be payable on death.

The **Sum Assured on Maturity** under a paid-up policy shall be reduced to such a sum called '**Maturity Paid-up Sum Assured**' and shall be equal to [**Sum Assured on Maturity** * (Number of premiums paid / Total number of premiums

payable)]. In addition to the Maturity Paid-up Sum Assured, the Guaranteed Additions accrued upto the date of first unpaid premium along with Loyalty Addition, if any, shall also be payable on maturity.

The survival benefits payable under a paid-up policy shall be equal to (survival benefit payable under inforce policy) * (Number of premiums paid / Total number of premiums payable) and shall be payable on Life Assured surviving to each of the specified duration during the policy term.

However, if the option to defer the Survival Benefit(s) has been exercised and payment of such Survival Benefit(s) which were due but have not yet been made, these increased Survival Benefit(s) as specified in Condition 5 of Part C of this policy document shall be payable along with benefit payable on termination of the policy in form of death or maturity or surrender.

The inbuilt critical illness benefit under a paid-up policy, provided the same has not been admitted earlier under the policy, shall be equal to (10% of Basic Sum Assured) *(Number of premiums paid / Total number of premiums payable) and shall be payable on first diagnosis of any of the critical illnesses specified in conditions 3.II of Part C of this policy document.

Under a Paid-up policy, Loyalty Addition, if any, shall be payable for the completed policy years for which the policy was inforce, provided the premiums have been paid for atleast 5 full years and after completion of 5 policy years. This Loyalty Addition shall correspond to the completed policy years as on the date of first unpaid premiums.

The accrued Guaranteed Additions under a paid-up policy shall include the Guaranteed Addition for the policy year during which the policy becomes paid-up on proportionate basis in proportion to the premium received for that year.

Notwithstanding what is stated above, if atleast 3 full years' premiums have been paid in respect of this policy, and any subsequent premium be not duly paid, in the event of the death of the Life Assured within six months from the due date of first unpaid premium, "Sum Assured on Death" along with accrued Guaranteed Additions will be paid after deduction of (a) the premium(s) for the base policy unpaid with interest thereon upto the date of death on the same terms as for revival of the Policy during such period, and (b) the balance premium(s) for the base policy falling due from the date of death and before the next Policy anniversary. This provision does not apply to Inbuilt Critical Illness Benefit.

Notwithstanding what is stated above, if at least 5 full years' premiums have been paid in respect of this policy, and any subsequent premium be not duly paid, in the event of death of the Life Assured within 12 months from the first unpaid premium, "Sum Assured on Death" along with accrued Guaranteed Additions and Loyalty Addition, if any, will be paid after deduction of (a) the premium(s) for the base policy unpaid with interest thereon upto the date of death on the same terms as for revival of the Policy during such period, and (b) the balance premium(s) for the base policy falling due from the date of death and before the next Policy anniversary. This provision does not apply to Inbuilt Critical Illness Benefit.

These provisions do not apply to optional Rider(s) as they do not acquire any paid up value and the rider benefit ceases to apply, if policy is in lapsed condition.

- 3. Revival of lapsed Policies:** If the Policy has lapsed due to non-payment of due premium within the days of grace, it may be revived during the life time of the Life Assured, but within a period of 2 consecutive years from the date of the first unpaid premium, on submission of proof of continued insurability of the Life Assured to the satisfaction of the Corporation and the payment of all the arrears of premium together with interest (compounding half-yearly) at such rate as fixed by the Corporation from time to time. The Corporation however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy. The revival of the discontinued policy shall take effect only after the same is approved by the Corporation and is specifically communicated to the Life Assured.

If the revival period falls beyond the premium paying term and the policy is revived after the due date of survival benefit, then the difference between full Survival Benefit payable under inforce policy and Survival Benefit already paid considering paid-up policy shall be paid to the policyholder.

Revival of Rider(s), if opted for, will only be considered along with the revival of the Base Policy and not in isolation.

- 4. Policy Loan:** Loan can be availed under this policy provided atleast one full year's premium has been paid and on completion of one policy year subject to the following terms and conditions, within the surrender value of the policy for such amounts and on such further terms and conditions as the Corporation may fix from time to time:
- i. The Policy shall be assigned absolutely to and held by the Corporation as security for the repayment of Loan and of the interest thereon;
 - ii. The maximum loan as a percentage of surrender value shall be as under:
 - For inforce policies – upto 90%
 - For paid-up policies – upto 80%
 - iii. Interest on Loan shall be paid on compounding half-yearly basis to the Corporation at the rate to be specified by the Corporation at the time of taking loan under this policy. The first payment of interest is to be made on the next Policy anniversary or on the date six months before the next Policy anniversary whichever immediately follows the date on which the Loan is sanctioned and every half year thereafter. Interest is charged for a minimum period of six months. For the loan sanctioned till 30th April, 2018, the applicable interest rate is 9.5% p.a. payable half-yearly for the entire term of the loan.
 - iv. In the event of default in payment of loan interest on the due dates as herein mentioned above and when the outstanding loan amount along with interest is to exceed the surrender value, the Corporation would be entitled to foreclose such policies. Such policies when being foreclosed shall be entitled to payment of the difference of surrender value and the outstanding loan amount along with interest, if any.

- v. Corporation is entitled to recover or recall the amount of the Loan with all due interest by giving 3 months' notice;
 - vi. In case the policy shall mature or become due for survival benefits or surrendered or becomes a claim by death, the Corporation shall become entitled to deduct the amount of outstanding Loan, together with all interest from the policy moneys.
5. **Surrender:** The policy can be surrendered at any time provided one full year's premium has been paid and after completion of one policy year. On surrender of the policy, the Corporation shall pay the Surrender Value equal to higher of Guaranteed Surrender Value and Special Surrender Value.

The Special Surrender Value is reviewable and shall be determined by the Corporation from time to time subject to prior approval of IRDAI.

The Guaranteed Surrender Value payable during the policy term shall be total premiums paid excluding any extra amount if charged under the policy due to underwriting decision and premium for rider(s), if opted for, multiplied by the Guaranteed Surrender Value factor applicable to total premiums paid, less any survival benefits already due and payable, if any, under the policy. These Guaranteed Surrender Value factors expressed as percentages will depend on the policy term and policy year in which the policy is surrendered and are contained in Annexure - 4 of this policy document.

In addition, the surrender value of accrued Guaranteed Additions; shall also be payable, which is equal to the accrued Guaranteed Additions multiplied by Guaranteed Surrender Value factor applicable to accrued Guaranteed Additions. These Guaranteed Surrender Value factors expressed as percentages will depend on the policy term and policy year in which the policy is surrendered and are contained in Annexure – 5 of this policy document. The accrued Guaranteed Additions shall include Guaranteed Addition for the policy year in which the last premium is received on proportionate basis in proportion to the premium received for that year.

In addition to the payable Surrender Value, if the option to defer the Survival Benefit(s) has been exercised and payment of such Survival Benefit(s) which were due but have not yet been made, these increased Survival Benefit(s) as specified in Condition 5 of Part C of this policy document, shall also be paid.

No surrender value will be available on Rider(s), if any.

6. Termination of Policy:

The policy shall immediately and automatically terminate on the earliest occurrence of any of the following events:

- a) The date on which lump sum / final installment of death benefit is paid; or
- b) The date on which surrender benefits are settled under the policy; or
- c) The date of maturity if settlement option is not exercised; or
- d) On payment of final installments under Settlement Option; or
- e) In the event of default in payment of loan interest as specified in Condition 4 of Part D of this policy document; or
- f) At the expiry of two years from the date of lapse, if the policy has not been revived and provided the policy has not been converted into a paid-up policy as specified in Condition 2 of Part D of this policy document; or
- g) On payment of free look cancellation amount

7. **Free look period:** During the Free Look period of 15 days from the date of receipt of the Policy Document by the Policyholder, if the Policyholder is not satisfied with the Terms and Conditions of the policy, he/she may return the policy to the Corporation stating the reason of objections. On receipt of the same the Corporation shall cancel the policy and return the amount of premium deposited after deducting the proportionate risk premium (for Base Policy and Rider(s), if opted for) for the period on cover and charges for medical examination, special reports, if any, and stamp duty.

8. **Settlement Option (for Maturity Benefit):** Settlement Option is an option to receive Maturity Benefit in installments over the chosen period of 5 or 10 or 15 years instead of lump sum amount. This option can be exercised only by the Life Assured, for full or part of the Maturity proceeds payable under the policy. The amount opted by the Life Assured (i.e. net claim amount) can be either in absolute value or as a percentage of the total claim proceeds payable (including the payment for deferred Survival Benefit(s), if any).

The installments shall be paid in advance at yearly or half-yearly or quarterly or monthly intervals, as opted for, subject to minimum installment amount for different modes of payments being as under:

Mode of Installment payment	Minimum installment amount
Monthly	Rs. 5000/-
Quarterly	Rs. 15000/-
Half-Yearly	Rs. 25000/-
Yearly	Rs. 50000/-

If the net claim amount is less than the required amount to provide the minimum installment amount as per the option exercised by the Life Assured, the claim proceed shall be paid in lump sum only.

The interest rates applicable for arriving at the installment payments under Settlement Option shall be as fixed by the Corporation from time to time.

For exercising the settlement option against Maturity Benefit, the Life Assured shall be required to exercise option for payment of net claim amount in installments at least 3 months before the due date of maturity claim.

After the commencement of Installment payments under Settlement Option against Maturity Benefit:

- i. If a Life Assured, who has exercised Settlement Option against Maturity Benefit, desires to withdraw this option and commute the outstanding instalments the same shall be allowed on receipt of written request from the Life Assured. In such case, the lumpsum amount, which is higher of the following shall be paid and the policy shall terminate.
 - discounted value of all the future installments due; or
 - (the original amount for which settlement option was exercised) **less** (sum of total installments already paid);
 - ii. The interest rates applicable for discounting the future installment payments shall be as fixed by the Corporation from time to time.
 - iii. After the Date of Maturity, in case of death of the Life Assured, who has exercised Settlement Option, the outstanding installments will continue to be paid to the nominee as per the option exercised by the Life Assured and no alteration whatsoever shall be allowed to be made by the nominee.
- 9. Option to take Death Benefit in instalments:** This is an option to receive Death Benefit in installments over the chosen period of 5 or 10 or 15 years instead of lump sum amount. This option can be exercised only by the Life Assured during his/her lifetime; for full or part of the Death proceeds payable under the policy. The amount opted by the Life Assured (i.e. net claim amount) can be either in absolute value or as a percentage of the total claim proceeds payable (including the payment for deferred Survival Benefit(s), if any).

The installments shall be paid in advance at yearly or half-yearly or quarterly or monthly intervals, as opted for, subject to minimum installment amount for different modes of payments being as under:

Mode of Installment payment	Minimum installment amount
Monthly	Rs. 5000/-
Quarterly	Rs. 15000/-
Half-Yearly	Rs. 25000/-
Yearly	Rs. 50000/-

If the net claim amount is less than the required amount to provide the minimum installment amount as per the option exercised by the Life Assured, the claim proceed shall be paid in lump sum only.

The interest rates applicable for arriving at the installment payments under this option shall be as fixed by the Corporation from time to time.

For exercising option to take Death Benefit in instalments, the Life Assured can exercise this option during his/her lifetime while in currency of the policy, specifying the period of Instalment payment and net claim amount for which the option is to be exercised. The death claim amount shall then be paid to the nominee as per the option exercised by the Life Assured and no alteration whatsoever shall be allowed to be made by the nominee.

PART E
Not Applicable.

PART – F: OTHER TERMS AND CONDITIONS

- 1. **a) Assignments:** Assignment is allowed under this plan as per section 38 of the Insurance Act, 1938, as amended from time to time. The current provisions of Section 38 are contained in Annexure-1 of this Policy Document. The notice of assignment should be submitted for registration to the office of the Corporation, where the policy is serviced.
 - b) Nominations:** Nomination by the holder of a policy of life assurance is required as per Section 39 of the Insurance Act, 1938, as amended from time to time. The current provisions of Section 39 are contained in Annexure-2 of this Policy Document. The notice of nomination or change of nomination should be submitted for registration to the office of the Corporation, where the policy is serviced. In registering nomination the Corporation does not accept any responsibility or express any opinion as to its validity or legal effect.
- 2. **Suicide:** This policy shall be void
 - i. If the Life Assured (whether sane or insane) commits suicide at any time within 12 months from the date of commencement of risk, the Corporation will not entertain any claim under this policy except for 80% of the premiums paid excluding any extra amount if charged under the policy due to underwriting decisions and rider premium(s) other than term assurance rider, if any, provided the policy is in force.
 - ii. If the Life Assured (whether sane or insane) commits suicide within 12 months from date of revival, an amount which is higher of 80% of the premiums paid till the date of death excluding extra amount if charged under the policy due to underwriting decisions and rider premium(s) other than term assurance rider, if any, or the surrender value as available on the date of death, shall be payable. The Corporation will not entertain any other claim under this policy. This clause shall not be applicable for a policy lapsed without acquiring paid-up value and nothing shall be payable under such policy.
 - 3. **Tax:** Statutory Taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

The amount of applicable taxes as per the prevailing rates, shall be payable by the policyholder on premiums (for base policy and rider(s), if any) including extra amount if charged under the policy due to underwriting decisions, which shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of tax paid shall not be

considered for the calculation of benefits payable under the plan.

4. **Normal requirements for a claim:** The normal documents which the claimant shall submit while lodging the claim in case of death of the Life Assured shall be claim forms, as prescribed by the Corporation, accompanied with original policy document, NEFT mandate from the claimant for direct credit of the claim amount to the bank account, proof of title, proof of death, medical treatment prior to the death, school/ college/ employer's certificate, whichever is applicable, to the satisfaction of the Corporation. If the age is not admitted under the policy, the proof of age of the Life assured shall also be submitted.

Where the policy results into a maturity claim or results into a survival benefits claim or in case of surrender of the policy, the Life Assured shall submit the discharge form along with the original policy document, NEFT mandate from the claimant for direct credit of the claim amount to the bank account besides proof of age, if the age is not admitted earlier.

In addition to above, any requirement mandated under any statutory provision or as may be required as per law shall also be required to be submitted.

Within 90 days from the date of death, intimation of death along with death certificate must be notified in writing to the office of the Corporation where the policy is serviced. However, delay in intimation of the claim by the claimant, if any, may be condoned by the Corporation, on merit, where delay is proved to be for reasons beyond his/her control.

Normal requirements for a claim under Inbuilt Critical Illness Benefit: Within 120 days from the date on which any of the contingencies mentioned under definitions of Critical Illnesses herein above has occurred, full particulars hereof must be notified in writing to the office of the Corporation where this Policy is serviced together with the then address and whereabouts of the Life Assured. Proof satisfactory to the Corporation of the contingency that has occurred, shall be furnished in the manner required as below:

1. Claim Form duly signed by the insured along with NEFT mandate from the Claimant for direct credit of the claim amount to the bank account;
 2. Original Policy document;
 3. Treating doctor certificate filled by the doctor treating the Life Assured for the diagnosed ailment. The treating doctor should be a Medical Practitioner registered in India/other country as approved by the Corporation, not being the policyholder, Life Assured or the respective partner or spouse or relatives.
 4. Hospital certificate/Discharge Summary duly filled by the hospital where Life Assured was admitted.
 5. Confirmatory investigations including, but not limited to, clinical, radiological, histological & laboratory evidence;
 6. In case of Critical Illness directly arising out of an Accident, claimant is required to submit the following documents:
 - a) Certified copies of First Information Report (FIR) and the Final Police Closure Report
 - b) Any associated newspaper cutting
 7. Any other document or information as asked for by the Corporation depending on the facts & circumstances of each case.
5. **Legislative Changes:** The Terms and Conditions including the premiums and benefits payable under this policy are subject to variation in accordance with the relevant Legislation & Regulations.
6. **Benefit Illustration:** Your customized Benefit Illustration is enclosed to this Policy Document.

PART – G: STATUTORY PROVISIONS

Section 45 of the Insurance Act 1938:

The provisions of Section 45 of the Insurance Act 1938 shall be applicable as amended from time to time. The current provisions are contained in Annexure-3 of this policy document.

Grievance Redressal Mechanism:

Of the Corporation:

The Corporation has Grievance Redressal Officers at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. For ensuring quick redressal of customer grievances the Corporation has introduced Customer friendly Integrated Complaint Management System through our Customer Portal (website) which is <http://www.licindia.in>, where a registered policy holder can directly register complaint/ grievance and track its status. Customers can also contact at e-mail id co_crmgrv@licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of death claim repudiation have the option of referring their cases for review to Zonal Office Claims Dispute Redressal Committee or Central Office Claims Dispute Redressal Committee. A retired High Court/ District Court Judge is member of each of the Claims Dispute Redressal Committees.

Of IRDAI:

In case the customer is not satisfied with the response or does not receive a response from us within 15 days, then the customer may approach the Grievance Cell of the IRDAI through any of the following modes:

- Calling Toll Free Number 155255 / 18004254732 (i.e. IRDAI Grievance Call Centre)
- Sending an email to complaints@irda.gov.in
- Register the complaint online at <http://www.igms.irda.gov.in>
- Address for sending the complaint through courier / letter:
Consumer Affairs Department, Insurance Regulatory and Development Authority of India, 9th Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Telangana.
- Sending the complaint by Fax to 040-66789768

Of Ombudsman:

For redressal of Claims related grievances, claimants can also approach Insurance Ombudsman who provides for low cost and speedy arbitration to customers.

In case you have any Complaints/Grievance, you may approach Grievance Redressal Officer/ Ombudsman, whose address is as under:

Address and email id of Branch Office:

Address of Grievance Redressal officer:

Address and contact details of Insurance Ombudsman:

Note: In case of dispute in respect of interpretation of these terms and conditions and special provisions/conditions the English version shall stand valid.

YOU ARE REQUESTED TO EXAMINE THIS POLICY, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.

Assignment – As per Section 38 of the Insurance Act 1938, as amended by the Insurance Laws (Amendment) Act, 2015

(1) A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section(1), where it has sufficient reason to believe that such transfer or assignment is not bonafide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policy-holder giving notice of such transfer or assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

(5) Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:

Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:

Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.

(8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation – Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of subsection (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

(9) Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.

(10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that-

- a. The proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or
- b. The insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

Nomination – As Section 39 of the Insurance Act 1938, as amended by the Insurance Laws (Amendment) Act, 2015

(1) The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policy holder to appoint any person in the manner laid down by the insurer, to receive the money secured by policy in the event of his death during the minority of the nominee.

(2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

(3) The insurer shall furnish to the policy holder a written acknowledgement of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

(4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its reassignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer.

(5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policyholder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

(6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

(7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

(8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

(9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

(10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

(11) Where a policyholder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

(12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied;

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

Section 45 as per the Insurance Act 1938, as amended by the Insurance Laws (Amendment) Act, 2015

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three 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 three 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:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:-

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

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in subsection (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three 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 that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

LIC's Jeevan Shiromani				
GSV factors applicable to total premiums paid				
Policy Year	Policy Term ---->			
	14	16	18	20
1 *	20.00%	20.00%	20.00%	20.00%
2	30.00%	30.00%	30.00%	30.00%
3	30.00%	30.00%	30.00%	30.00%
4	50.00%	50.00%	50.00%	50.00%
5	50.00%	50.00%	50.00%	50.00%
6	50.00%	50.00%	50.00%	50.00%
7	50.00%	50.00%	50.00%	50.00%
8	55.00%	53.75%	53.00%	52.50%
9	60.00%	57.50%	56.00%	55.00%
10	65.00%	61.25%	59.00%	57.50%
11	70.00%	65.00%	62.00%	60.00%
12	75.00%	68.75%	65.00%	62.50%
13	80.00%	72.50%	68.00%	65.00%
14	80.00%	76.25%	71.00%	67.50%
15		80.00%	74.00%	70.00%
16		80.00%	77.00%	72.50%
17			80.00%	75.00%
18			80.00%	77.50%
19				80.00%
20				80.00%

* The policy shall acquire Surrender Value on payment of one full year's premium and after completion of one policy year.

LIC's Jeevan Shiromani				
GSV factors applicable to accrued Guaranteed Addition				
Policy Year	Policy Term ----->			
	14	16	18	20
1 *	4.25%	4.10%	3.85%	3.45%
2	8.85%	8.58%	8.03%	7.22%
3	17.85%	17.58%	17.03%	16.22%
4	18.16%	17.66%	17.58%	16.58%
5	18.60%	17.85%	17.58%	17.03%
6	19.18%	18.16%	17.66%	17.58%
7	19.93%	18.60%	17.85%	17.58%
8	20.85%	19.18%	18.16%	17.66%
9	21.99%	19.93%	18.60%	17.85%
10	23.38%	20.85%	19.18%	18.16%
11	25.05%	21.99%	19.93%	18.60%
12	27.06%	23.38%	20.85%	19.18%
13	30.00%	25.05%	21.99%	19.93%
14	35.00%	27.06%	23.38%	20.85%
15		30.00%	25.05%	21.99%
16		35.00%	27.06%	23.38%
17			30.00%	25.05%
18			35.00%	27.06%
19				30.00%
20				35.00%

* The policy shall acquire Surrender Value on payment of one full year's premium and after completion of one policy year.

LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)

LIC's Accidental Death and Disability Benefit Rider (UIN: 512B209V02)

This DOCUMENT is an endorsement to the Base Policy, details of which are given in the schedule and which shall be deemed as part of the policy.

The benefits and premium as stated in the following Schedule are in addition to the benefit and premium payable under the base policy and shall be subject to the Conditions mentioned herein in addition to those of the base policy unless specifically excluded.

Schedule

DIVISIONAL OFFICE:

BRANCH OFFICE:

Policy Number: Name of Life Assured: Accident Benefit Sum Assured (Rs): LIC's Accidental Death & Disability Benefit Rider Premium (Rs):	Date of commencement of LIC's Accidental Death and Disability Benefit Rider: Date of commencement of risk: Due Date of payment of Last premium for LIC's Accidental Death and Disability Benefit Rider: Date of termination of LIC's Accidental Death and Disability Benefit Rider:
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Date:

Examined by:

p. Chief/ Sr. Branch Manager

The conditions of LIC's Accidental Death and Disability Benefit Rider are as under:

An 'Accident' for the purpose of this policy is defined as **"An Accident is a sudden, unforeseen and involuntary event caused by external, violent and visible means."**

LIC's Accidental Death and Disability Benefit Rider is available on payment of additional premium. This benefit will not be available under the policy on the life of minors, during minority of the Life Assured. However, this Rider will be available from the policy anniversary following completion of age 18 years on receipt of specific request and payment of additional premium, if found eligible as per the underwriting rules of the Corporation.

Subject to as stated above, under an inforce policy the LIC's Accidental Death and Disability Benefit Rider can be opted for at any time within the premium paying term of the Base Policy provided, the outstanding premium paying term of the Base Policy is atleast five years but before the policy anniversary on which the age nearer birthday of the Life Assured is 70 years. Wherever this rider has been opted for under the policy, the benefit covered under this rider will be available during the outstanding policy term, or upto the policy anniversary on which the age nearer birthday of the Life Assured is 70 years, whichever is earlier, provided the Policy is inforce for the full Sum Assured as on date of accident.

The additional premium for this Rider will not be required to be paid after all premiums under this Policy have been paid or on and after the policy anniversary on which the age nearer birthday of the Life Assured is 70 years, whichever is earlier. However, the premium under the base policy with which this rider is attached shall continue to be paid beyond age 70 years till the end of policy term, wherever applicable.

The maximum aggregate limit of Accident Benefit cover shall be as under:

(A) For LIC's Jeevan Shiromani with minimum Basic Sum Assured of Rs. 100 lakhs

The maximum aggregate limit of assurance under all policies including policies with in-built Accident Benefit taken with Life Insurance Corporation of India under individual policies as well as group policies on the same life to which following benefits apply shall not in any event exceed Rs.200 lakhs of Accident Benefit Sum Assured (including LIC's Jeevan Shiromani). If there be more policies than one and if the total Accident Benefit Sum Assured exceeds Rs. 200 lakhs (including a minimum of 100 lakhs under LIC's Jeevan Shiromani) the benefits shall apply to the first Rs. 200 lakhs Accident Benefit Sum Assured in order of date of policies issued.

(B) For all other plans (excluding LIC's Jeevan Shiromani):

The maximum aggregate limit of assurance under all policies including policies with in-built Accident Benefit taken with Life Insurance Corporation of India under individual policies as well as group policies on the same life to which following benefits apply shall not in any event exceed Rs.100 lakhs of Accident Benefit Sum Assured. If there be more policies than one and if the total Accident Benefit Sum Assured exceeds Rs. 100 lakhs, the benefits shall apply to the first Rs. 100 lakhs Accident Benefit Sum Assured in order of date of policies issued.

In any case, the maximum Accident Benefit cover offered to an individual including the policies taken under (A) above, will not exceed Rs. 200 lakhs.

If the Life assured is involved in an accident at any time when this Policy is in force for the full Sum Assured, and such injury shall within 180 days of its occurrence solely, directly and independently of all other causes result in (a) either permanent and total disability, as hereinafter defined or (b) death of the Life assured and the same is proved to the satisfaction of the Corporation, the Corporation agrees in case of:

- (a). **Disability to the Life Assured:** (i) pay additional sum equal to the Accident Benefit Sum Assured in equal monthly instalments spread over 10 years under this Policy. If the policy becomes a claim by the way of death or maturity before the expiry of the said period of 10 years, the disability benefit instalments which have not fallen due will be paid along with the claim and (ii) waive the payment of future premiums chargeable, if any, under the policy (including the premium under base plan) to the extent of Accident Benefit Sum Assured. The premium for any other Rider, if opted for, shall continue to be paid.

The waiver of premium shall extinguish all options under this policy and the benefits covered by (b) of this clause except as to such assurances, if any, as exceeds the total accident benefit sum assured under all the existing policies of the life assured and which may have been kept in force by continued payment of premiums.

The disability above referred to must be disability which is the result of an 'Accident' and must be total and permanent. Accidental injuries which independently of all other causes and within 180 days from the happening of such accident result in such disability due to which life assured is unable to perform at least 4 (four) of the following Activities of Daily Living (defined below) permanently without any external help/support including the use of mechanical equipment, special devices or other aids, then such disability shall be treated as Total and Permanent. Medical Examiner authorized by the Corporation shall examine the life assured to certify the disability as Total and Permanent.

The Activities of Daily Living are:

- Dressing - the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary
- Washing - the ability to wash to maintain an adequate level of cleanliness and personal hygiene
- Feeding - the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
- Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Mobility - the ability to move indoors from room to room on level surfaces at the normal place of residence
- Transferring - the ability to move from a bed to an upright chair or wheel chair and vice versa

Notwithstanding what is mentioned above, Accidental injuries which independently of all other causes and within 180 days from the happening of such accident, result in the irrecoverable loss of the entire sight of both eyes or in the amputation of both hands at or above the wrists or in the amputation of both feet at or above ankles, or in the amputation of one hand at or above the wrist and one foot at or above the ankle, shall also be deemed to constitute such disability.

After the happening of the disability, full particulars thereof must be given in writing to the office of the Corporation where this Policy is serviced together with the then address and whereabouts of the Life Assured and within 90 days of the happening of the disability, must be given to the servicing Office of the Corporation, in the manner required by it, proof of disability satisfactory to the Corporation and without any expense to the Corporation. Medical Examiner authorized by the Corporation shall examine the Life Assured and certify in respect of any disability claimed after the intimation. Further, medical examination may be done to validate the continuity of disability on case to case basis, if required.

In the event of it being discovered at any time that a claim under this clause has been wrongly admitted, all premiums falling due after the date of the Corporation's intimation to that effect shall be paid on due dates and further all premiums for which waiver was wrongly claimed and all instalments of additional sum assured which have been paid to the life assured shall be returned to the Corporation in one lump sum with interest, at such rate as fixed by the Corporation from time to time, as if no disability had occurred, failing which

- (i) the benefits available under the policy shall stand reduced as if the policy has been discontinued as on the date from which premiums have been waived or on the payment of the first instalment of the additional sum assured, whichever is earlier and
- (ii) the instalments of additional sum assured already paid shall be treated as a debt against the said policy and shall be deducted with interest at such rate as fixed by the Corporation from time to time from the proceeds of the policy.

No further instalment/s of additional Accident Benefit Sum Assured shall be payable considering as if no disability had occurred.

- (b). **Death of the Life Assured:** In addition to Death Benefit under the base policy, an additional sum equal to the Accident Benefit Sum Assured shall be payable under this policy. However, the policy shall have to be in force at the time of accident irrespective of whether or not it is in force at the time of death.

The Corporation shall not be liable to pay the additional sum referred in (a) or (b) above, if the disability or the death of the Life Assured shall:

- (i) be caused by intentional self injury, attempted suicide, insanity or immorality or whilst the Life Assured is under the influence or consumption of intoxicating liquor, narcotic or drug (unless prescribed by doctor as a part of treatment); or
- (ii) be caused by injuries resulting from taking any part in riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple chasing, racing of any kind, paragliding or parachuting, taking part in adventurous sports; or

- (iii) result from the Life Assured committing any criminal act with criminal intent; or
- (iv) (a) arise from employment of the Life Assured in the armed forces or military service. This exclusion is not applicable if the Life Assured was involved in an accident when he is not on duty or was involved in any rescue operations while combating natural calamities in our country; or
- (iv) (b) arise from being engaged in police duty (which excludes administrative assignments) in any police organization other than paramilitary forces. This exclusion is not applicable where the option to cover Accidental Death and Disability Benefit arising on accident while engaged in police duty, has been chosen; or
- (v) occur after 180 days from the date of accident of the Life Assured.

Benefit payable on Surrender of Base policy:

This rider shall not acquire any Paid-up Value and no Surrender Value will be available under this rider.

However, if this rider has been opted for and on surrender of the base policy to which this rider is attached, provided all the due premiums in respect of this rider and the base policy have been paid and the base policy has acquired surrender value, additional rider premium charged in respect of cover after premium paying term shall be refunded as follows:

Regular premium policy: Nothing shall be refunded.

Single premium policy: 90% of rider single premium * (outstanding term for this rider in complete years/ Policy term in respect of this rider)

Limited premium paying policy:

During Premium Paying Term: $80\% * (\text{annualised rider premium per Rs. 1000 Accident Benefit Sum Assured} - 1) * (\text{Accident Benefit Sum Assured}/1000) * (\text{Number of years for which premiums in respect of this rider have been paid})$

After Premium Paying Term: $80\% * (\text{annualised rider premium per Rs. 1000 Accident Benefit Sum Assured} - 1) * (\text{Accident Benefit Sum Assured}/1000) * (\text{Premium paying term for the rider}) * (\text{outstanding term for the rider in complete years} / (\text{Policy term in respect of this rider} - \text{Premium paying term for the rider}))$

Where single premium / annualized rider premium mentioned above excludes taxes.

Normal requirements for accidental claim:

For considering accidental death benefit and disability claim, the applicable statements from the following list may be called to ascertain circumstances under which death / disability took place:-

- 1) A certified copy of first information report (FIR).
- 2) A certified copy of police inquest report.
- 3) Copy of panchanama.
- 4) Post mortem report to know the probable cause of death. If viscera is preserved in post mortem, then chemical analyzer report to know the contents i.e. whether life assured has consumed liquor, drugs, narcotics or poison.
- 5) News paper cuttings where accident is reported.
- 6) If death is due to vehicle accident, then copy of driving licence, if life assured was driving the vehicle.
- 7) Sub-divisional magistrate final verdict about death- this will give classification of death as 'natural/suicide/accidental'
- 8) When accident is not reported to police authorities, like death due to dog or snake bite, then alternate proofs such as statement of eye witness, affidavit of gramsevak or govt. officials, our own enquiry report, attending physician or hospital reports may be sufficient.
- 9) Hospital treatment records, etc.

LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)

LIC's New Term Assurance Rider (UIN: 512B210V01)

This DOCUMENT is an endorsement to the Base Policy, details of which are given in the Schedule, and which shall be deemed as part of the policy.

The benefits and premium as stated in the following Schedule are in addition to the benefit and premium payable under the base policy and shall be subject to the Conditions mentioned herein in addition to those of the base policy unless specifically excluded.

Schedule

DIVISIONAL OFFICE:	BRANCH OFFICE:
Policy Number:	Date of commencement of LIC's New Term Assurance Rider:
Name of Proposer and Life Assured:	Date of commencement of risk:
Term Assurance Rider Sum Assured (Rs):	Term of the Rider:
Term Assurance Rider Premium (Rs):	Due Date of payment of Last premium:
	Date of termination of Term Assurance Rider:
Payments to be made and events on the happening of which they are to be made	
Term Assurance Rider Sum Assured provided this Rider along with the base plan is inforce for full Sum Assured.	On death before date of termination of Term Assurance Rider
Period during which Rider premium payable	Till the stipulated due date of payment of last premium or earlier death of the Life Assured

Date:

Examined by:

p. Chief/ Sr. Branch Manager

The conditions of LIC's New Term Assurance Rider are as under:

LIC's New Term Assurance Rider is available only at the inception of the policy on payment of additional premium. The Rider Premium is payable only along with the premium for the basic policy and cannot be paid separately. The cover under this rider shall be available only till the Date of termination of Term Assurance Rider.

The additional premium for this Rider will be required to be paid till:-

- the premiums under the base policy have been paid; or
- the policy anniversary on which the age of the Life Assured is 75 years; or
- for 35 years from the Date of commencement of LIC's New Term Assurance Rider;

whichever is earlier.

However, the premiums under the base policy with which this rider is attached shall continue to be paid beyond age 75 years till the end of premium paying term, wherever applicable.

The maximum cover for this rider shall be Rs. 25 lakhs taking all Term Assurance Riders under all existing policies of the Life Assured taken from Life Insurance Corporation of India including the new proposal under consideration. If there be more policies than one and if the total Term Assurance Rider Sum Assured exceeds Rs. 25 lakhs, the benefits shall apply to the first Rs. 25 lakhs Term Assurance Rider Sum Assured in order of date of policies issued.

Paid-up Value: This Rider does not acquire any paid-up value.

Surrender Value: No surrender value will be available under this rider. However, if this rider has been opted for and on surrender of the base policy to which this rider is attached, provided all the due premiums in respect of this rider and Base Policy have been paid and the Base policy has acquired surrender value, additional Term Assurance rider premium charged in respect of cover after premium paying term shall be refunded as follows:

Regular premium policies: Nothing shall be refunded.

Limited premium paying policies:

- a) Refund shall only be payable if full premiums have been paid for atleast
 - first two consecutive years in case of premium paying term less than 10 years
 - first three consecutive years in case of premium paying term of 10 years or more
- b) For Surrender during premium paying term;
 $75\% * d * (P_{ppt} - P_n) * (\text{Rider Sum Assured} / 1000)$

- c) For Surrender after premium paying term;
 $75\% * P_{ppt} * (\text{Rider Sum Assured}/1000) * (ppt/n) * (n-t)$

Single Premium policies:

$$90\% * (\text{Single Premium for Rider Sum Assured}/n) * (n-t)$$

Where;

P_{ppt} = Tabular annual premium for the limited premium paying term per Rs. 1000/- Rider Sum Assured at inception

P_n = Equivalent Tabular annual Regular premium per Rs. 1000/- Rider Sum Assured applicable to the Policyholder's age at inception and term of the rider being n years.

(Above Premiums excludes service tax and extra premium, if any.)

d = policy duration elapsed in completed years as on date of surrender

n = Term of the Rider

ppt = Premium paying term of the Rider

t = policy duration elapsed in nearest completed years as on the date of surrender

Loan: No loan will be granted under this rider.

LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)

LIC's Accident Benefit Rider (UIN: 512B203V03)

This DOCUMENT is an endorsement to the Base Policy details of which are given in the schedule and which shall be deemed as part of the policy.

The benefits and premium as stated in the following Schedule are in addition to the benefit and premium payable under the base policy and shall be subject to the Conditions mentioned herein in addition to those of the base policy unless specifically excluded.

Schedule

DIVISIONAL OFFICE:	BRANCH OFFICE:
Policy Number:	Date of commencement of LIC's Accident Benefit Rider:
Name of Life Assured:	Date of commencement of risk:
Accident Benefit Sum Assured (Rs):	Due Date of payment of Last premium for LIC's Accident Benefit Rider:
LIC's Accident Benefit Rider Premium (Rs):	Date of termination of LIC's Accident Benefit Rider:

Date:

Examined by:

p. Chief/ Sr. Branch Manager

The conditions of LIC's Accident Benefit Rider are as under:

An Accident for the purpose of this policy is defined as **"An Accident is a sudden, unforeseen and involuntary event caused by external, violent and visible means."**

LIC's Accident Benefit Rider is available on payment of additional premium. This benefit will not be available under the policy on the life of minors, during minority of the Life Assured. However, Accident Benefit will be available from the policy anniversary following completion of age 18 years on receipt of specific request and payment of additional premium, if found eligible for Accident Benefit as per the rules of the Corporation.

Subject to stated above, under an inforce policy the LIC's Accidental Benefit Rider can be opted for at any time within the premium paying term of the Base Policy provided, the outstanding premium paying term of the Base Policy is atleast five years but before the policy anniversary on which the age nearest birthday of life assured is 70 years. Whenever this rider has been opted for under the policy the benefit covered under this rider will be available during the outstanding premium paying term or upto the policy anniversary on which the age nearer birthday of the Life Assured is 70 years, whichever is earlier, provided the policy is in force for full sum assured on date of accident.

The additional premium for this benefit will not be required to be paid after all premiums under this Policy have been paid or on and after the policy anniversary on which the age nearer birthday of the Life Assured is 70 years, whichever is earlier. However, the premium under the base policy shall continue to be paid beyond age 70 years till the end of policy term, wherever applicable. In case, if premium for Accident benefit cover is paid beyond the stipulated period, then same will be refunded without interest with claim amount payable under the policy.

The maximum aggregate limit of Accident Benefit cover shall be as under:

(A) For LIC's Jeevan Shiromani with minimum Basic Sum Assured of Rs. 100 lakhs

The maximum aggregate limit of assurance under all policies including policies with in-built Accident Benefit taken with Life Insurance Corporation of India under individual policies as well as group policies on the same life to which following benefits apply shall not in any event exceed Rs.200 lakhs of Accident Benefit Sum Assured (including LIC's Jeevan Shiromani). If there be more policies than one and if the total Accident Benefit Sum Assured exceeds Rs. 200 lakhs (including a minimum of 100 lakhs under LIC's Jeevan Shiromani) the benefits shall apply to the first Rs. 200 lakhs Accident Benefit Sum Assured in order of date of policies issued.

(B) For all other plans (excluding LIC's Jeevan Shiromani):

The maximum aggregate limit of assurance under all policies including policies with in-built Accident Benefit taken with Life Insurance Corporation of India under individual policies as well as group policies on the same life to which following benefits apply shall not in any event exceed Rs.100 lakhs of Accident Benefit Sum Assured. If there be more policies than one and if the total Accident Benefit Sum Assured exceeds Rs. 100 lakhs, the benefits shall apply to the first Rs. 100 lakhs Accident Benefit Sum Assured in order of date of policies issued.

In any case, the maximum Accident Benefit cover offered to an individual including the policies taken under (A) above, will not exceed Rs. 200 lakhs.

If the Life assured is involved in an accident at any time when this Policy is in force for the full Sum Assured, and such injury shall within 180 days of its occurrence solely, directly and independently of all other causes result in death of the Life assured and the same is proved to the satisfaction of the Corporation, the Corporation agrees in addition to Death benefit under the Base policy, an additional sum equal to the Accident Benefit Sum Assured shall be payable under this policy. However, the policy shall have to be in force at the time of accident irrespective of whether or not it is in force at the time of death.

The Corporation shall not be liable to pay the additional sum referred above, if the death of the Life Assured shall:

- (i) be caused by intentional self injury, attempted suicide, insanity or immorality or whilst the Life Assured is under the influence or consumption of intoxicating liquor, drug or narcotic; or
- (ii) take place as a result of accident while the Life Assured is engaged in aviation or aeronautics in any capacity other than that of a fare paying, part-paying or non-paying passenger in any air-craft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes. The Life Assured flying as a passenger in such capacity should have at that time no duties on board the aircraft or require descent there from; or
- (iii) be caused by injuries resulting from taking any part in riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple chasing, racing of any kind, paragliding or parachuting, taking part in adventurous sports; or
- (iv) result from the Life Assured committing any breach of law with criminal intent; or
- (v) (a) arise from employment of the Life Assured in the armed forces or military service of any country at war (whether war be declared or not). This exclusion is not applicable if the Life Assured was involved in an accident when he is not on duty or was involved in any rescue operations while combating natural calamities in our country

(b) arise from being engaged in police duty in any military, naval or police organization. This exclusion is not applicable where the option to cover Accident Benefit arising on accident while engaged in police duty, has been chosen; or
- (vi) occur after 180 days from the date of accident of the Life Assured.

Benefit payable on Surrender of Base policy:

This rider shall not acquire any Paid-up Value and no Surrender Value will be available under this rider.

Normal requirements for accidental claim:

For considering accidental death claim, the applicable statements from the following list may be called to ascertain circumstances under which death took place:-

- 1) A certified copy of first information report (FIR).
- 2) A certified copy of police inquest report.
- 3) Copy of panchanama.
- 4) Post mortem report to know the probable cause of death. If viscera is preserved in post mortem, then chemical analyzer report to know the contents i.e. whether life assured has consumed liquor, drugs, narcotics or poison.
- 5) News paper cuttings where accident is reported.
- 6) If death is due to vehicle accident, then copy of driving licence, if life assured was driving the vehicle.
- 7) Sub-divisional magistrate final verdict about death- this will give classification of death as 'natural/suicide/accidental'
- 8) When accident is not reported to police authorities, like death due to dog or snake bite, then alternate proofs such as statement of eye witness, affidavit of gramsevak or govt. officials, our own enquiry report, attending physician or hospital reports may be sufficient.
- 9) Hospital treatment records, etc.

LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)
Registration Number: 512

LIC's New Critical Illness Benefit Rider (UIN: 512A212V01)

PART – A

Forwarding Letter with Free Look Clause/ Policy Preamble

As per the Base policy.

This DOCUMENT is an endorsement to the Base Policy, details of which are given in the Schedule below, and which shall be deemed as a part of the policy.

The benefits and premium as stated in the following Schedule are in addition to the benefit and premium payable under the base policy and shall be subject to the Definitions, Benefits, Conditions Related to Servicing Aspects, Other Terms and Conditions and Statutory Provisions printed on the back hereof in addition to those of the base policy unless specifically excluded.

Schedule

DIVISIONAL OFFICE:

BRANCH OFFICE:

Policy Number:	Date of commencement of LIC's New Critical Illness Benefit Rider:
Name of Proposer and Life Assured:	Date of commencement of risk:
Age:	Due Date of payment of last premium for LIC's New Critical Illness Benefit Rider:
Gender:	Date of expiry of LIC's New Critical Illness Benefit Rider:
Critical Illness Sum Assured (Rs):	
Critical Illness Benefit Rider Premium (Rs):	

Date:

Examined by:

Form No.:

p. Chief/ Sr. Branch Manager

PART – B: DEFINITIONS

The definitions of terms/words used in the policy documents are as under:

1. **Age** is the age last birthday of the Life Assured at the time of the commencement of the rider.
2. **Accident** is a sudden, unforeseen and involuntary event caused by external, violent and visible means.
3. **Base Policy** is that part of the Policy referring to basic benefit to which this rider is attached.
4. **Date of Diagnosis/ Date of occurrence of Critical Illness** is the date on which a medical practitioner first examines the Life Assured and certifies the diagnosis of any of the illnesses/ conditions covered under this rider.
5. **Medical practitioner** is a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license but excluding the Practitioner who is:
 - Insured/Policyholder himself or an agent of the Insured.
 - Insurance Agent, business partner(s) or employer/employee of the Insured; or
 - A member of Insured's immediate family.
6. **Pre existing condition** is defined as any condition, ailment or injury or related condition (s) for which the policyholder had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the date of commencement / revival of the policy.

PART – C : BENEFITS

The following benefits are payable under this rider:

1. Critical Illness Benefit:

Under this Rider, on first diagnosis of any one of the 15 Critical Illnesses as mentioned in condition 6 (C) of Part C, provided the same is admissible, the Critical Illness Sum Assured shall be payable subject to the following:

- The Base Policy and the Rider are inforce for full cover on the date of diagnosis
- Conditions and Restrictions mentioned in the document
- Claim is incurred before the date of termination of Rider
- The claim is proved as admissible to the satisfaction of the Corporation

The additional premium for this Rider will not be required to be paid after all the premiums under the base policy have been paid or on and after the policy anniversary on which the age of the Life Assured is 75 years, whichever is earlier. However, the premiums under the base policy with which this rider is attached shall continue to be paid beyond age 75 years till the end of premium paying term, wherever applicable.

The maximum aggregate limit of Critical Illness Sum Assured under all existing policies of the Life Assured under this rider taken from Life Insurance Corporation of India including the new proposal under consideration shall not in any event exceed Rs.25 lakhs. If there be more policies than one and if the total Critical Illness Sum Assured exceeds Rs.25 lakhs, the benefits shall apply to the first Rs. 25 lakhs.

2. **Maturity Benefit:** No maturity benefit is payable under this rider.

3. **Death Benefit:** No death benefit is payable under this rider.

4. Payment of premiums –

(a) The Critical Illness Benefit Rider premium, including the Service Tax and or any other Tax as applicable from time to time, is payable only along with the premium for the base policy and cannot be paid separately.

(b) Grace period: As per the Base Policy.

(c) Once a claim under Critical Illness Benefit has been admitted, no subsequent premium towards this benefit shall be charged from the next policy anniversary.

(d) In case of diagnosis of any specified Critical Illness under an inforce policy wherein all the premiums due till the date of diagnosis have been paid and where the mode of payment of premium is other than yearly, balance premium(s), if any, falling due from the date of diagnosis and before the next policy anniversary shall be deducted from the claim amount.

5. **Review of premiums:** The premium rates for Critical Illness Benefit Rider are guaranteed for a period of first 5 years from the date of commencement of the policy. At the end of every 5th policy anniversary starting from the date of commencement of the rider, the premium rates for future years will be subject to revision based on the experience of the Corporation under this rider. The premium rates, if revised, shall be guaranteed for a further period of 5 years. The installment premium on each review will be based on age at entry i.e. age as on the date of commencement of rider and original premium paying term

Any such revision in premium rates under a policy after the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The Life Assured shall have the right to discontinue the Critical Illness Benefit Rider and keep the Base Policy inforce in case the revised installment premium for this rider is not acceptable. However, once discontinued the Critical Illness Rider will not be allowed to be reinstated.

6. Conditions and restrictions:

(A) Critical Illness benefit will be payable only after the Corporation is satisfied on the basis of available medical evidence that the specified illness has occurred. However, in some illnesses covered under this rider, a specific deferment period applies to establish permanence of the illness covered.

(B) The Critical Illness Benefit Rider shall be payable only once during the term of the policy while the policy is inforce. The Rider ceases to apply once the Critical Illness Sum Assured becomes payable. The benefit shall also automatically cease to be available on Surrender of the base policy or if the base policy is converted into a paid-up policy for a reduced Sum Assured.

(C) The list and definitions of the 15 Critical Illness conditions covered under this rider:

1.CANCER OF SPECIFIED SEVERITY:

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. 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 leukaemia 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;
- ix. All tumors in the presence of HIV infection.

2. OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

3. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. MAJOR ORGAN /BONE MARROW TRANSPLANT (as recipient)

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

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

6. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

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

7. PERMANENT PARALYSIS OF LIMBS

I. 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.

8. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

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

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

9. AORTIC SURGERY

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.

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

10. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catherization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

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

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

11. ALZHEIMER'S DISEASE/ DEMENTIA

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 for a minimum period of 6 months from date of diagnosis. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Corporation's appointed doctor.

The following are excluded:

- i. Non-organic disease such as neurosis and psychiatric illnesses; and
- ii. Alcohol-related brain damage.

12. BLINDNESS

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

II. The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. THIRD DEGREE BURNS

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

15. BENIGN BRAIN TUMOR

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

(D) Waiting period: A waiting period of 90 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of the Critical Illness under consideration. This would mean that the benefit covered under this rider is not applicable and the rider shall terminate if any of the contingencies mentioned in Condition 6(C) of Part C occurs:

- (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of 90 days reckoned from that date or

(ii) before the expiry of 90 days from the date of Revival.

However, waiting period will not apply to conditions arising directly out of accident.

(E) **Survival period:** A survival period of 30 days is applicable from the date of diagnosis of Critical Illness listed above. If death occurs within the survival period, no benefit shall be payable under this rider.

(F) **Exclusions**

The Corporation shall not be liable to pay any of the benefit covered under this rider if the critical illness has occurred directly or indirectly as a result of any of the following:

- Any of the listed critical illness conditions where death occurs within 30 days from the date of diagnosis
- Any sickness condition related to the illnesses covered under this rider manifesting itself within 90 days of the commencement of risk or revival of risk cover, whichever is later.
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Taking part in any act of a criminal nature.
- Any Pre-existing medical condition.
- HIV or AIDS
- Failure to seek medical or follow medical advice (i.e. failure to undergo tests or treatments that a prudent person would normally undergo as recommended by a Medical Practitioner.
- Radioactive contamination due to nuclear accident.

PART – D: CONDITIONS RELATED TO SERVICING ASPECTS

1. **Proof of Age:** Same as under Base Policy.

2. **Forfeiture and Non-forfeiture Regulations:**

Forfeiture Regulations: Same as under the base policy.

Non-forfeiture Regulations: These provisions do not apply to this rider as it does not acquire any paid up value and the rider benefit ceases to apply, if policy is in lapsed condition.

3. **Revival of lapsed Policies:** Revival of this rider will only be considered along with the revival of the base policy. All terms and conditions applicable under the base policy shall be applicable to this rider.

4. **Surrender Value:** No surrender value will be available under this rider. On surrender of the base policy to which this rider is attached, provided all the due premiums in respect of this rider have been paid, additional rider premium charged in respect of cover after premium paying term shall be refunded as follows:

Regular premium policies: Nothing shall be refunded.

Limited premium paying policies:

- a) Refund shall only be payable if full premiums have been paid for at least:
 - first two consecutive years in case of premium paying term less than 10 years
 - first three consecutive years in case of premium paying term of 10 years or more
- b) Refund during premium paying term shall be:

$$75\% * d * (Pppt - Pn) * (Rider Sum Assured / 1000)$$

Refund after premium paying term shall be:

$$75\% * Pppt * (Rider Sum Assured / 1000) * (ppt / n) * (n - t)$$

Where:

Pppt = Tabular annual premium as applicable from time to time for the limited premium paying term per Rs. 1000/- Rider Sum Assured. (Since the premium rates for this rider are subject to review, the actual premium(s) applicable during the policy term shall be taken. As the surrender amount is calculated using the duration elapsed till the date of surrender multiplied by the premium, all the premiums paid till the date of surrender are considered).

Pn = Equivalent tabular annual regular premium per Rs. 1000/- Rider Sum Assured corresponding to the respective Limited Premium payable, as applicable from time to time during the policy term (as the rates are subject to change). The applicable premium(s) shall be based on policyholder's age at entry and the original term of the rider i.e. n years.

Above premiums excludes service tax and extra premium, if any.

d = policy duration elapsed in completed years as on date of surrender. (Note: Total “d” for a policy may consist of different shorter durations, say d1, d2.., wherein different premium rates may apply on count of revision of premium rates. So the final duration will be the sum total of d1, d2.,etc).

n = Term of the Rider.

ppt = Premium paying term of the Rider.

t = Policy duration elapsed in nearest completed years as on the date of surrender.

5. Termination of Critical Illness Benefit Rider:

The Critical Illness Benefit Rider will terminate on the earliest of:

- The date on which the claim is paid in respect of this rider
- The date of expiry of the rider (as mentioned in the Schedule)
- The date on which the base policy to which the rider is attached terminates or is converted into a paid up policy.
- On diagnosis of Critical Illness within the waiting period

Any critical illness manifesting itself during the waiting period is not admissible. The first admissible critical illness which is manifested, diagnosed and lodged after the waiting period and during the currency of critical illness cover, once admitted for, shall preclude any further critical illness and therefore the cover will terminate.

- 6. Free look period:** During the Free Look period, if the Policyholder is not satisfied with the Terms or Conditions of the rider, he/she may return the rider within 15 days from date of receipt of the same to the Corporation stating the reason of objections. On receipt of the same the Corporation shall cancel the rider and return the amount of premium deposited for this rider after deducting the **proportionate risk premium (for Critical Illness Benefit) for the period on cover, charges for stamp duty and charge for medical examination, special reports, if any, on account of rider inclusion.**

PART E

Not Applicable.

PART – F: OTHER TERMS AND CONDITIONS

1. **Assignments and Nominations:** Same as under Base policy.
2. **Tax:** Statutory Taxes, if any, imposed on such insurance riders by the Govt. of India or any other constitutional tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

The amount of Service Tax payable as per the prevailing rates shall be payable by the policyholder on premiums including extra amount if charged under the policy due to underwriting decision, which shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of Tax paid shall not be considered for the calculation of benefits payable under the rider.

- 3. Normal requirements for a claim:** Within 120 days from the date on which any of the contingencies mentioned under definitions of Critical Illnesses herein above has occurred, full particulars hereof must be notified in writing to the office of the Corporation where this Policy is serviced together with the then address and whereabouts of the Life Assured. Proof satisfactory to the Corporation of the contingency that has occurred, shall be furnished in the manner required as below:

1. Claim Form duly signed by the insured along with NEFT mandate from the Claimant for direct credit of the claim amount to the bank account;
2. Original Policy document;
3. Treating doctor certificate filled by the doctor treating the Life Assured for the diagnosed ailment. The treating doctor should be a Medical Practitioner registered in India/other country as approved by the Corporation, not being the policyholder, Life Assured or the respective partner or spouse or relatives.
4. Hospital certificate/Discharge Summary duly filled by the hospital where Life Assured was admitted.
5. Confirmatory investigations including, but not limited to, clinical, radiological, histological & laboratory evidence;
6. If the insured event requires the surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary;
7. The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed/approved by the Corporation;
8. In case of Critical Illness directly arising out of an Accident, claimant is required to submit the following documents:
 - a) Certified copies of First Information Report (FIR) and the Final Police Closure Report
 - b) Any associated newspaper cutting
9. Any other document or information as asked for by the Corporation depending on the facts & circumstances of each case;

This would be in addition to the Claim requirements under the Base Policy.

PART – G: STATUTORY PROVISIONS

Grievance Redressal Mechanism/ Address of Grievance Redressal officer/Address of Insurance Ombudsman: same as under basepolicy.

THE CONDITIONS MENTIONED IN THIS ENDORSEMENT ARE NOT TO BE READ IN ISOLATION BUT IN AGREEMENT WITH THE CONDITIONS MENTIONED IN THE BASE POLICY.

YOU ARE REQUESTED TO EXAMINE THIS POLICY, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.