

PRAMERICA LIFE CRITICAL ILLNESS RIDER
A NON LINKED NON PARTICIPATING INDIVIDUAL PURE RISK HEALTH INSURANCE RIDER

PART B
Definitions

Words or phrases appearing in the Policy Document in initial capitals will have the meanings given to them below:

Where appropriate, any reference to the singular includes references to the plural, references to the male include references to the female and references to any statute include references to any subsequent changes to that statute.

This Policy Document shall be read along with the Policy Document of the Base Policy.

General Terms

Accident means an event or contiguous series of events, which are violent, unforeseen, involuntary, external and which causes Bodily Injury

Age means the Life Insured's age on last birthday as on the Rider Commencement Date

Base Policy / Plan means the Policy to which this Critical Illness Rider is attached and forms a part as shown in the Schedule.

Beneficiary / Claimant shall mean the Life Insured (or) the Policyholder (or) the assignee (or) the Nominee where a valid nomination has been effected or the Legal Heirs of the Policyholder/Nominee as the case may be.

CI Rider means this Pramerica Life Critical Illness Rider

Company/Us/We/Our means Pramerica Life Insurance Limited

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly which is in the visible and accessible parts of the body.

Critical Illness means any of the critical illnesses/ conditions or surgeries listed in Part C of this Rider

Diagnosis means the conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence, as applicable

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

i. Acute Condition means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

ii. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics

- a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- b) it needs ongoing or long-term control or relief of symptoms
- c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
- d) it continues indefinitely
- e) it recurs or is likely to recur

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

IRDAI means the Insurance Regulatory and Development Authority of India;

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical Practitioner/ Specialist means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured.

Nominee means nominee nominated by the policyholder (only if the policyholder is the Life Insured) under the Base Policy, in accordance with Section 39 of Insurance Act, 1938 as amended from time to time, to receive the benefits under the Rider and whose name is mentioned in the Schedule

Policy Cancellation Value means an amount, if any, that becomes payable in case of cancellation in accordance with the terms and conditions of this Rider

Pre – Existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its latest revival date, whichever is later; OR
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its latest revival/reinstatement date, whichever is later.

Rider means this Pramerica Life Critical Illness Rider which is purchased along with the Base Policy. It provides additional benefits in respect to the Life Insured. It is not a standalone document and should be read along with Base Policy.

Rider Benefits means the benefit payable under the Rider on the happening of the contingent event covered under the Rider. Refer to Part C Section One for details

Rider Commencement Date means the date as specified in the Schedule, on which the coverage under this Rider commences

Rider Extra Premium means the amount of additional premium charged by us due to Occupational Risk, Medical Risk or submission of Non-Standard Age Proof under this Rider

Rider Life Insured means the person named in the Schedule, on whose life the Rider is effected

Rider Maturity Date means the date as mentioned in the policy schedule, on which the coverage under this Rider ends.

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Rider Sum Assured is the Sum Assured opted under the Rider as specified in the Policy Schedule.

Rider Installment Premium is the premium payable for the Rider as specified in the Policy Schedule.

Rider Premium Paying Term / Rider Premium Payment Term means the term as specified in the Schedule during which the premium under the Rider is to be paid

Rider Term / Rider Policy Term is the number of years between the Rider Commencement Date and Rider Maturity Date.

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or

injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner

Survival Period means period of time after the date of first diagnosis of a critical illness that the policyholder has to survive to become eligible for the benefit payment under the critical illness cover.

Waiting Period means the period starting from the Rider Commencement Date or date of revival (whichever is later) during which no benefits are payable

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PART C
Specific Terms and Conditions

Section One: Rider Benefits

A. Critical Illness Benefit: The Rider Sum Assured as specified in the Schedule shall be payable upon the first occurrence of one of the listed illnesses (under Section Two) or conditions or where the Life Insured is proved to have undergone the type of surgery indicated, subject to definitions, exclusions and terms and conditions (under Section Six). The benefit shall be payable in lump sum and is over and above any benefit payable under the Base Policy. Once the claim is paid, the Rider cover terminates immediately. However, the remainder of the base policy continues till the end of the term.

- The claim would be paid only if the critical illnesses falls within the definition laid down for each illness. The diagnosis must be confirmed by a specialist and the date of diagnosis would be considered for processing a claim.
- There will be a minimum Survival Period of 30 days applicable for the claim. There may be a longer survival period for specific illnesses. Please refer to the detailed definitions of illnesses.
- There will be a Waiting Period of 90 days from the Rider Commencement Date or revival of the Rider during which no benefits are payable
- Any benefit under this Critical Illness Rider is in addition to any amounts payable under the Base Policy or any other Riders in force at that time.

B. Death Benefit: There is no Death Benefit under this Rider

C. Maturity Benefit: There is no Maturity Benefit under this Rider

Section Two: List of Critical Illness and its Definitions

Critical Illnesses that are covered under this rider are mentioned below:

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

The following are excluded:

- i. All tumors which are histologically described as carcinoma in situ, benign, premalignant, 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;

2. Myocardial Infarction (First Heart Attack Of Specific Severity): The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- 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,

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.

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

The following are excluded: Angioplasty and/or any other intra-arterial procedures.

4. 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.

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

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

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- iv. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
6. **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.
7. **Stroke Resulting In Permanent Symptoms:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
The following are excluded:
- Transient ischemic attacks (TIA)
 - Traumatic injury of the brain
 - Vascular disease affecting only the eye or optic nerve or vestibular functions.
8. **Major Organ /Bone Marrow Transplant:**
The actual undergoing of a transplant of:
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- The following are excluded:
- Other stem-cell transplants
 - Where only islets of langerhans are transplanted
9. **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.
10. **Motor Neuron Disease With Permanent Symptoms:** Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
11. **Multiple Sclerosis With Persisting Symptoms:**
The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
 - Neurological damage due to SLE is excluded.
12. **Benign Brain Tumor:** Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - Undergone surgical resection or radiation therapy to treat the brain tumor.
- The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.
13. **Blindness:** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:
- corrected visual acuity being 3/60 or less in both eyes or ;
 - the field of vision being less than 10 degrees in both eyes.
- The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
14. **Deafness:** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.
15. **End Stage Lung Failure:** End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg);
 - Dyspnea at rest.
16. **End Stage Liver Failure:** Permanent and irreversible failure of liver function that has resulted in all three of the following:
- Permanent jaundice; and
 - Ascites; and
 - Hepatic encephalopathy.
- Liver failure secondary to drug or alcohol abuse is excluded.
17. **Loss Of Limbs:** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include

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medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

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

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

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available. The following are excluded: Spinal cord injury

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

The NYHA Classification of Cardiac Impairment are as follows:

- 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.

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.

20. **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.

21. **Aplastic Anaemia:** A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- i. Bone marrow stimulating agents
- ii. Immunosuppressants
- iii. Bone marrow transplantation
- iv. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

22. **Medullary Cystic Disease:** A definite diagnosis of medullary cystic disease evidenced by all of the following:

- i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

- i. Polycystic kidney disease
- ii. Multicystic renal dysplasia and medullary sponge kidney
- iii. Any other cystic kidney disease

23. **Parkinson's Disease:** A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- i. Muscle rigidity
- ii. Tremor
- iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal

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- hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

- i. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
 - ii. Essential tumor
 - iii. Parkinsonism related to other neurodegenerative disorders
24. **Apallic Syndrome:** A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact.

The definite diagnosis must be evidenced by all of the following:

- i. Complete unawareness of the self and the environment
 - ii. Inability to communicate with others
 - iii. No evidence of sustained or reproducible behavioural responses to external stimuli
 - iv. Preserved brain stem functions
 - v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
 - vi. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.
25. **Major Surgery of the Aorta:** The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
 - ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
 - iii. Surgery following traumatic injury to the aorta
26. **Fulminant Viral Hepatitis - resulting in acute liver failure:** A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:
- i. Typical serological course of acute viral hepatitis

- ii. Development of hepatic encephalopathy
- iii. Decrease in liver size
- iv. Increase in bilirubin levels
- v. Coagulopathy with an international normalized ratio (INR) greater than 1.5
- vi. Development of liver failure within 7 days of onset of symptoms
- vii. No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
 - ii. Fulminant viral hepatitis associated with intravenous drug use
27. **Cardiomyopathy:** A definite diagnosis of one of the following primary cardiomyopathies:
- i. Dilated Cardiomyopathy
 - ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
 - iii. Restrictive Cardiomyopathy
 - iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
 - ii. Transient reduction of left ventricular function due to myocarditis
 - iii. Cardiomyopathy due to systemic diseases
 - iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)
28. **Muscular Dystrophy:** A definite diagnosis of one of the following muscular dystrophies:
- i. Duchenne Muscular Dystrophy (DMD)
 - ii. Becker Muscular Dystrophy (BMD)
 - iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
 - iv. Limb-Girdle Muscular Dystrophy (LGMD)
 - v. Facioscapulohumeral Muscular Dystrophy (FSHD)
 - vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)

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vii. Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

29. **Poliomyelitis - resulting in paralysis:** A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- i. Poliovirus infections without paralysis
- ii. Other enterovirus infections
- iii. Guillain-Barré syndrome or transverse myelitis

30. **Chronic Recurring Pancreatitis:** A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- ii. Endocrine pancreatic insufficiency with pancreatic diabetes
- iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- i. Chronic pancreatitis due to alcohol or drug use
- ii. Acute pancreatitis

31. **Bacterial Meningitis - resulting in persistent symptoms:** A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered: Aseptic, viral, parasitic or non-infectious meningitis

32. **Loss of Independent Existence:** A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms – the ability to get from room to room on a level floor.
- vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again

The diagnosis has to be confirmed by a Specialist

Section Three: Premium

The premium for this Critical Illness Rider shall be paid in the amounts and at the intervals (Premium Frequency) and for the term as specified in the Schedule.

- a) Rider Premium is payable over and above the premium under the Base Policy and shall be paid along with the premium under the Base Policy.
- b) Premium payment frequency of the rider shall be the same as the premium payment frequency of the Base Plan.
- c) Rider term can be equal to or less than the term of the base policy, if chosen at commencement of the base policy or equal to the outstanding term of the base policy if chosen at subsequent policy anniversary, subject to maximum maturity age of 70. If the entry age plus base policy term is beyond age 70, the rider would be of term 70 less entry age. The rider shall not be offered if the outstanding term under the base policy is less than 5 years.
- d) Rider premium payment term can be equal to or less than the premium payment term of the base policy, if chosen at inception or equal to or less than the outstanding premium payment term of the base policy, if chosen at subsequent policy anniversary, subject to minimum premium payment term of 5 years.

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- e) Premium pertaining to health riders shall not exceed 100% of the premium under the base plan and for all life insurance riders put together shall not exceed 30% of the premium under base plan in compliance with the IRDAI (Protection of Policyholders Interest) Regulations, 2017.
- f) Taxes (along with cess) at the rate as declared by the Government from time to time shall be collected along with the Rider premium
- g) The Rider Premium under this Rider is guaranteed for a period of 3 years from Rider Commencement Date and thereafter the Rider Premium may be revised every three years with prior approval from IRDAI. The revised premium rates shall be notified to the Policyholder at least 3 months prior to the date of such revision and policy holder will be given a period of 30 days from the date of premium due (on or after the effective date of change) to renew the policy. If the Policyholder is not willing to continue the Policy with the revised Premium rates, the Policy will lapse.
- h) Some occupations may attract extra premium as per Company's Board approved Underwriting Policy.

Section Four: Grace Period

As per Base Product.

Section Five: Discontinuation of Premium Payments

If due premiums are not paid during the rider premium payment term, the rider cover lapses immediately on the expiry of the grace period and no rider benefit will be paid except the Policy Cancellation Value, if any. The rider cover can be reinstated within the revival period of 5 years and the conditions as applicable to the base policy.

Section Six: Exclusions under Critical Illness

The Rider Life Insured shall not be entitled to any Critical Illness Benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

1. Any Pre-Existing Disease. "Pre-existing Disease" means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its latest revival date, whichever is later; OR
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its latest revival/reinstatement date, whichever is later.This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception.
2. Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.
3. If the insured dies within 30 days of the diagnosis of the covered Critical Illness.
4. Intentional self-inflicted injury, suicide or attempted suicide
5. For any medical conditions suffered by the Life Insured or any medical procedure undergone by the Life Insured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
6. Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting;

bungee jumping; underwater activities involving the use of breathing apparatus or not;

*Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;

7. Participation by the insured person in a criminal or unlawful act with criminal intent;
8. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
9. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
10. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
11. Any External Congenital Anomaly which is not as a consequence of Genetic disorder
12. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event
13. Any other additional exclusions, under the Company's policy document pertaining to this benefit shall be applicable.

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PART D
Policy Servicing

Section One: Revival

A lapsed rider can be revived within five years from the due date of the first unpaid premium but before policy maturity, by paying all outstanding premiums together with the interest, as applicable. The interest for revival of the policy will be charged at market related rates set by the Company from time to time. The rate of interest shall be reset on an annual basis at the beginning of every financial year (April) and would be determined based on the average of 10-year G-Sec YTM plus 75 basis points rounded down to 25 basis points. The average of the benchmark would be taken from the previous financial year for the period 1st July to 31st Dec. The source of information for 10 year GSec rate would be "CCIL". The current applicable rate of interest on policy reinstatement is 8.00% p.a. compounding monthly which would be applicable for the FY 2023-24. Revival of the policy is subject to Board approved underwriting policy, the Company reserves the right to obtain additional information before reviving the Policy and also has the right to decline revival of the policy or impose extra morbidity/mortality ratings as per the Board approved underwriting policy of the Company. The medical expenses, if any, shall be borne by the policyholder. In case rider benefit is not revived within the revival period, the rider benefit shall be terminated and the Policy Cancellation Value (in respect of the rider benefit), if any, shall be payable and revival of such terminated rider will not be allowed at a later stage

Section Two: Policy Cancellation Value

Policy Cancellation Value shall be payable only under limited pay policy upon the Policyholder applying for the same before the stipulated date of maturity or at the end of revival period, if the policy is not revived.

The Rider Policy shall acquire a Policy Cancellation Value on payment of premium for two consecutive full years.

Where Policy Cancellation Value = 60% (multiplied by) Total Premiums Paid[^] (multiplied by) (Outstanding Policy duration (in months) (divided by) (Policy Term (in months))

[^]Total Premiums Paid means total of all the Rider premiums received (including modal loading and underwriting extra, if any), excluding taxes

No policy cancellation value shall be payable in respect of regular pay policies. However, In case of conversion from Regular pay to Limited pay, PCV value gets acquired only after paying premiums for 2 complete policy years during the limited pay period. Total Premiums Paid, unexpired policy term and original policy term will be calculated from the date of conversion for PCV, where Total Premiums Paid will only consist of premiums paid post conversion.

The rider alone may be discontinued separately or it gets discontinued if the base product is surrendered /

discontinued. Rider once terminated cannot be attached again in future during the remaining policy term of the base policy.

Section Three: Loan

No loan shall be available for this Rider.

Section Four: Free Look Period

The Policyholder shall have a period of 15 days or 30 days as the case may be from the receipt of this Policy Document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, Policyholder has the option to return this Policy stating the reasons for the objections upon which the Company shall refund to the Policyholder the Premium paid subject to deduction of a proportionate risk Premium for the period of risk cover, any expenses incurred by the Company towards medical examination of the Life Insured and stamp duty charges. In case Policy is purchased through distance marketing*, the Free Look Period shall be 30 days.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging Services (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode, which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person

Section Five: Change premium payment term from regular pay to Limited pay

Under this option, the policyholder can choose to convert the outstanding regular premiums into limited premiums period that may be available under the product subject to the following conditions:

- a) The maximum age to exercise this option will be the maximum age applicable for Limited Pay.
- b) Policyholder can exercise this option only after the total premiums for the initial 5 policy years have been paid.

Such alterations shall be in accordance with the Board approved underwriting policy and the Premium rates under such circumstances shall be charged as filed under the product.

Part E

Charges - Not Applicable

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Part F
General Terms and Conditions

Section One: General Terms & Conditions of the Rider

These general terms and conditions are applicable in addition to the general terms and conditions of the Base Policy

Section Two: Suicide Clause

In case of death due to suicide, within twelve months from date of commencement of risk or from the date of revival of the Policy, the Company's only obligations under this Policy shall be to pay an amount equal to higher of 80% of the total Rider Premiums paid (excluding underwriting extra premiums and taxes, if any) or Policy Cancellation Value as on the date of death, if any, provided the policy is in force

Section Three: Termination of the Critical Illness Rider

This Rider shall terminate on the occurrence of the first of any of the following events:

- On the maturity of the Rider
- The date of death of the Life Insured
- Once the Rider Sum Assured is paid
- On Completion of applicable revival period if the rider premium were discontinued.
- The date of payment of Policy Cancellation Value
- Upon cancellation of the Rider under the free look option
- The Base Policy to which this Rider is attached to is terminated or surrendered.
- If the Rider Life Insured terminates the Rider

Section Four: Claim Procedure

In order for the Company to make any payment in accordance with the terms and conditions of this Rider, it is necessary that the Company:

- a) Is immediately notified in writing, and preferably within 90 days of diagnosis of the illness or disability. Company may condone the delay in filing a claim beyond 90 days where the Claimant can establish that the delay was due to unforeseen circumstances and beyond the control of the Claimant.
- b) is provided with the opportunity of establishing to its satisfaction that a claim is payable
- c) receives all reasonable cooperation and is entitled to seek any documentation and information, including but not limited to:
 - 1) The Company's Claim Form duly completed
 - 2) All Medical/ Hospital records (including Discharge Summary, Indoor Case Papers, Diagnostic reports) pertaining to Critical illness/ Total and Permanent Disability Diagnosis and treatment
 - 3) Certificate by a Medical Practitioner confirming Diagnosis of Critical Illness of the Life Insured;
 - 4) Copy of the First Information Report (wherever applicable) duly attested by the concerned police officials
 - 5) Bank Details of the claimant along with Cancelled cheque/ Bank Passbook with printed name and account number
 - 6) Photo Identity and Address proof of the Claimant

The Company reserves the right to call for additional documents, if such additional documents are warranted to process the claim to our satisfaction.

Section Five: Changes to the Rider Terms and Conditions

The Company may alter these Rider Terms and Conditions and the Coverage conferred hereunder if there is a change in the law or taxation, which affects the Company or the Policy. No change will be made without the prior approval of the IRDAI, and notice of all changes will be sent to the Policyholder.

If the Policyholder does not agree with the change, the Policyholder may terminate this Rider by giving the Company written notice within 30 days of the Company sending notice of the change.

Section Six: Change of Occupation, Profession Etc.

If the Life Insured's occupation, profession or hobbies change then the Policyholder shall within 30 days given the Company written notice of such change, failing which the Company may decline to make payment under this Rider if the Insured Event of the List Insured is directly or indirectly related to, caused by, arises from or is attributed to the change. If notice of a change is given as required, then the Company shall determine what changes to the cover provided under this Rider shall be effected and will send the Policyholder notice of such changes. Within 30 days of notice having been sent, the Policyholder may terminate this Rider by giving the Company written notice of termination.

Section Seven: Assignment

The provisions of Assignment are governed by Section 38 of Insurance Act, 1938 as amended from time to time. The Assignment as per Base Policy shall be applicable for the Rider.

Section Eight: Nomination

The provisions of nomination are governed by Section 39 of the Insurance Act, 1938 as amended from time to time. The Nomination as per Base Policy shall be applicable for the Rider.

Section Nine: Miscellaneous

The Application Form and other particulars (if any) together with the declarations received from the Policyholder/ Life Insured, form the basis of this Rider. In addition to the terms and conditions and definitions of this Rider, the Rider is also subject to the terms and conditions of the Base Policy. In the event of any inconsistency between the terms and conditions of the Base Policy and this Rider, the provisions of this Rider shall prevail with respect to the matters dealt with this Rider.

a) Loss of the Policy Document

As per Base Policy of the Rider

b) Notices

As per Base Policy of the Rider

c) Misstatement of Age

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As per Base Policy of the Rider

d) Currency & Territorial Limits

All Premium and any amounts payable under the Policy are payable within India and in the currency of the Base Policy as specified in the Schedule.

e) Governing Law & Jurisdiction

As per Base Policy of the Rider

f) Taxes

In respect of any payment made or to be made under this Policy, the Company shall deduct or charge taxes and other

levies as applicable from time to time, at such rates as notified by the Government of India or a body authorized by the Government of India from time to time

g) Alterations

Rider can be attached to the Base Policy at inception or at any policy anniversary of the Base Policy as per board approved Underwriting Policy and the applicable Rider terms and conditions. Rider shall automatically get discontinued if the Base Policy is surrendered and Policy Cancellation Value under the Rider, if any shall be payable.

h) Fraud and mis-statement

As per Base Policy of the Rider

**PART G
Other Details- As per Base Policy Document**