



# **Pramerica Life Group Health Kavach**

Non-Linked Non-Participating Fixed Benefit Group Health Product



**Pramerica**

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**LIFE INSURANCE**



This is a Traditional Non-Linked, Non-Participating, Fixed Benefit One Year Renewable and a Single Premium Credit Linked Group Health Insurance plan. The product is designed to provide health benefits to your quality employees and/or your loyal customers.

Presenting Pramerica Life Group Health Kavach  
Non-Linked Non-Participating Fixed Benefit Group Health Product

## Key Features

- Fixed benefits, no ambiguity
- Option of 2 Premium variants: Single Premium Credit Linked or One Year Yearly Renewable
- Flexibility to choose from two plan options on the basis of Premium variants:
  - Option A – Fixed Sum Insured throughout the Policy Term
  - Option B – Reducing Sum Insured as per Benefit Schedule fixed at policy inception. (applicable for Single Premium variant only)
- Flexibility to choose from five coverage options:
  - Option I – Accidental Death Cover
  - Option II – Critical Illness Cover
  - Option III – Accidental Death plus Accidental Permanent, Total or Partial Disability Cover
  - Option IV – Accidental Death plus Critical Illness Cover
  - Option V – Accidental Death plus Accidental Permanent, Total or Partial Disability plus Critical Illness Cover
- Hassle free enrolment process
- Tax benefits available as per current tax laws

## Key Advantages

You as a Master Policyholder can:

- Use this as a tool to attract and retain your loyal customers and/or quality employees
- Possibly lend higher amounts (subject to customer's eligibility) because of the assurance of having no repayment in case of an unfortunate contingency

Your Customers:

- Have Health and Accidental Insurance protection at a very economical cost

- Have a sense of security
- Tax benefits under section 80D of the Income Tax Act, 1961

## Benefits in Detail

The Sum Insured criteria under a particular group scheme shall be linked to the loan amount or as a multiple of Equated Monthly Installments (EMI) as specified in Policy Schedule.

In case of sum insured linked to the loan amount, the sum insured criteria may be based on the loan taken by the respective member as per the following:

- a) Equal to the loan amount or
- b) A specific percentage of the loan amount or
- c) Graded basis the loan amount

In case the Sum Insured is selected as a multiple of EMI, this multiple will be as agreed between the Company and the Master Policyholder and will remain same for all members of the group scheme.

The benefits shall be payable as per the Plan Option (A or B) chosen by the Master Policyholder at the inception of the Policy.

Option A: Fixed Sum Insured throughout Policy Term

Option B: Reducing Sum Insured as per Benefit Schedule fixed at policy inception. This option is available only for policy term of 2 to 5 years.

Under Option B, the coverage Sum Insured will be as per the benefit schedule generated at the commencement of the cover considering the applicable loan interest rate. The sum insured shall be reducing monthly as per the Benefit Schedule generated on the date of commencement of the membership.

For One Year Yearly Renewable; only Option A is applicable and Sum Insured criteria under a particular group scheme shall be as defined in the Policy Schedule. The benefits shall be payable as per the fixed Sum Insured chosen by the Master Policyholder at the inception of the Policy.

### For Regulated Entities:

The Regulated Entities are following entities in accordance with IRDAI guidelines as amended from time to time:

1. Reserve Bank of India (RBI) regulated Scheduled Commercial Banks (including Co-operative Banks).
2. NBFC's having certificate of registration from RBI.
3. National Housing Bank (NHB) regulated Housing Finance Companies.
4. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies, and
5. Small Finance Banks regulated by RBI.
6. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
7. Microfinance companies register under section 8 of the Companies Act, 2013
8. Any other category as approved by the Authority

In case the Master Policy is issued under Lender- Borrower category to any of the above entities, the Insured member shall have an option to issue an authorization in favour of the Company to the effect that in case of an Insured event during the Coverage Term, the claim amount, if any payable under the Master Policy shall first be utilized for payment to Master Policyholder for the outstanding loan amount as specified in Master Policyholder's Credit Account Statement and the balance amount, if any, payable under the Master Policy will be payable to Insured member / Nominees / legal heirs or legal representatives (as applicable). In case of absence of such authorization the entire claim amount would be paid to the insured member/nominee(s)/beneficiary.

#### **For Other Entities:**

These are Entities other than Regulated Entities as described above. On an Insured event during the Coverage Term, the claim amount shall be payable to Insured member / Nominee(s) / legal heirs or legal representatives (as applicable).

## **Coverage Options**

### **Option I: Accidental Death Cover**

Under this option, on occurrence of death due to an accident, a lump sum benefit equal to Accidental Death Sum Insured will be payable and the cover will cease.

### **Option II: Critical Illness Cover**

Under this option, a fixed lump sum benefit equal to 100% of the Critical Illness Sum Insured will be payable on diagnosis with any of the 21 critical illnesses as mentioned below, provided that the insured member has survived the survival period following such diagnosis. The cover will cease thereafter.

### **Option III: Accidental Death plus Accidental Permanent, Total or Partial Disability Cover**

Under this option, on occurrence of ATPD, a lump sum benefit (% of ATPD Sum Insured) will be payable as per the ATPD benefit defined below.

The Sum Insured for the ADB cover will be reduced by the ATPD benefit already paid. Hence, on occurrence of death due to an accident, a lump sum benefit equal to Sum Insured less ATPD benefit already paid will be payable and the cover will cease.

### **Option IV: Accidental Death plus Critical Illness Cover**

Under this option, a fixed lump sum benefit equal to 100% of the Critical Illness Sum Insured will be payable on diagnosis with any of the 21 critical illnesses, provided that the insured member has survived the survival period following such diagnosis.

In addition, on occurrence of death due to an accident, a lump sum benefit equal to Accidental Death Sum Insured will be payable in addition to the CI benefit already paid and the cover will cease.

### **Option V: Accidental Death plus Accidental Permanent, Total or Partial Disability plus Critical Illness Cover**

Under this option, on occurrence of ATPD, a lump sum benefit (% of ATPD Sum Insured) will be payable as per the ATPD benefit defined below.

An additional fixed lump sum benefit equal to 100% of the Critical Illness Sum Insured will be payable on diagnosis with any of the 21 critical illnesses as mentioned above (in Option-II), provided that the insured member has survived the survival period following such diagnosis.

Further, on occurrence of death due to an accident, a lump sum benefit equal to Sum Insured less ATPD benefit already paid will be payable and the cover will cease.

Under Option III & V, the ADB & ATPD Sum Insured shall always be equal only at the inception of the Policy. Subsequently, the benefits payable under ATPD for the different insured events can be at 25%, 50%, etc. of the chosen ATPD Sum Insured at policy inception

Under Option II, IV & V, the CI cover will terminate upon payment of the first CI benefit for any of the mentioned 21 critical illnesses.

Please refer to next section for details on these Coverage Options

## **This product provides cover for following type of benefits as per the coverage options chosen:**

### **A) Accidental Death Benefit (ADB)**

On occurrence of death due to an accident, a lump sum benefit equal to Accidental Death Sum Insured will be payable subject to the following and the cover will cease thereafter.

a) The member has sustained any bodily injury directly and solely from the accident, which has been caused by external, violent and visible means and the injury is independent of all other causes.

b) The death must occur within 180 days of the date of accident due to such injury as stated above solely, directly and independently of all other causes of death.

c) The accident which eventually leads to death has occurred during the term of the policy, even if the death occurs after policy term but within 180 days of accident.



## B) Accidental Permanent, Total or Partial Disability (ATPD)

On occurrence of ATPD, a lump sum benefit as per the following will be payable. There can be multiple claims upon occurrence of ATPD; however the total lump sum benefit paid shall be subject to a maximum of 100% of ATPD Sum Insured chosen at policy inception:

Events	% of Sum Insured	Events	% of Sum Insured
Permanent Loss of use of both hands	100%	Permanent Loss of speech and hearing in both ears	50%
Permanent Loss of use of both feet	100%	Permanent Loss of hearing in both ears	25%
Permanent Loss of use of both eyes	100%	Permanent Loss of speech	25%
Permanent Loss of use of one hand and one foot	100%	Permanent Loss of use of one hand	25%
Permanent Loss of use of one hand and one eye	100%	Permanent Loss of use of one foot	25%
Permanent Loss of use of one foot and one eye	100%	Permanent Loss of use of one eye	25%

Accidental Permanent, Total or Partial Disability shall mean the occurrence of any of the following conditions as a result of accidental bodily injury within 180 days of such accident:

- Physical severance at or above wrists or permanent loss of use of both the hands.
- Physical severance at or above ankles or permanent loss of use of both the feet.
- Total and irrecoverable loss of sight of both eyes.
- Physical severance at or above wrist or permanent loss of use of one hand and physical severance at or above ankle or loss of use of one foot.
- Physical severance at or above wrist or permanent loss of use of one hand total and irrecoverable loss of sight of one eye.
- Physical severance at or above ankle or permanent loss of use of one foot and total and irrecoverable loss of sight of one eye.
- Total and irrecoverable loss of speech and hearing in both ears.
- Total and irrecoverable loss of hearing in both the ears.
- Total and irrecoverable loss of speech.
- Physical severance at or above ankle or permanent loss of use of one foot.
- Physical severance at or above wrists or permanent loss of use of one hand.
- Total and irrecoverable loss of sight of one eye.

For accidental total and permanent disability benefit to be payable, such disability must have persisted for at least 180 days and must, in the opinion of a registered independent medical practitioner, be deemed permanent. Except for physical severance where the benefit would be payable immediately.

## C) Critical Illness (CI)

A fixed lump sum benefit equal to 100% of the Critical Illness Sum Insured will be payable on diagnosis with any of the following 21 critical illnesses, provided that the insured member has survived for a period of at least 14 days following such diagnosis.

The product will cover the insured member against the following 21 critical illnesses:

S. No.	Critical Illnesses	S. No.	Critical Illnesses
1	Benign Brain Tumor	12	Loss of Speech
2	Blindness	13	Major Organ /Bone Marrow Transplant
3	Brain Surgery	14	Motor Neuron Disease With Permanent Symptoms
4	Cancer of Specified Severity	15	Multiple Sclerosis With Persisting Symptoms
5	Coma of Specified Severity	16	Open Chest CABG
6	Deafness	17	Open Heart Replacement Or Repair of Heart Valves
7	End Stage Liver disease	18	Permanent Paralysis of Limbs
8	End Stage Lung disease	19	Stroke Resulting In Permanent Symptoms
9	First Heart Attack of Specified Severity	20	Surgery of Aorta
10	Kidney Failure Requiring Regular Dialysis	21	Third Degree Burns
11	Loss of Limbs		

All the policy benefits are subject to policy being in force.

## Other Features

### Surrender Benefit

For one year renewable cover, no surrender value is available under this product.

In case of policy term from 2 to 5 years, following surrender value shall be payable upon full pre-payment of loan:

60% of Single Premium paid (excluding taxes, if any)\*  
(Unexpired coverage term in completed months / Total coverage term in months) \*(Coverage In-force / Initial Coverage Amount)

Where, Coverage In-force means the benefit amount as per the Benefit Schedule as on the monthly plan anniversary immediately before the date of surrender of the policy.

In case of surrender of the Master Policy at the request of the Master Policyholder at any time, the existing members will have an option to:

- Continue the risk cover as per the contract, or
- Terminate the risk cover and take the applicable surrender value (as mentioned above).

The members who choose to continue the risk cover, in such case the company shall continue to be responsible to serve such members on the existing terms and conditions till their coverage is terminated.

^In case of flat cover or cover as multiple of EMI, (Coverage In-force / Initial Coverage Amount) factor will be 1 (one).

## Eligibility

<b>Member's Age at Entry (last birthday)</b>	Minimum 14 years for Education loan 18 years for all other cases	Maximum 65 Years
<b>Coverage Expiry Age (last birthday)</b>	One Year Renewable Cover: 66 years Single Pay: 70 Years	
<b>Policy Term</b>	1 Years	5 Years
<b>Premium Payment Term</b>	One Year Renewable and Single Premium in case of Policy Term 2 to 5 Years	
<b>Premium Payment Mode</b>	For 1 Year Policy Term: Annual, Semi-annual, Quarterly and Monthly modes are applicable For 2 to 5 Years policy term: Single premium	
<b>Sum Insured</b>	₹1000 per life	Accidental Benefits: ₹3 Crore per life  Critical Illness Benefit: ₹50 Lakhs per life  For all benefits combined together, maximum sum insured shall be restricted to ₹3 Crore per life, subject to board approved underwriting policy.
<b>Group Size</b>	7 members	No limit

## Modal Factors

<b>Premium Mode</b>	Annual	Semi-Annual	Quarterly	Monthly
<b>Modal Factor</b>	1	0.52	0.265	0.09

## What is Non Underwriting Limit (NUL)?

This is the limit determined by the Company based on the characteristics of the group up to which no medical evidence is required. Above the NUL, the acceptance will be subject to medical evidence as per the Company's underwriting rules and in case of sub-standard lives, extra premium would be charged.

## What are the tax benefits?

Tax benefits may be applicable as per prevailing tax laws. Tax laws are subject to change from time to time. Please refer to your tax consultant for details.

## What are the exclusions in this scheme?

General Exclusions applicable to CI Benefit:

No benefits will be payable under this Policy if a claim or event suffered by the insured member is directly or indirectly caused or exacerbated as a result of any of the following:

- Pre-Existing condition(s) - for 4 years from date of commencement/reinstatement, whichever is later. Pre-Existing Diseases is any condition, ailment or 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 reinstatement 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 issued by the insurer or its reinstatement
- Deliberate or intentional failure to seek or follow medical advice

- HIV/AIDS
- Self-inflicted injury, suicide or attempted suicidewhether sane or insane
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means
- Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner
- Participation in any armed force or peace keeping activities
- War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the Insured member is an active participant in such activities
- Deliberate participation of the Insured member in an illegal or criminal act with criminal intent
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation

General Exclusions applicable to ADB and ATPD Benefits:

Death or Disability arising directly or indirectly from any of the following are specifically excluded:

- The Insured member taking part in any hazardous sport or pastimes (including hunting, mountaineering, motor racing, steeple chasing, bungee jumping, paragliding, deep sea diving etc.)
- The Insured member flying in any kind of aircraft, other than as a bonafide passenger (whether farepaying or not) on an aircraft of a licensed airline
- HIV/AIDS
- Self-inflicted injury, suicide or attempted suicidewhether sane or insane
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means
- Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered Medical Practitioner. However, this exclusion shall not apply in the circumstances where the insured is directly or indirectly not responsible for the accident though under influence of intoxication, such as when the insured is travelling as a passenger
- Participation in any armed force or peace keeping activities
- War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the Insured member is an active participant in such activities
- Deliberate participation of the Insured member in an illegal or criminal act with criminal intent
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation

## Conditions for Renewal

For One Year Renewable product

1. For One Year Renewable product, the Company will allow revival of a group scheme subject to Master policyholder paying appropriate premium.
2. For modes other than Annual, if the Master Policyholder fails to pay the due premium on time, the policy will lapse at the expiry of the grace period.
3. The Master Policyholder in such cases will have a revival period of up to 3 months from date of first unpaid premium till the next Policy Anniversary and within the Policy Term of one year.
4. The scheme shall be underwritten afresh depending upon the period for which the policy has been in lapse state as per the Board approved underwriting policy.

For policy terms of 2 to 5 years

Since only single premium option is available hence no renewal is applicable.

## Grace Period

For One year renewable cover, a grace period of 30 days in semi-annual & quarterly mode and 15 days in case of monthly mode is applicable under this product. There is no grace period applicable in case of yearly mode. If the company does not receive the premium due within the grace period, the policy will lapse at the expiry of the grace period. In case of a member(s) claim during the grace period, the claim benefit will be entertained, if the premium due for the scheme has been paid by the Master Policyholder before the end of the grace period.

For policy term of 2 to 5 years, only single premium option is available and hence there is no grace period applicable.

## Waiting Period

There will be a waiting period of 90 days in case of Critical Illness cover. During this time no benefit will be payable if diagnosis of any Critical Illness covered under this product first occurs or diagnosis is first made and/ or hospitalization and/ or treatment (availed or advised) which results in diagnosis of the Critical Illness covered within the first 90 days from date of commencement or revival of membership, whichever is later.

## Survival Period

It is the duration between dates of diagnosis of the condition to date of eligibility for the benefit payment.

There will be a Survival Period of 14 days in case of Critical Illness cover. This means that the insured has to survive for 14 days after full diagnosis. Failure to do so entitles the Insurance Company to refuse any claim under this cover.

The diagnosis of the Critical Illness must be made perimortem (i.e. while the Insured member is still alive), and for those conditions that has an inherent deferment period in the definition (such as 3 months in case of "Stroke"), the Insured member must survive this "deferment period" before the Critical Illness benefit can be paid.

## When will the insurance cover terminate?

The cover would cease from the date of termination of the coverage in accordance with the scheme rules.

## Applicable Definitions

**Accident** means a sudden, unforeseen and an involuntary event caused by external, visible and violent means.

**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.

**Hospital** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registrations and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) & the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places
- Has qualified medical practitioner(s) in charge round the clock
- Has a fully equipped operation theatre of its own where surgical procedures are carried out
- Maintains daily records of patients and makes these accessible to the insurer's authorized personnel

**Medical Practitioner** means 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 its scope and jurisdiction of his license. The Medical Practitioner shall not include:  
a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy.

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

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

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

The following conditions are excluded:

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

**Blindness** means 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

**Brain Surgery** - Aneurysm or ballooning of a part of the wall of a blood vessel in the brain that is serious enough to warrant corrective surgery. Benefit shall only be payable on the actual undergoing of surgery to the brain under general anesthesia during which craniotomy is performed. Treatment by microcoil thrombosis or balloon embolisation alone is excluded. Burr hole procedures, transphenoidal procedures and other minimally invasive procedures are also excluded.

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

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown 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 T2NOMO
- All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification
- All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs
- All tumors in the presence of HIV infection

**Coma** of specified severity shall mean a state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

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

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

**Deafness** shall mean 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.

**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.

**End Stage Lung Failure** - End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
- Dyspnea at rest

**Myocardial Infarction (First Heart Attack of specific severity):**

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

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

The following are excluded:

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

**Kidney Failure requiring regular Dialysis** means 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.

**Loss of Limbs** means the physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

**Loss of Speech** means Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

**Major Organ/Bone Marrow Transplant** means the actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible endstage 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

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

**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.

**Multiple Sclerosis with Persisting Symptoms** means the unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

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

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

**Open Chest CABG** shall mean 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

**Open Heart Replacement or Repair of Heart Valves** shall mean 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.

**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.

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

The following are excluded:

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

**Surgery of Aorta** shall mean the actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.

**Surgery or Surgical Procedure** shall mean 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.

**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.

## Nomination

In this Policy, Nomination is effected as per Section 39 of Insurance Act, 1938 as amended from time to time.



## Assignment

In this Policy, Assignment is effected as per Section 38 of Insurance Act, 1938 as amended from time to time.

## Free Look Cancellation

You will have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of the policy and where you disagree to any of these terms and conditions, you have an option to return the policy stating the reasons for objection. On receipt of the letter along the policy documents, the company will refund the premiums paid, subject to the deduction of proportionate risk premium for the period on cover and any expenses incurred by the Company on medical examination of the members and stamp fee.

This policy will not be sold through Distance Marketing mode.

## Section 41 of the Insurance Act 1938 as amended from time to time: Prohibition of rebate

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

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

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

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 nominee(s)/beneficiary(s) or assignees of the insured the grounds and materials on which such decision is based.
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement 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 mis-statement 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.

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 nominee(s)/beneficiary(s) 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 nominee(s)/beneficiary(s) or assignees of the insured within a period of ninety days from the date of such repudiation.
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.

The brochure gives the salient features for the product. Please refer to Policy document for further details of the terms and conditions.

## **About Pramerica Life Insurance Limited (PLIL)**

Pramerica Life Insurance Limited is a joint venture between DHFL Investments Limited (DIL), a wholly-owned subsidiary of Dewan Housing Finance Corporation Ltd. (DHFL) and Prudential International Insurance Holdings, Ltd. (PIIH), a fully owned subsidiary of Prudential Financial, Inc. (PFI), a financial services leader headquartered in the U.S. The life insurance joint venture agreement between the two partners was signed in July 2013.

Pramerica Life Insurance Limited, which was earlier known as DHFL Pramerica Life Insurance Company Limited started operations in India on September 01, 2008 and has a pan India presence through multiple distribution channels which have been customized to address the specific insurance needs of diverse customer segments. The Company is committed to providing protection and quality financial advice to its customers.

For further information on the Company, please visit [www.pramericalife.in](http://www.pramericalife.in)



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This product provides Life Insurance coverage. Pramerica Life Group Health Kavach UIN: 140N061V01. Goods & Service Tax and applicable cess will be charged over and above the quoted premium. For more details on risk factors and terms & conditions including policy exclusion, please refer to the detailed plan [brochure](#) and policy terms and conditions before concluding a sale.

Pramerica Life Insurance Limited. (Erstwhile DHFL Pramerica Life Insurance Company Limited) CIN: U66000HR2007PLC052028. IRDAI Registration No. 140. Registered Office and Communication Address: 4<sup>th</sup> Floor, Building No. 9, Tower B, Cyber City, DLF City Phase III, Gurgaon-122002. Website: [www.pramericalife.in](http://www.pramericalife.in). The Pramerica Mark displayed belongs to 'The Prudential Insurance Company of America' and is used by Pramerica Life Insurance Limited under license.

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