# CRITICAL ILLNESS RIDER

# Terms and Conditions

**Preamble**: The Rider is granted by Us under Base Policy based on the information provided by the Proposer / Policyholder in their proposal, and is subject to the definitions, terms and conditions, exclusions, and endorsements of the Base policy. The accuracy and completeness of the information provided by the policyholder is crucial in determining the Rider's terms and conditions. The meanings assigned to the terms defined below apply to their usage throughout the Rider and as applicable.

**Standard Definition**

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. **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.
3. **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.
4. **Major Organ Transplant/Bone Marrow Transplant**
   • 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.

5. **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.

6. **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.

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
   - Traumatic injury of the brain
   - Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. **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.

9. **Myocardial Infarction (First Heart Attack of Specified 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.

**10. 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.

**11. Coma of Specified Severity**

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

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

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

**12. Parkinson's Disease**

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the 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 mover from bed to a upright chair or wheelchair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: The ability to feed oneself once the food has prepared and made available;
vi. Mobility: The ability to move indoors from room to room on level surfaces. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

**13. Benign Brain Tumour**

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

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

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor. The following conditions are excluded:
  Cysts, granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

**14. Alzheimer's Disease**

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

The following conditions are however not covered:

a) neurosis and neuropsychiatric symptoms without imaging evidence of Alzheimer's disease;
b) alcohol related brain damage; and
c) any other type of irreversible organic disorder/dementia not associated with Alzheimer's disease.

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

**15. Aorta Graft Surgery**

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The insured person understand and agrees that we will not cover:

a) Surgery performed using only minimally invasive or intra-arterial techniques.
b) Angioplasty and all other intra-arterial, catheter-based techniques, "keyhole" or laser procedures.
Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

**16. 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.

**17. Loss of speech**

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12

months. This diagnosis must be supported by medical evidence furnished by an ear, nose, and throat (ENT) specialist.

18. **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.

19. **Motor Neurone 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.

20. **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 cauterization. There must be permanent irreversible physical impairment to the degree of at least class IV of the New York Heart Association classification of cardiac impairment.

    The NYHA classification of cardiac impairment are as follows:

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

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

21. **Loss of Limb**
    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.

22. **Muscular Dystrophy**
    A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the

inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of daily living:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the 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. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: the ability to feed oneself once food has been prepared and made available;
vi. Mobility: The ability to move indoors from room to room on level surfaces.

**23. 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.

**24. 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.

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;

**25. 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); and
- Dyspnea at rest.

**Specific Definitions**

**SUB-LIMIT** means a cost sharing requirement under a health insurance policy in which We would not be liable to pay any amount in excess of the pre-defined limit.

**Base Policy- Health Retail policies of New India Assurance Co Ltd as listed below**

1. New India Mediclaim Policy
2. New India Floater Mediclaim Policy
3. Young India Digi Health Policy
4. Yuva Bharat Health Policy
5. Arogya Sanjeevani policy
6. New India Asha Kiran Policy
7. New India Premier Mediclaim Policy
8. Arogya Pragati Plus -Top up reinvented (Gold plan)
9. Atmanirbhar Health policy
10. New India Top up Mediclaim Policy

**Note**:
For Floater Sum Insured policies, Pro-rata premium is chargeable for mid-term additions of newly wedded spouse and new born babies, if this Rider was originally opted by the existing members.

For Individual Sum Insured policies, mid-term additions of newly wedded spouse and new born babies, may opt the rider by paying the pro-rata premium.

**Conditions applicable to this Rider**

i. This Rider can only be bought along with the Base Policy and cannot be bought in isolation or as a separate product.
ii. This Rider can be opted by the Insured persons who are covered under the Base Policy.
iii. The benefit under this rider will trigger only if the diagnosis of the critical illness is as defined under the Rider.
iv. It can be offered to persons between 18 to 55 years of age.
v. Persons proposing for this Rider should not have been diagnosed/is diagnosed for any of the critical illnesses.
vi. The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Policy.
vii. This Rider is available for Base Policy having sum insured of Rs.5 lakhs and above.
viii. The Rider will be issued for a period of 1, 2 & 3 year(s) period depending on the period of Base Policy.
ix. Admissible claim under this Rider will be paid out on a benefit basis.
x. Upon payment of a claim for any one of the Critical Illnesses listed above, This Rider will cease to exist.
xi. Rider attached to policies issued on floater basis, claim paid out to any of the members covered will cease this Rider.

**Waiting Period:**

90 days from the date of opting this Rider for first time.

**Coverage**:

We will pay the lump sum amount equal to 25% of the Sum Insured of the Base Policy, provided the covered Critical Illness is diagnosed during the policy period as first incidence subject to the completion of waiting period of 90 days.

**Exclusions:**

1. Any Pre-existing Condition, ailment or disease, or its related conditions arising from it.
2. We shall not be liable to make any payment in respect of any Critical Illness which is diagnosed within the first 90 days of the Inception Date of First Policy. These 90 days waiting period shall not be applicable on renewals to the extent of sum insured under the previous policy.
3. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.