



Aviva New Critical Illness Non-Linked Rider
UIN:122B036V02

Riders are a cost effective way of reinforcing your insurance plan for complete and all round protection. Riders can be bought with the basic insurance plan at a nominal incremental cost. The rider can only be attached with the base product and cannot be bought in isolation. Aviva New Critical Illness Non-Linked Rider gives you comprehensive financial protection from 49 critical illnesses.

Aviva New Critical Illness Non-Linked Rider at a glance

This Rider can be taken on single life basis at inception of the Base Policy subject to limits specified below:

Parameters	Limit
Minimum Entry Age (last birthday)	18 Years last birthday
Maximum Entry Age (last birthday)	65 Years last birthday
Maturity age (last birthday)	70 years last birthday
Minimum Rider Policy Term	5 years
Maximum Rider Policy term	52 years Rider Policy term will be equal to premium payment term of the base product to which it is attached.
Rider Premium Payment Term	Equal to Rider Policy Term
Minimum Rider Sum Assured	Rs.1,00,000/-
Maximum Rider Sum Assured	Rs.50,00,000/- per life basis

What is the benefit?

If this rider has been opted for and the life insured suffers critical Illness covered by this rider, then on survival of life insured for **30 Days** from the date of diagnosis of Critical Illness/es, the rider sum assured will be payable as per the option selected by the policyholder viz. a) Lump Sum Payout **and/or** b) Waiver of Future Premiums as applicable.

One can opt for either/both of these two options subject to boundary conditions of the base plan as well as of this rider and any limits prescribed by the IRDAI Regulations/Guidelines/Circulars on Health Insurance Rider premiums.

Aviva New Critical Illness Rider Benefits:

- i. **Lumpsum Benefit:** In case of opting for lumpsum benefit only, the rider benefits will cease after the claim payment. However, risk cover under the base plan along with any other rider, if opted for will continue with full sum assured subject to their respective terms and conditions. The CI rider benefit shall cease.
- ii. **Waiver Of Premium:** In case of opting for Waiver of Premium option, all future premiums pertaining to the Base Policy as well as Aviva Accidental Casualty Non-Linked Rider, if opted shall be waived and the Base Policy and Aviva Accidental Casualty Non-Linked Rider, if opted shall continue as per the terms and conditions. The CI rider benefit shall cease.
- iii. **Lumpsum Benefit and Waiver of Premium :** Proposer can opt for either/both of these two options subject to boundary conditions of the base plan as well as of this rider and any limits prescribed by the IRDAI Regulations/Guidelines/Circulars on Health Insurance Rider premiums. In case both the Lumpsum as well as Waiver of Premium benefits are opted, on diagnosis of the Critical Illness, the



lumpsum shall be paid and all future premiums shall be waived off as mentioned above. The CI rider benefit shall cease.

Preventive Wellness Package:

In addition to the above conditions, if Policyholder opt for Aviva Critical Illness Non-Linked Rider with Aviva Signature 3D Term Plan (with minimum Rider Sum Assured as 10% of Base Sum Assured), Policyholder will also be eligible to get One time Preventive Wellness Package as prescribed below:

Base Plan SA	Rider SA	Preventive Wellness Package
Rs.20 Lacs to Less than 75 Lacs	At least 10% of Base Plan, subject to minimum Rs 5 Lacs and maximum of Rs. 50 Lacs (per life)	<u>Healthy Habits -Silver</u> <ol style="list-style-type: none"> 1) Smart Watch 2) AI powered Nutrition Diet
Rs. 75 Lacs to Less than Rs. 200 Lacs	At least 10% of Base Plan, subject to minimum Rs 5 Lacs maximum of Rs. 50 Lacs (per life)	<u>Healthy Habits -Gold</u> <ol style="list-style-type: none"> 1) Smart Watch 2) AI powered Nutrition Diet 3) BP Monitor 4) Smart Scale
Greater than or Equal to Rs. 200 Lacs	At least 10% of Base Plan subject to minimum Rs 5 Lacs maximum of Rs. 50 Lacs (per life)	<u>Healthy Habits -Platinum</u> <ol style="list-style-type: none"> 1) Smart Watch 2) AI powered Nutrition Diet with consultation 3) BP Monitor 4) Smart Scale 5) Genetic Test

The above Preventive Wellness Package will be one time benefit only. The Preventive Wellness Package will be provided post completion of Free Look Period only.

For more information, refer the Policy Document.

What is the Death Benefit under this Rider?

There is no Death Benefit payable under this Rider.

What is the Maturity Benefit under this Rider?

There is no Maturity Benefit payable under this Rider.

What is the Surrender Benefit under this Rider?



There is no Surrender Benefit payable under this Rider.

What are the Premium Payment mode?

Yearly/half-yearly/quarterly/monthly. Mode of premium payment of the rider shall be same as that of the base product.

Following factors would be applied for different modes of premium over the annual premium:-

Mode	Factor
Monthly	0.0871
Quarterly	0.2591
Half Yearly	0.5108
Yearly	1.0000

Rebate:

Rebate of 5% on tabular premium rates (including Extra Morbidity Risk premium) shall be applicable for policies sourced through online and web aggregator channels.

List Of Critical Illnesses Covered

S.No	Critical Illness
1	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack Of Specific Severity)
3	Open Chest CABG
4	Open Heart Replacement Or Repair Of Heart Valves
5	Coma Of Specified Severity
6	Kidney Failure Requiring Regular Dialysis
7	Stroke Resulting In Permanent Symptoms
8	Major Organ /Bone Marrow Transplant
9	Permanent Paralysis Of Limbs
10	Motor Neuron Disease With Permanent Symptoms
11	Multiple Sclerosis With Persisting Symptoms



12	Benign Brain Tumor
13	Blindness
14	Deafness
15	End Stage Lung Failure
16	End Stage Liver Failure
17	Loss Of Limbs
18	Major Head Trauma
19	Primary (Idiopathic) Pulmonary Hypertension
20	Third Degree Burns
21	Aplastic Anaemia
22	Medullary Cystic Disease
23	Parkinson's Disease
24	Apallic Syndrome
25	Major Surgery of the Aorta
26	Fulminant Viral Hepatitis - resulting in acute liver failure
27	Cardiomyopathy
28	Muscular Dystrophy
29	Poliomyelitis - resulting in paralysis
30	Chronic Recurring Pancreatitis
31	Bacterial Meningitis - resulting in persistent symptoms
32	Loss of Independent Existence
33	Alzheimer's Disease [before age 65] – <i>requiring constant supervision</i>
34	Chronic Adrenocortical Insufficiency (Addison's Disease)
35	Sporadic Creutzfeldt-Jakob Disease (sCJD)
36	Acute Viral Encephalitis - <i>resulting in persistent symptoms</i>
37	Necrotising Fasciiti
38	Severe Rheumatoid Arthritis
39	Systemic Lupus Erythematosus - <i>with involvement of heart, kidneys or brain</i>
40	Systemic Sclerosis (Scleroderma) – <i>with organ involvement</i>
41	Amputation of Feet Due to Complications from Diabetes
42	Myasthenia Gravis
43	Infective Endocarditis
44	Pheochromocytoma
45	Eisenmenger's Syndrome
46	Severe Ulcerative Colitis
47	Crohn's Disease
48	Loss of Speech



49	Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)
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Definitions of the covered conditions are given below in the Annexure I

Is there any survival period before the claim?

The benefit will be payable only on survival for a period of **30 days** from diagnosis of the Critical Illness.

Life Insured has to survive for at least 30 days from the date of diagnosis of Critical Illness as covered under this plan.

The survival period is defined as the period of time after the date of first diagnosis of the covered critical illness that the policyholder has to survive to become eligible for the benefit payment under the critical illness cover.

Is there any waiting period?

A waiting period of **90 days** from the date of commencement of risk is applicable. No benefit will be payable if any claim occurs within the waiting or any signs or symptoms related to Critical Illness has occurred during the waiting period. In case of claim, an independent medical practitioner will examine the necessary medical records and reports. In case it is certified by the medical practitioner that the 'Sign and Symptoms' related to the reported CI had occurred during the waiting period of **90 days**, such claim will not be payable.

In case of Revival of the policy happens within **60 days** from the date of first unpaid premium, waiting period will not be applicable.

In case of Revival of the policy happens after **60 days** from the date of first unpaid premium, waiting period of **90 days** will be applicable from date of revival.

In case the rider claim occurs during the waiting period, nothing is payable to the policyholder and the rider policy shall be terminated immediately.

What is the grace period?

For Yearly, Half-Yearly and Quarterly Modes of premium payment, Grace period of **30 days** is allowed. For monthly mode, **15 days** Grace period is allowed. In case of occurrence of claim during grace period, the due unpaid premium will be deducted from the rider benefit in case the claim is accepted by the company.

What is not covered under this Rider(Exclusions) ?

We shall not be liable to pay any benefit if the Critical Illness is What is caused directly or indirectly by the following:

- Any Pre-Existing Disease. "Pre-existing Disease" means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its latest revival date, whichever is later; OR
- For which medical advice or treatment was recommended by, or received from, a physician within 36 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;
- Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.
- If the insured dies within 30 days of the diagnosis of the covered Critical Illness.
- Intentional self-inflicted injury, suicide or attempted suicide,
- For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
- Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; 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;
- Participation by the insured person in a criminal or unlawful act with criminal intent;
- For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
- For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
- For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder.

Any other additional exclusions, under the Company's policy document pertaining to this benefit shall be applicable.

What are other terms & conditions?

Free-look Cancellation:

The policyholder has a free look period of 30 days from the date of receipt of the policy document, to review the terms and conditions of the policy and where the policyholder disagrees to any of those terms and conditions, the policyholder has the option to return the policy to the Company for cancellation, stating the reasons for his objection. The policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the company on medical examination and stamp duty charges

Conditions for reinstatement/ revival of the contract, in case of instalment premiums:

If the due rider premium is not paid before the expiry of the grace period then the rider policy will lapse and risk cover will cease immediately.



Within 5 years from the date of first unpaid installment of regular premium, by submitting the proof of continued insurability of the life insured to the satisfaction of the company as per the underwriting guidelines approved by the Board and making the payment of all due premiums. If a lapsed policy is not revived within the revival period, then the rider coverage will be terminated without any benefit.

Nomination & Assignment: Nomination, as defined under section 39 of Insurance Act 1938 as amended from time to time, and Assignment, as defined under section 38 of Insurance Act 1938 as amended from time to time, is allowed under this policy.

Acceptance

Aviva will not be liable to any claim until acceptance of risk and receipt of premium in full.

Why invest with Aviva?

Aviva Life Insurance is a joint venture between Dabur Invest Corp and Aviva International Holdings Limited – a UK based insurance group, whose association with India goes back to 1834. By choosing Aviva Life Insurance you benefit from the management experience of one of the world's oldest Insurance Group, with a history dating back to 1696.

Founded in 1884, Dabur is one of India's oldest and largest groups of companies. It is the country's leading producer of traditional healthcare products.

Section 41

In accordance with Section 41 of the Insurance Act, 1938, as amended from time to time.

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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:

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees”.

Section 45

In case of fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the Company in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time. Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time by Insurance Laws (Amendment) Act 2015 are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy whichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or



- c. the date of revival of policy or
- d. the date of rider to the policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act ,2015 and only a simplified version prepared for general information. Policy Holders are advised to



refer to Original Insurance Laws (Amendment) Act ,2015 Gazette Notification dated March 23 , 2015 for complete and accurate details.]

Queries and Complaints

For additional information, queries or complaints, please contact us at the numbers given below:

1800 1037766 (Toll free for BSNL/MTNL users)or

0124-2709046 or SMS "Aviva" to 5676737

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UIN:122B036V02

Aviva New Critical Illness Non Linked Rider

Advertisement Number:

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint



Annexure I

Definition of Critical Illness Covered

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 –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

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,
- iv. The following are excluded:
 - v. Other acute Coronary Syndromes
 - vi. Any type of angina pectoris
- vii. 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:

1. no response to external stimuli continuously for at least 96 hours;
2. life support measures are necessary to sustain life; and
3. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
4. 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 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:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. 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:



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

The following are excluded:

1. Other stem-cell transplants
2. 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:

1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
3. 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.

1. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
2. 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:

1. corrected visual acuity being 3/60 or less in both eyes or ;
2. 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:

1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
4. Dyspnea at rest.

16. End Stage Liver Failure

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

1. Permanent jaundice; and
2. Ascites; and
3. 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 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:

1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
2. 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:

1. Bone marrow stimulating agents
2. Immunosuppressants
3. Bone marrow transplantation
4. 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:

1. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
2. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
3. 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:

1. Polycystic kidney disease
2. Multicystic renal dysplasia and medullary sponge kidney
3. 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:

1. Muscle rigidity
2. Tremor
3. 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 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:



1. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
2. Essential tremor
3. 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:

1. Complete unawareness of the self and the environment
2. Inability to communicate with others
3. No evidence of sustained or reproducible behavioural responses to external stimuli
4. Preserved brain stem functions
5. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
6. 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:

1. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
2. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
3. 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:

1. Typical serological course of acute viral hepatitis
2. Development of hepatic encephalopathy
3. Decrease in liver size
4. Increase in bilirubin levels
5. Coagulopathy with an international normalized ratio (INR) greater than 1.5



6. Development of liver failure within 7 days of onset of symptoms
7. No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

1. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
2. Fulminant viral hepatitis associated with intravenous drug use



27. Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

1. Dilated Cardiomyopathy
2. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
3. Restrictive Cardiomyopathy
4. Arrhythmogenic Right Ventricular Cardiomyopathy

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

1. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
2. 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.
3. 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:

1. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
2. Transient reduction of left ventricular function due to myocarditis
3. Cardiomyopathy due to systemic diseases
4. 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:

1. Duchenne Muscular Dystrophy (DMD)
2. Becker Muscular Dystrophy (BMD)
3. Emery-Dreifuss Muscular Dystrophy (EDMD)



4. Limb-Girdle Muscular Dystrophy (LGMD)
5. Facioscapulohumeral Muscular Dystrophy (FSHD)
6. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
7. 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:

1. Poliovirus infections without paralysis
2. Other enterovirus infections
3. Guillain-Barré syndrome or transverse myelitis

30. Chronic Recurring Pancreatitis



A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

1. Exocrine pancreatic insufficiency with weight loss and steatorrhea
2. Endocrine pancreatic insufficiency with pancreatic diabetes
3. 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:

1. Chronic pancreatitis due to alcohol or drug use
2. 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:

1. 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.
2. 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.

3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. 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.

33. Alzheimer's Disease [before age 65] – requiring constant supervision

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- No disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered: Other forms of dementia due to brain or systemic disorders or conditions

34. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

- ACTH stimulation test
- ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood levels

For the above definition, the following are not covered:

- Secondary, tertiary and congenital adrenal insufficiency



- Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

35. Sporadic Creutzfeldt-Jakob Disease (sCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- Progressive dementia
- At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Iatrogenic or familial Creutzfeldt-Jakob disease
- Variant Creutzfeldt-Jakob disease (vCJD)

36. Acute Viral Encephalitis - *resulting in persistent symptoms*

A definite diagnosis of acute viral encephalitis 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 typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- Encephalitis caused by bacterial or protozoal infections
- Myalgic or paraneoplastic encephalomyelitis

37. Necrotising Fasciiti

A definite diagnosis of necrotising fasciitis evidenced by all of the following:

- Progressive, rapidly spreading bacterial infection located in the deep fascia, with secondary necrosis of the subcutaneous tissues of the limbs or trunk
- Fever and rapid increase in C-reactive protein (CRP) levels



- Surgical resection of all necrotic tissue

Fournier's gangrene is covered under this definition. The diagnosis must be confirmed by a Consultant Surgeon and evidenced by microbiological or histological findings.

For the above definition, the following are not covered:

- Gas gangrene
- Gangrene caused by diabetes, neuropathy or vascular diseases

38. Severe Rheumatoid Arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- Continuous treatment with corticosteroids
- Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

- Reactive arthritis, psoriatic arthritis and activated osteoarthritis

39. Systemic Lupus Erythematosus - with involvement of heart, kidneys or brain

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.



The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus

40. Systemic Sclerosis (Scleroderma) – with organ involvement

A definite diagnosis of systemic sclerosis evidenced by all of the following:

- Typical laboratory findings (e.g. anti-Scl-70 antibodies)
- Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Localized scleroderma without organ involvement
- Eosinophilic fasciitis
- CREST-Syndrome

41. Amputation of Feet Due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist, as the only means to maintain life.

Amputation of toe or toes, or any other causes for amputation shall not be covered.

42. Myasthenia Gravis

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



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

Myasthenia Gravis Foundation of America Clinical Classification:

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

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

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

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

Class V: Intubation needed to maintain airway.

43. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- i. Positive result of the blood culture proving presence of the infectious organism(s);
- ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- iii. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist

44. Pheochromocytoma



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

45. Eisenmenger's Syndrome

Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

All of the following criteria must be met:

- Presence of permanent physical impairment classified as NYHA IV; and
- · The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist

46. Severe Ulcerative Colitis

Severe Ulcerative Colitis is a definite diagnosis of Ulcerative Colitis made by a Specialist Gastroenterologist based on histopathological findings and/or the results of endoscopic findings with the below features:

- i. the entire colon is affected, with severe bloody diarrhoea; and
- ii. Surgical treatment with total colectomy is done.

47. Crohn's Disease

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

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

The diagnosis must be made by a Consultant Gastroenterologist and be proven histologically on a pathology report and/or the results of Sigmoidoscopy or Colonoscopy.

48. LOSS OF SPEECH

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



49. Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)

A definite diagnosis of amyotrophic lateral sclerosis. 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:

- 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.
- 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.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- 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 nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

- Other forms of motor neurone disease
- Multifocal motor neuropathy (MMN) and inclusion body myositis
- Post-polio syndrome
- Spinal muscular atrophy
- Polymyositis and dermatomyositis