Policy Document

LifeLine Wellness Plus Plan

Health Insurance Plan

UIN-

Max New York Life Insurance Company Limited

Regd Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi –110020

Max New York Life Insurance Company Limited (the "Company") has entered into this contract of insurance (the "Policy") on the basis of the proposal together with the premium deposit and declarations, statements, report or other documents received from the Proposer for effecting a health insurance contract on the life of the person (the "Life Insured") named in the schedule hereto (the Schedule"). This Policy is subject to the terms and conditions stated herein and in the Schedule.

The Company agrees to pay the Benefits under this Policy on the happening of the Insured Event, while this Policy is in force.

Signed by and on behalf of
Max New York Life Insurance Company Limited

Analjit Singh
Chairman

Date of Policy :

THE SCHEDULE (Page 01)

POLICY –LifeLine-Wellness Plus

TYPE OF POLICY Health Insurance – Non-Linked, Non Participating

GENERAL OFFICE

POLICY NO:	**PROPOSAL NO**:
	DATE OF PROPOSAL:
POLICYHOLDER/ PROPOSER/ LIFE INSURED:	**SEX**:
ADDRESS: <Address 1> <Address 2> <Address 3> <Address 4>	
DATE OF BIRTH : **WHETHER AGE ADMITTED**	 Yes
EFFECTIVE DATE OF COVERAGE :	
PREMIUM MODE:	

THE SCHEDULE (Page 02)

TYPE OF COVERAGES	MATURITY DATE	INSURED EVENT	SUM ASSURED (RS.)	ANNUAL PREMIUM (Rs.)	DUE DATES WHEN PREMIUM PAYABLE/ DATE WHEN THE LAST INSTALMENT OF ATP IS PAYABLE.	POLICY TERM	MODAL FLAT PREMIUM EXTRA
LifeLine Wellness Plus	dd/mm/yy	Critical illness					

1. DEFINITIONS & INTERPRETATION

1. In the policy document, the words and phrases listed below shall be deemed to have the meanings attributed to them wherever they appear in the policy document unless the context otherwise requires:

a) "The Activities of Daily Living" shall mean **:**

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

b) "Accident" shall mean a sudden, unforeseen occurrence and involuntary event caused by external, violent and visible means, the happening of which is not inherent in the normal course of events and is not ordinarily expected to happen or occur.

c) "Congenital Condition" means any abnormality which has manifested or was diagnosed before the life insured attained age twelve (12).

d) "Diagnosis" shall mean the definitive diagnosis made by a Registered Medical Practitioner, based upon radiological, clinical, and histological or laboratory evidence acceptable to the company's appointed doctor. The company may call for the examination of the life insured by an independent expert appointed by the company. The opinion of the independent expert shall be subject to the final opinion of the company's appointed doctor.

e) "Effective Date" means the date as specified in the schedule on which the risk under this policy commences.

f) "Family" means parents, children, grandparents and grandchildren of the life insured of the same blood whether living together or not.

g) "Hospital" means an institution which is legally registered and licensed as a medical or surgical hospital in the countryThe institution must be under the constant supervision of a Registered Medical Practitioner . The Institution must maintain daily records of patients and should make the same available to the company as and when requested.

h) "Illness" shall mean a physical condition marked by a pathological deviation from the normal health state.

i) Injury" shall mean bodily injury caused solely and directly by an accident.

j) "Life insured" means the person who has been insured by the company under this policy.

k) "Maturity Date" means the date as shown in the schedule on which the policy terminates.

l) **" Premium"** means the premium payable by the policyholder in a policy year by regular instalments in the amounts and on the due dates in the manner specified in the Schedule to secure the benefits under the policy .

m) **"Policyholder"** means the person who owns the policy and for the purposes of this policy includes the life insured.

n) **"Policy"** means this **"LifeLine Wellness Plus"** health insurance plan, the operation, regulation and management of which is governed by the documents comprising the policy documentation, which is made up of the proposal form and any additional information the policyholder may provide in respect of the proposal, these terms and conditions, the schedule attached to and forming part of this policy (and if an updated schedule is issued, then schedule means the latest in time), policyholder's written instructions given in accordance with the policy document subject to company's acceptance of the same.

o) **"Policy Anniversary"** means the anniversary of the effective date.

p) **"Policy Year"** means a 12 calendar month period commencing with the effective date and every policy anniversary.

q) **"Registered Medical Practitioner"** shall mean any person qualified by degree in medicine and registered with the Medical Council of India or any State of India, who possesses sufficient skill and competence to render medical or surgical services in respect of the injury or illness concerned, but excludes a registered medical practitioner who is the policy holder or the spouse or lineal relative of the policy holder .

r) **"Pre-existing condition"** shall mean a condition prevailing at or prior to the effective date of this policy or the date of revival of the policy in respect of which the life insured had signs or symptoms of an illness or injury. Any investigation or treatment or diagnosis or surgery for any illness or injury arising out of or connected with a pre-existing condition shall be considered as part of the pre-existing condition.

s) "**Specialist"** means a Registered Medical Practitioner whose name appears in the Specialist Registry of the Medical Council of the country or institution with equivalent authority.

t) **"Surgery" or "Surgical Procedure"** shall mean customary and necessary manual and /or operative procedure for treatment of illness or injury.

u) **"Critical Illnesses"** shall mean those critical illnesses that are defined in Appendix A attached to this policy document :

2. ELIGIBILITY

2.1 The policy has been written on a single life basis.

2.2 The entry age of the policyholder shall be between 18 years to 60 years.

2.3 The term of the policy is as specified in the schedule. The maximum age of life insured at maturity cannot exceed 75 years.

3. BENEFITS

Wellness Plus

On the happening of any of the following events, confirmed by a registered medical practitioner, including a relevant specialist acceptable to the company (the cost of which shall be borne by the policyholder) and provided the life insured has

survived for at least 28 (Twenty eight) days after the happening of the insured event, the company will pay the benefit as shown below:

(i) On the diagnosis of any of the critical illnesses as defined in Serial number 1 to 7 under Group I and in Serial number 8 to 19 under Group _II and in Serial number 23 to 33 under Group III of Appendix A.

(ii) On the actual undergoing of the surgery of any of the critical illnesses as defined in Serial number 30 to 32 under Group III and in Serial number 44) to 48 under Group IV of Appendix A

For the payment of benefit under Wellness Plus, the list of critical illnesses are divided into following three categories which also show the respective benefits payable under each category:

A. Group _I category : In respect of critical illnesses covered under Group I of Appendix A, 25% of the sum assured as specified in the schedule is payable.

B. Group _II category :In respect of critical illnesses covered under Group II of Appendix A, 50% of the sum assured as specified in the schedule is payable.

C. Group III category : In case of critical illnesses covered under Group III of Appendix A, 100% of the sum assured as specified in the schedule is payable.

The payment of benefit under Wellness Plus is further subject to the following:

ii. No other claim shall be entertained during the policy term in respect of a Critical Illness in respect of which a claim has already been paid by the company.

iii. The payment of benefit in aggregate during the policy term shall not exceed 100% of the sum assured as specified in the schedule.

iv. The life insured must file with the company all the required claim documents within 60 days of the date of the happening of the insured event.

v. The company reserves the right to add to or delete any critical illness from the list of critical illnesses covered under the policy and the categorization of the same depending upon the experience and advancement in medical treatment and diagnostic techniques. The policyholder shall be notified in writing 30 days in advance about the same and the same shall be binding upon the policyholder.

General Exclusions

Notwithstanding anything to the contrary stated herein, no benefit under this policy under Wellness and Wellness Plus options will be payable if the insured event occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, by one of the following:

I. Any pre-existing condition.

II. Any insured event happening within the first 180 days of the effective date except a critical illness which occurs from or is caused as a result of an injury.

III. Opportunistic diseases associated with AIDS or HIV infection.

IV. suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time;

V. Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered medical practitioner;

VI. war (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations;

VII. participation by the life insured in a criminal or unlawful act;

VIII. service in the military/ para-military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict;

IX. participation by the life insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft;

X. Life insured engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;

XI. the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

XII. failure to seek or follow medical advice;

XIII. any congenital condition;

XIV. any pre-malignant tumors, polyps or carcinoma-in-situ of any organ; and

XV. pregnancy or childbirth or complications arising therefrom.

4. PREMIUM

4.1 The premium as specified in the schedule is payable by the policyholder on or before the due dates. The premiums are guaranteed for five years from the effective date. After expiry of five years from the effective date the company reserves the right to revise the premium rates based upon the actuarial review of the claims experience. Any revision in premium rates would be effected at a portfolio level and not at an individual level. The revision if any to premium rates would be intimated to the policy-holder at least thirty days prior to the revision being made effective.

4.2 The premium mode selected by the policyholder can be changed by giving to the company a written request and such change of premium mode on acceptance shall become effective only on the policy anniversary following the receipt of such request

by the company. A change in premium mode will lead to a revision in the modal premium amount as specified in the schedule.

4.3 All premiums are subject to applicable taxes including service tax, which shall be charged to and recovered from the policyholder

5. GRACE PERIOD

The company allows a grace period of thirty days from the due date for payment of premium. During the grace period the company will accept the premium amount without interest. The insurance coverage continues during the grace period.

6. LAPSE

If a premium is not received by the company by the end of the grace period, the policy will lapse. All Insurance cover will end upon lapse of the policy. No benefit is payable in respect of an insured event which occurred during the period when the policy has lapsed even though the policy may subsequently be revived.

7. REVIVAL OF POLICY

Within six months from the due date of the premium (period of revival) and before termination of the policy, the policyholder may apply in writing for revival of the policy. The company may upon receipt of a written request from the policyholder, and on production of evidence of insurability acceptable to the company (cost of which shall be borne by the policyholder) and at the absolute discretion of the company revive the policy on such terms and conditions as are applicable at the time of revival of the policy. All overdue premiums must be paid together with interest at such rates as may be intimated by the company from time to time. The revival of the policy shall take effect only after revival is approved by the company and communicated to the policyholder in writing.

If at the end of the revival period, the policy is not revived, the policy shall terminate, and no benefit shall be payable thereafter.

8. TERMINATION OF POLICY

This policy will terminate immediately upon the earlier of the happening of the following events:

I. The maturity date.
II. In case benefit up to 100% of sum assured as specified in the schedule has been paid.
III. On the expiry of the period of revival.
IV. Death of life insured.

9. MISSTATEMENT OF AGE AND SEX

The premiums are based on the age and gender of the life insured as declared in the proposal form. Without prejudice to the full disclosure and incontestability provisions, the company may at its sole discretion:

i) In case the life insured's age at the time of issuance of policy is higher than the age declared or sex is misstated, adjust the premium and / or benefits payable to those applicable had the true age or gender been stated at issue and the policy would have been issued based on our underwriting rules at that time; and

ii) In case the life insured's true age at the time of issuance of the policy is higher than the maximum issue age limit under the policy, cancel the policy and forfeit premiums(s) received.

10. CLAIM

The company must be notified in writing within sixty (60) days from the date of happening of the critical illness.
Admission of any claim will be subject to production of satisfactory proof of the happening of the insured event and its cause, the claimant's statement in claim application form, attending registered medical practitioner's statement in a pre-specified format, copies of all the medical records pertaining to the critical illness, records of tests conducted.

11. FREE LOOK PERIOD

The policyholder has a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and where the policyholder disagrees to any of those terms or conditions, he has the option to return the policy stating the reasons for his objections, upon which he shall be entitled to refund of the premium paid subject to deduction of the proportionate risk premium for the period of cover and the expenses incurred by the company on medical examination and on account of stamp duty.

12. FULL DISCLOSURE & INCONTESTABILITY

This policy has been issued on the representation of the policyholder that he has made full disclosures of all relevant facts and circumstances. Any concealment, non-disclosure, misrepresentation or fraud by the policyholder shall render the policy liable for cancellation and shall be a ground for the company to avoid all or any liability. If it deems fit, the company may also forfeit the premium(s) received.

The attention is drawn to Section 45 of the Insurance Act, 1938, which states as follows:

"No policy of life insurance effected after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it

was material to disclose. Provided that 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."

13. DISPUTE REDERSSAL CELL

All consumer grievances may be first addressed to the company's Customer Helpdesk at 90 A, Sector 18, Gurgaon, 122002, Haryana, India or the servicing General Office and subsequently (if required) to the Insurance Ombudsman, whose address can be obtained from the offices of the company or from the IRDA website address **www.irdaindia.org**.

14. NOTICES

All notices meant for the company whether under this policy or otherwise must be in writing and delivered to the company at the address as shown in the Schedule, or such other address as the company may notify from time to time.

All notices meant for the policyholder will be in writing and will be sent by the company to the policyholder's address as shown in the schedule. The policyholder must notify to the company any change in his address

ENDORSEMENT

Total stamp value : Rs. < >

APPENDIX A

List of Critical illnesses

Group I

1. Alzheimer's disease

Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.
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 life insured. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by the company's Appointed Doctor.

The following conditions are however not covered :

- non-organic diseases such as neurosis and psychiatric illnesses;
- . alcohol related brain damage; and
- any other type of irreversible organic disorder / dementia.

2. Blindness

The total and irreversible loss of sight in both eyes as a result of illness or injury . The blindness must be confirmed by an Ophthalmologist acceptable to the company.

The blindness must not be able to be corrected by medical procedure.

3. Deafness

The total and irreversible loss of hearing in both ears as a result of illness or injury . The diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

"Total loss" means loss of at least 80 decibels in all frequencies of hearing in both the ears.

4. Loss of speech

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

All psychiatric related causes are however not covered.

5. Medullary cystic disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and intestitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

6. Motor neurone disease

The Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. The diagnosis must be confirmed by a Neurologist acceptable to the company as progressive and resulting in

permanent clinical impairment of motor functions.

The condition must result in the inability of the life insured to perform at least 3 of the 6 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 a continuous period of at least 6 months.

7. 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 Neurologist acceptable to the company, with confirmation of the combination of at least 3 of the following 4 conditions:

- family history of muscular dystrophy ;.
- clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- characteristic electromygrom and
- clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the life insured to perform at least 3 of the 6 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 a continuous period of at least 6 months.

Group II

8. Benign brain tumour

A benign tumour in the brain where all of the following conditions are met:

- it is life threatening;
- it has caused damage to the brain;

it has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as (but not restricted to) characteristic symptoms of increased intracranial pressure such as papilloedema, mental seizures and sensory impairment; and For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

- its presence must be confirmed by a Neurologist or Neurosurgeon acceptable to the company and supported by findings on Magnetic Resonance Imaging (MRI), Computerised Tomography, or other reliable imaging technique.

The following are however not covered:

- cysts;
- granulom as;
- vascular malformations;
- haematoma;
- tumours of the pituitary gland or spinal cord; and tumours of acoustic

nerve(acoustic neuroma)

9. Cardiomyopathy

The unequivocal diagnosis by a Cardiologist acceptable to the company of Cardiomyopathy causing impaired ventricular function, suspected by ECG abnormalities and confirmed by cardiac echo of variable aetiology and resulting in permanent physical impairments of ventricular system to the degree of at least Class IV of the New York Association (NYHA) classification of cardiac impairment.

The NYHA classification of cardiac impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- 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.

Cardiomyopathy related to alcohol abuse is however not covered .

10. End-stage lung disease

Final or end-stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:

- FEV_1 test results consistently less than 1 litre;
- requiring permanent/continuous supplementary oxygen therapy for hypoxemia;
- arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 ≤ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a Pulmonologist acceptable to the company.

11. Multiple Sclerosis

As defined in Serial number 4under Group I together with all the attendant conditions and exclusions as specified therein.

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12. Heart attack

As defined in Serial number 5 under Group I together with all the attendant conditions and exclusions as specified therein.

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13. Multiple trunk avulsions of the brachial plexus

The complete and permanent loss of use and sensory functions of an upper extremity caused by avulsion of two or more nerve roots of the brachial plexus caused by an injury. Complete injury of two or more nerve roots should be confirmed by electrodiagnostic study supported by an opinion of a Neurologist acceptable to the company. 'Complete injury' means loss of all of the motor function and sensation corresponding to the nerve root in question. For the purpose of this benefit, the word

“permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

14. Necrotising fasciitis

The occurrence of necrotising fasciitis with all of the following features present:

- the usual clinical criteria of necrotising fasciitis are met;
- the bacterium identified is a known cause of necrotising fasciitis;
- there is wide-spread destruction of muscle and other soft tissue that results in a total and permanent loss of function of the affected body part; and
- major surgery to debride the necrotic tissue has been performed.

A definitive diagnosis of necrotising fasciitis must be confirmed by a Specialist acceptable to the company. For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

Frostbite is however not covered.

15. Paralysis / paraplegia

As defined in Serial number 6 under Group I together with all the attendant conditions and exclusions as specified therein.

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16. Parkinson’s disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson’s disease by a Neurologist acceptable to the company.

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 life insured to perform at least 3 of the 6 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 a continuous period of at least 6 months.

17. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- poliovirus is identified as the cause and is proved by stool analysis; and
- paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

18. Primary pulmonary hypertension

Primary pulmonary hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent

irreversible physical impairment of ventricular system of at least Class IV of the New York Heart Association (NYHA) classification of cardiac impairment and resulting in the life insured being unable to perform his / her usual occupation.

The NYHA classification of cardiac impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symp-toms.
- 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.

19. Systematic lupus erythematosus

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythe- matosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the WHO classification). The final diagnosis must be confirmed by a registered medical practitioner specialising in Rheumatology and Immunology acceptable to the company,

Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

WHO lupus classification:

- Class I: Minimal change – Negative, normal urine.
- Class II: Mesangial – Moderate proteinuria, active sediment.
- Class III: Focal Segmental – Proteinuria, active sediment.
- Class IV: Diffuse – Acute nephritis with active sediment and / or nephritic syndrome.
- Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

20. Angioplasty and other invasive treatment for coronary artery disease

The actual undergoing, for the first time in the life of the life insured, of Coronary Artery Balloon Angioplasty, atherectomy, laser treatment or the insertion of a stent to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries, as shown by angiographic evidence. The revascularization must be considered medically necessary by a cardiologist acceptable to the company.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Intra-arterial investigative procedures and diagnostic angiography are however not covered.

Medical evidence shall include all of the following: (in additional to other standard requirements for a claim), Coronary Angiography Report – Pre and post angioplasty or other invasive treatment, as defined above and discharge card of the hospital where the procedure was done.

21. Heart valve surgery

As defined in Serial number 10 under Group I together with all the attendant conditions and exclusions as specified therein.

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22. Major burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life insured's body. The condition should be confirmed by a registered medical practitioner acceptable to the company.

Group -III

23. Apallic syndrome

Universal necrosisof the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to the company and the condition must be documented for at least one month.

24. Aplastic anaemia

Chronic persistent bone marrow failure, which results in anaemia, neutropenia and thrombocytopenia, requiring treatment with at least one of the following conditions:

- regular blood product transfusion;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

The diagnosis using relevant laboratory investigations, including bone-marrow biopsy and suggested line of treatment must be confirmed by a haematologist acceptable to the company. Any two of the following three values should be present:

- absolute neutrophil count of 500 per cubic millimetre or less;
- absolute reticulocyte count of 20 000 per cubic millimetre or less; and
- platelet count of 20 000 per cubic millimetre or less.

25 . Cancer

As defined in Serial number 1 under Group I together with all the attendant conditions and exclusions as specified therein.

26. Coma

As defined in Serial number 2 under Group I together with all the attendant conditions and exclusions as specified therein.

27 . Kidney failure

As defined in Serial number 3 under Group I together with all the attendant conditions and exclusions as specified therein.

28 . End-stage liver disease

End-stage liver disease or cirrhosis means chronic end-stage liver failure that causes at least one of the following:

- uncontrollable ascites;
- permanent jaundice;
- oesophageal or gastric varices; or
- hepatic encephalopathy.

For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

Liver disease secondary to alcohol or drug abuse is however not covered.

29. Loss of independent existence

The loss of independent existence due to illness or injury , lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the 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). The word “permanent” used here shall mean beyond the hope of recovery with current medical knowledge and technology. The condition must be confirmed by a registered medical practitioner acceptable to the company.

30. Major head trauma

An injury to head resulting in permanent neurological deficit to be assessed no sooner than six weeks from the date of the accident. This diagnosis must be confirmed by a Neurologist acceptable to the company and be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The head injury must be caused solely and directly by an accident independently of all other causes.

The head injury must result in the inability to perform at least three (3) of the 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 hope of recovery with current medical knowledge and technology.

The spinal cord injury is however not covered.

31. Stroke

As defined in Serial number 7 under Group I together with all the attendant conditions and exclusions as specified therein.

32. Terminal illness

Diagnosis of a condition which, in the opinion of a registered medical practioner or a specialist acceptable to the company, is highly likely to lead to death within 12 months of such diagnosis. The life insured must no longer be receiving active treatment other than for pain relief.

Diagnosis of a terminal illness caused due to AIDS is however not covered.

33. Total and permanent disability

Total and irreversible disability caused due to and as a result of an injury or illness.

The life insured must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit. The total and permanent disability must have lasted without interruption for at least six consecutive months and must, in the opinion of a registered medical practitioner acceptable to the company, be deemed permanent.

This condition shall however not be covered on and from the policy anniversary following the life insured's 65th birthday.

34. Loss of limbs

The loss by severance of two or more limbs at or above the wrist or ankle.

Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse, is however not covered.

35. Coronary artery bypass surgery

As defined in Serial number 9 under Group I together with all the attendant conditions and exclusions as specified therein.

36 . Major organ transplant

As defined in Serial number 8under Group I together with all the attendant conditions and exclusions as specified therein.

37. Brain surgery

The actual undergoing of surgery to the brain, under general anesthesia, during which a craniotomy is performed. Burr-hole surgery and brain surgery as a result of an accident is however not covered. The procedure must be considered medically necessary by a specialist acceptable to the company and the benefit shall be paid only once the corrective surgery has been carried out.

38. Surgery of aorta

The actual undergoing of surgery (including key-hole type) for an illness or an injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches.

Stent-grafting is however not covered.