

Bandhan Life Group Critical Illness Rider
 A Non-Linked Non-Participating Group Health Rider
 UIN: 138B017V02

A successful organization is built on the strength and support of its members. And they can continue to thrive with the knowledge that you as an organization, offer benefits and coverages that will financially secure them and their families. During this process, one should also take into consideration the impact that diagnosis of critical illnesses can have – apart from the toll it takes on the physical health of an individual, it can often lead to a loss of income while incurring unavoidable expenditure on treatment, leading to severe depletion of any savings.

Hence, to help you take an extra step towards comprehensively securing the well-being of your members, Bandhan Life Insurance brings to you **Bandhan Life Group Critical Illness Rider**. This rider helps you customize your group insurance cover with addition of financial protection on diagnosis of critical illness.

WHAT IS COVERED UNDER BANDHAN LIFE GROUP CRITICAL ILLNESS RIDER?

This rider provides lump sum pay-out on first ever diagnosis of any one of the covered critical illnesses, as per the rider benefit option chosen, specified in table 1.1. This Rider also provides coverage against COVID-19 as per the benefit option chosen, specified in table 1.2

The Master Policyholder / insured member can opt any one benefit option from “Table 1.1” at rider inception. Additionally, Master Policy/ insured member can opt benefit option from “Table 1.2”

Table 1.1: Critical illness benefit (Accelerated cover)

Option	Benefit Option	Conditions Covered
B1	Basic Cover	C1 – C6
B2	Enhanced Cover	C1 – C12
B3	Comprehensive Cover	C1 – C36

Table 1.2: COVID 19 benefit (Additional cover)

Option	Benefit Option	Condition Covered
B4	COVID-19 Hospi Cover	C37

Please refer to the section ‘**Critical Illness Definitions**’ for exact details of coverage and related terms and conditions.

WHAT IS THE BENEFIT UNDER BANDHAN LIFE GROUP CRITICAL ILLNESS RIDER?

1) Critical illness benefit:

In the event of the insured member being diagnosed with any of the critical illnesses covered during the policy term, provided both the base policy and rider are in force, an applicable sum assured will be paid in lump sum.

Since the benefit option provides an accelerated cover, the base policy will continue with the sum assured reduced by the extent of the claims paid under this policy.

In case the sum assured of opted benefit option is equal to the base sum assured, the base policy and rider will terminate on payment of the applicable sum assured.

2) **COVID-19 Benefit:**

COVID-19 Hospi Cover -

In case of hospitalization of the Life assured due to first ever diagnosis of COVID-19, the applicable sum assured shall be payable in lumpsum, provided the Rider as well as the Base policy to which it is attached, are in force. This benefit will be payable subject to the Life Assured being hospitalized for a minimum of 24 consecutive hours or more.

This benefit option will terminate on payment of claim. However, the cover shall continue for Base Policy and other benefit options (if opted) under the Base Policy.

ELIGIBILITY CRITERIA:

Age* at entry	Min - 18 years Max – 69 years For EDLI members, the maximum entry age shall be as per Employees' Provident Fund & Miscellaneous Provisions Act, 1952.
Maximum age at maturity	70 years
Policy term	1 year
Premium payment term	1 year
Premium Payment Frequency	As per the base policy
Minimum Sum Assured	Rs. 10,000 (per member)
Maximum Sum Assured	Rs. 5,000,000 (per member) The maximum sum assured for a member will be as per the Board Approved Underwriting Policy (BAUP) of the Company, subject to the chosen rider sum assured never exceeding the Base Policy Sum Assured. For Employee's Deposit Linked Insurance (EDLI) cases, the Maximum Sum Assured will be as per provisions of Employee's Provident Fund & Miscellaneous Provisions Act, 1952.
Annualized Premium	Min - Rs. 12 per member (excluding applicable taxes) Max – No Limit

**All ages are as on last birthday*

TERMS AND CONDITIONS

Waiting Period:

- Waiting period is applicable from the date of commencement of the rider as follows:

Benefit Options	Waiting Period
For B1, B2 & B3	90 days
For B4	15 days

- The waiting period shall apply to all members of a new group or to new members of an existing group. The waiting period shall not apply to those existing members of a renewing group who have already completed their waiting period fully. For Insured Members who partially completed their waiting period (as applicable in this rider) in the previous year, remaining waiting period will be applicable.
- For accelerated benefits, no waiting period applies where Critical Illness is due to Accident.
- For B1, B2 and B3 options, no benefit will be payable if there is diagnosis of any Critical Illness or any signs or symptoms related to any Critical Illness occurs within the waiting period
- For B4 option, no benefit will be payable if there is diagnosis of Covid-19 condition within the waiting period.

Addition of Rider

The rider can be added to the base policy on policy commencement, or at any time during the policy term of the base policy, or on renewal of an existing group policy.

Goods and Services Tax

Goods and Services tax or any other tax shall be levied as per prevailing tax laws.

Free Look Cancellation:

If the policyholder or a premium paying member (members of schemes where premium is directly paid by individual members) is not satisfied with any of the terms and conditions of the rider or otherwise and has not made any claim, the policyholder or the premium paying member may request the Company for cancellation of the Rider within 30 days from the date policyholder received the Policy Document or Certificate of Insurance, whether received electronically or otherwise. This is not applicable for policies with tenure less than a year.

On cancellation of the rider within the free-look period, the Company shall refund premiums paid, subject to deduction of the proportionate risk premium for the period on cover, stamp duty paid and medical costs incurred (if any). The rider will terminate on payment of this amount and all rights, benefits and interests under this rider will stand extinguished.

Grace Period:

Same as the grace period allowed under the base product to which this rider will be attached. If the contingent event occurs during the grace period, any contingent benefit payable will be reduced by the level of outstanding due instalment premiums as at the date of occurrence of the event.

Outstanding due instalment premium in the above context means the unpaid premium that was due during the grace period.

Lapse:

If any premium remains unpaid after the expiry of the grace period, the rider will lapse and the cover will cease to exist. No benefits shall be payable under a lapsed rider.

Surrender:

On surrender of the base group policy, the individual members of the group will be given an option to continue the base policy with or without this rider as an individual policy for the outstanding term as per the certificate of insurance issued to the member, wherever applicable.

For members who don't wish to continue the rider cover, the unexpired rider premium in lieu of such lives shall be payable as the surrender value.

No surrender value is applicable for monthly mode policies, similar in treatment as the base plan to which the rider will be attached.

Unexpired Rider Premium = Last Instalment Premium Paid * (Balance number of days to the earlier of the next premium due date or the next renewal date/N)

Where,

N = 365 days for yearly premium payment mode

N = 182 days for half-yearly premium payment mode

N = 91 days for quarterly premium payment mode

“Last Instalment Premium Paid” means the premium amount paid by the policyholder immediately prior to surrender, excluding any extra premiums and taxes.

Revival:

The revival period will be as per the base plan. The revival will be subject to the 'Board approved Underwriting policy of the Company and payment of all outstanding premiums without any interest. No interest will be charged on revival of the lapsed rider. Being a one-year renewable group rider, the revival clause will not be applicable to yearly mode group schemes.

Assignment and Nomination:

- Assignment shall be as per Section 38 of the Insurance Act, 1938 as amended from time to time.
- Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time

CRITICAL ILLNESS DEFINITIONS**C1. Cancer of Specified Severity**

I. 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.

II. 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 leukemia 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;

C2. Myocardial Infarction (First Heart Attack of specific severity)

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

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

II. The following are excluded:

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

C3. Open Chest CABG

I. 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.

II. The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

C4. 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.

C5. Major Organ/ Bone Marrow Transplant

I. The actual undergoing of a transplant of:

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

II. The following are excluded:

- Other stem-cell transplants
- Where only islets of Langerhans are transplanted

C6. Stroke resulting in Permanent Symptoms

I. 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.

II. The following are excluded:

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

C7. 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.

C8. 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.

C9. Permanent Paralysis of Limbs

I. 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.

C10. Aorta Graft Surgery

Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.

C11. Coma of Specified Severity

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

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

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

C12. Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or ;
- the field of vision being less than 10 degrees in both eyes

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

C13. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

New York Heart Association classification Class IV –

- Inability to carry out any activity without discomfort.
- Symptoms of congestive cardiac failure are present even at rest.
- With any increase in physical activity, discomfort will be experienced and
- Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following is excluded: Cardiomyopathy directly related to alcohol or drug abuse.

C14. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

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

Alcohol related brain damage is excluded.

C15. 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 90decibels across all frequencies of hearing" in both ears.

C16. 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.

C17. 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.

C18. Major Head Trauma

I. 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.

II. 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

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

IV. The following are excluded:

- Spinal cord injury;

C19. Muscular Dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) “Activities of Daily Living”.

Activities of Daily Living are defined as:

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

C20. Parkinson’s Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist.

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

- The disease cannot be controlled with medication; and
- There are objective signs of progressive deterioration; and
- There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

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

Drug-induced or toxic causes of Parkinsonism are excluded.

C21. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery.

C22. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- Absolute neutrophil count of less than 500/mm³
- Platelets count less than 20,000/mm³
- Reticulocyte count of less than 20,000/mm³

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anemia is excluded and not covered in this policy.

C23. Bacterial Meningitis

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

C24. Benign Brain Tumour

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

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

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

III. The following conditions are excluded:

- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord

C25. Encephalitis

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

C26. End Stage Liver Failure

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

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

C27. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
- Dyspnea at rest.

C28. Fulminant Viral Hepatitis

Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met:

- Rapid decrease in liver size associated with necrosis involving entire lobules;
- Rapid deterioration of liver enzymes;
- Deepening jaundice; and
- Hepatic encephalopathy.

Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

This excludes Fulminant Hepatitis caused by alcohol, toxic substance or drug.

C29. 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.

C30. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

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

II. Neurological damage due to SLE is excluded.

C31. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause; and
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist.

Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded.

C32. Primary (Idiopathic) Pulmonary Hypertension

I. 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 Catherization. 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.

II. The NYHA Classification of Cardiac Impairment are as follows:

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

III. 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

C33. Progressive scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met

1. Pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) total lung capacity (TLC) < 75% of the predicted value
2. Renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and / or
3. Cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a registered Medical Practitioner who is a rheumatologist.

C34. Progressive Supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of

the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist.

C35. Medullary Cystic Disease

Medullary Cystic Disease is a disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and
- The diagnosis of medullary cystic disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit

C36. Systemic Lupus Erythematosus

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be haematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either:

1. Renal involvement with persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria
2. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of “permanent neurological dysfunction”.

Discoid lupus and medication induced lupus are excluded.

C37. COVID-19 (Coronavirus Disease 2019)

For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2

Definition of Medical Practitioner

Medical Practitioner is defined as a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

This would mean a practitioner treating the life assured must be holding a degree equivalent to MD/MS or higher in the relevant field to certify the medical condition. The Medical practitioner should not be:

- The policyholder/life assured himself/herself; or
- An authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the insurance company; or
- Related to the policyholder/life assured by blood or marriage.

Exclusions:

Besides the exclusions mentioned in the definitions of the critical illnesses (as described earlier for C1 to C36), the life assured will not be entitled to any benefits under B1, B2 & B3 options if a covered Critical Illness results either directly or indirectly from any one of the following causes:

- Pre-existing Disease means any condition, ailment, injury or disease:

- a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or
- b. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception.

- Intentional self-inflicted injury, attempted suicide, whether the life assured is medically sane or insane.
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes. War means whether declared or not.
- Taking part in any naval, military or air force operation during peace time.
- Participation by the life assured in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the life assured in a criminal or unlawful act with a criminal intent.
- 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.
- Disability due to chronic fatigue, chronic pain and fibromyalgia are excluded
- Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty. The intent under this exclusion is to exclude accidental gas/fumes leak incidents which could lead to exposing the population to such toxic gas/fumes and lead to deaths (like Bhopal Gas Tragedy). However, if the incidence happens as part of the life assured's job then the claim is payable.
- 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.
- Life Insured will not be entitled to Critical Illness benefit if the Life Assured has delayed medical treatment in order to circumvent the waiting period.
- Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

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

Any external congenital condition or related illness is not covered under the policy.

In case any internal congenital condition or related illness is known to the insured/family members and was/is being treated, is disclosed at proposal stage and accepted by the insurer, claims will be covered as per policy terms and conditions.

If an internal congenital condition is not known to the insured/ family members and the same is proved on the basis of relevant evidence, then such a condition will not be excluded, and the claims will be covered as per policy Terms & conditions.

If an insured/family member was well aware of an internal or external congenital anomaly and yet did not disclose at the proposal stage and there is adequate evidence to establish the same, such claims will not be accepted.

For any medical condition or any medical procedure arising from the donation of any of the life assured's organs

Disclaimer

- The brochure is not a contract of insurance. The precise terms and conditions of this plan are specified in the policy contract.
- This product is underwritten by Bandhan Life Insurance Ltd.
- This is Non-Linked Non-Participating Group Health Rider
- We do not offer loan under this product
- For further details, please refer to the policy document. In the event of conflict, if any, between the contents of this brochure and those contained in the policy document, the terms and conditions contained in the policy document shall prevail.

Nomination: Nomination should be in accordance with provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

Assignment: Assignment should be in accordance with provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

Prohibition of Rebates

Section 41 of the Insurance Act, 1938 (as amended from time to time) states:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be punishable with fine, which may extend to Ten Lac Rupees.

Non-Disclosure

Section 45 of the Insurance Act, 1938 (as amended from time to time) states:

- 1) No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from the date of policy i.e. from the date of issuance of policy or the date of commencement of risk or the date of revival of policy or 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 at any time within 3 years from the date of issuance of policy or the date of commencement of risk or the date of revival of policy or the date of rider to the policy, whichever is later. For this, the insurer shall have to 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.

For full texts of Section 39 and Section 45, please refer to the Insurance Act, 1938 (as amended from time to time)

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.

ABOUT US

Bandhan Life Insurance Limited

Established in 2008 Bandhan Life is your reliable partner in navigating the world of financial security. We are at the forefront of an insurance evolution, striving to bring peace of mind and prosperity to every corner of India. By leveraging state-of-the-art technology, we're breaking new ground in the insurance industry, making our services accessible, user-friendly, and tailor-made for the digital age. With Bandhan Life, you're not just insured; you're inspired to live life to its fullest, backed by a commitment to financial security and trust. Welcome to a new era of insurance.

HOW TO CONTACT US?

If you want to talk to us, just call our customer service team on (Toll Free) 1800 209 9090 or visit our web page www.bandhanlife.com

Bandhan Life Group CI Rider | UIN 138B017V02 A Non-Linked Non-Participating Group Health Rider. This product brochure is indicative of the terms, warranties, conditions and exclusions contained in the insurance policy. Bandhan Life Insurance Limited, IRDAI Reg. No. 138. Corporate Identity No: U66010MH2007PLC169110. Registered Office: A - 201, 2nd Floor, Leela Business Park, Andheri-Kurla Road, Andheri East, Mumbai - 400059. Tel: +91 226118 0100, Toll Free No.:1800 209 90 90 (9am to 7 pm, Mon to Sat), Email: group.operations@Bandhanlife.com. Website: www.Bandhanlife.com
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