

Sales Literature – IndusInd Nippon Life Indus CI Plus Rider A Non-Linked, Non-Participating, Individual Health Savings Rider

In an age where health uncertainties loom larger than ever, the need for widespread protection against critical illnesses has never been more paramount. The increasing costs of medical treatments can swiftly deplete our savings and jeopardize the financial security of our loved ones. In such challenging times, we proudly present the INL Indus CI Plus Rider (UIN – 121A033V02). With a large spectrum of coverage encompassing up to 64 critical illnesses, this rider not only safeguards your health but also secures your financial future. What's more, should the unexpected never occur, the total premiums paid will be returned to you at the end of the policy term. Discover peace of mind in an uncertain world with INL Indus CI Plus Rider and ensure that your family's financial well-being remains intact, come what may.

Key Benefits

- **Comprehensive Cover:** Cover up to 64 Critical Illnesses available
- **3 Plan Variants:** Silver, Gold and Platinum variant
- **ROP:** Return of Premium at maturity
- **Flexible payment option:** Limited pay or regular pay option as per your base plan
- **Tax Benefit:** Income tax benefits may be applicable as per the prevailing tax laws

IndusInd Nippon Life Indus CI Plus Rider at a glance

There are three rider variants offered:

1. **Silver Variant:** Covers 25 Critical Illnesses
2. **Gold Variant:** Covers 40 Critical Illnesses
3. **Platinum Variant:** Covers 64 Critical Illnesses (4 Minor + 60 Major)

The rider variant once chosen cannot be altered during the rider policy term.

Eligibility Criteria

Rider Variant	Silver & Gold Variant	Platinum Variant																														
Minimum Entry Age (in years)	18																															
Maximum Entry Age (in years)		<table border="1"><thead><tr><th>PPT</th><th>PT</th><th>Maximum Entry Age</th></tr></thead><tbody><tr><td rowspan="4">5</td><td>5</td><td>45</td></tr><tr><td>6</td><td>47</td></tr><tr><td>7, 8</td><td>55</td></tr><tr><td>>=9</td><td>60</td></tr><tr><td rowspan="4">6</td><td>6</td><td>45</td></tr><tr><td>7</td><td>50</td></tr><tr><td>8, 9, 10</td><td>55</td></tr><tr><td>>=11</td><td>60</td></tr><tr><td rowspan="4">7</td><td>7, 8</td><td>50</td></tr><tr><td>9, 10, 11</td><td>55</td></tr><tr><td>>=12</td><td>60</td></tr><tr><td>8</td><td>50</td></tr></tbody></table>	PPT	PT	Maximum Entry Age	5	5	45	6	47	7, 8	55	>=9	60	6	6	45	7	50	8, 9, 10	55	>=11	60	7	7, 8	50	9, 10, 11	55	>=12	60	8	50
PPT	PT	Maximum Entry Age																														
5	5	45																														
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			10, 11, 12	55
			>=13	60
9	9, 10, 11, 12	55		
			>=13	60
10	10, 11, 12	55		
			>=13	60
11	11	55		
12	>=12	55		
13	13	55		
14	14	55		
15	15	55		
Minimum Maturity Age (in years)		23		28
Maximum Maturity Age (in years)			75	
Minimum Rider Sum Assured [#]			1 Lakh	
Maximum Rider Sum Assured [#]			1 Crore Subject to Board Approved Underwriting Policy	
Rider Policy Term (in years)		5 to 15 (for Regular Pay) 6 to 15 (for Limited Pay)		10 to 15
Rider Premium Payment Term (in years)	Regular Pay	5 to 15		10 to 15
	Limiter Pay		5, 6, 7, 8, 9, 10 and 12	
Premium Payment Frequency			Same as for base policy (Monthly, Quarterly, Half-Yearly and Yearly)	

Note: All the references to age are based on age last birthday

[#]The rider sum assured shall not exceed the base sum assured under the base policy.

The product shall be available for both online and offline sale.

Rider premiums will vary depending upon the variant chosen, age, PPT and PT.

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Benefits in detail

This is an optional rider that can be opted along with the Unit Linked Life Insurance Policy (ULIP) either at the time of purchase of the base policy or on any subsequent policy anniversary subject to meeting the minimum policy conditions applicable for this rider. The rider provides for financial compensation, in the event of life assured being diagnosed with any of the covered critical illnesses. The policyholder will have to pay additional premium in addition to base policy premium if the rider benefit has been opted for.

1. Critical Illness Benefit

• Silver Variant:

Subject to the Rider Policy being in force i.e. all due premiums have been paid, on diagnosis of any one of the 25 covered critical illnesses and fulfilment of conditions under covered critical illness definition, an amount equal to Rider Sum Assured shall be payable, subject to applicable Survival Period and Waiting Period. The Rider Policy would terminate upon payment of critical illness claim.

• Gold Variant:

Subject to the Rider Policy being in force i.e. all due premiums have been paid, on diagnosis of any one of the 40 covered critical illnesses and fulfilment of conditions under covered critical illness definition, an amount equal to Rider Sum Assured shall be payable, subject to applicable Survival Period and Waiting Period. The Rider Policy would terminate upon payment of critical illness claim.

• Platinum Variant:

Subject to the rider policy being in force i.e. all due premiums have been paid, on diagnosis of any one of the 64 covered critical illnesses and fulfilment of conditions under covered critical illness definition, the following benefit shall be payable, subject to applicable Survival Period and Waiting Period.

- On diagnosis of a Minor Critical Illness: An amount equal to 25% of the Rider Sum Assured or INR 500,000, whichever is lower shall be payable. In addition, a maximum of three claims are payable for minor conditions during the Rider Policy Term, subject to applicable condition of Cooling-off Period. However, only one claim is payable for the same minor condition i.e for a minor condition no repeat claims are payable.
- On diagnosis of a Major Critical Illness: An amount equal to Rider Sum Assured less minor critical illness claim already paid, if any shall be payable.

The Rider Policy would terminate on payment of a major critical illness claim.

Below is the list of critical illnesses covered under the three variants of the rider:

List of Major Critical Illnesses			
Sr. No.	Silver Variant	Gold Variant	Platinum Variant
1	Cancer of Specified Severity	Cancer of Specified Severity	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of Specific Severity)	Myocardial Infarction (First Heart Attack of Specific Severity)	Myocardial Infarction (First Heart Attack of Specific Severity)
3	Open Chest CABG	Open Chest CABG	Open Chest CABG
4	Open Heart Replacement or Repair of Heart Valves	Open Heart Replacement or Repair of Heart Valves	Open Heart Replacement or Repair of Heart Valves
5	Coma of Specified Severity	Coma of Specified Severity	Coma of Specified Severity
6	Kidney Failure Requiring Regular Dialysis	Kidney Failure Requiring Regular Dialysis	Kidney Failure Requiring Regular Dialysis

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7	Stroke Resulting in Permanent Symptoms	Stroke Resulting in Permanent Symptoms	Stroke Resulting in Permanent Symptoms
8	Major Organ /Bone Marrow Transplant	Major Organ /Bone Marrow Transplant	Major Organ /Bone Marrow Transplant
9	Permanent Paralysis of Limbs	Permanent Paralysis of Limbs	Permanent Paralysis of Limbs
10	Motor Neuron Disease with Permanent Symptoms	Motor Neuron Disease with Permanent Symptoms	Motor Neuron Disease with Permanent Symptoms
11	Multiple Sclerosis with Persisting Symptoms	Multiple Sclerosis with Persisting Symptoms	Multiple Sclerosis with Persisting Symptoms
12	Benign Brain Tumor	Benign Brain Tumor	Benign Brain Tumor
13	Blindness	Blindness	Blindness
14	Apallic Syndrome	Apallic Syndrome	Apallic Syndrome
15	End Stage Lung Failure	End Stage Lung Failure	End Stage Lung Failure
16	End Stage Liver Failure	End Stage Liver Failure	End Stage Liver Failure
17	Loss of Speech	Loss of Speech	Loss of Speech
18	Systemic Lupus Erythematosus with Lupus Nephritis	Systemic Lupus Erythematosus with Lupus Nephritis	Systemic Lupus Erythematosus with Lupus Nephritis
19	Major Head Trauma	Major Head Trauma	Major Head Trauma
20	Primary (Idiopathic) Pulmonary Hypertension	Primary (Idiopathic) Pulmonary Hypertension	Primary (Idiopathic) Pulmonary Hypertension
21	Third Degree Burns	Third Degree Burns	Third Degree Burns
22	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease
23	Parkinson's Disease	Parkinson's Disease	Parkinson's Disease
24	Major Surgery of Aorta	Major Surgery of Aorta	Major Surgery of Aorta
25	Aplastic Anaemia	Aplastic Anaemia	Aplastic Anaemia
26		Deafness	Deafness
27		Amputation of Feet Due to Complications from Diabetes	Amputation of Feet Due to Complications from Diabetes
28		Infective Endocarditis	Infective Endocarditis
29		Loss of Independent Existence (Cover up to Insurance Age 74)	Loss of Independent Existence (Cover up to Insurance Age 74)
30		Cardiomyopathy	Cardiomyopathy
31		Chronic Adrenal Insufficiency (Addison's Disease)	Chronic Adrenal Insufficiency (Addison's Disease)
32		Medullary Cystic Disease	Medullary Cystic Disease
33		Muscular Dystrophy	Muscular Dystrophy
34		Myasthenia Gravis	Myasthenia Gravis
35		Dissecting Aortic Aneurysm	Dissecting Aortic Aneurysm
36		Other Serious Coronary Artery Disease	Other Serious Coronary Artery Disease
37		Elephantiasis	Elephantiasis
38		Poliomyelitis	Poliomyelitis
39		Progressive Scleroderma	Progressive Scleroderma

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40		Loss of Limbs	Loss of Limbs
41			Ebola
42			Multiple System Atrophy
43			Bacterial Meningitis
44			Brain Surgery
45			Loss of One Limb and One Eye
46			Chronic Relapsing Pancreatitis
47			Creutzfeldt-Jacob Disease (CJD)
48			Severe Crohn's Disease
49			Myelofibrosis
50			Necrotising Fasciitis
51			Eisenmenger's Syndrome
52			Pheochromocytoma
53			Encephalitis
54			Fulminant Hepatitis
55			Progressive Supranuclear Palsy
56			Severe Rheumatoid Arthritis
57			Severe Ulcerative Colitis
58			Hemiplegia
59			Pneumonectomy
60			Tuberculosis Meningitis

List of Minor Critical Illnesses

61	NA	NA	Angioplasty
62	NA	NA	CIS / Early Stage Cancer
63	NA	NA	Small Bowel Transplant
64	NA	NA	Brain Aneurysm Surgery or Cerebral Shunt Insertion

A comprehensive list of definitions of each of the above critical illness and the relevant exclusions are covered in Annexure 1.

2. Death Benefit

In case of an unfortunate death of the life assured during the rider policy term, provided the rider policy is in force i.e. all due premiums have been paid, an amount equal to Return of Premium Paid (RoP)^{T&C1} shall be payable and the rider policy shall terminate.

3. Maturity Benefit

On survival of the life assured till the end of the rider policy term, provided the rider policy is in force i.e. all due premiums have been paid, an amount equal to Return of Premium Paid (RoP)^{T&C1} shall be payable and the rider policy shall terminate.

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Other Features

Waiting Period

The below mentioned waiting period are applicable from the date of commencement of rider risk and from the date of revival for every subsequent revival during the Rider Policy Term.

Condition	Waiting Period
Major Critical Illness	90 days
Minor Critical Illness	180 days

In case the insured event happens during the waiting period, no benefit shall be payable. however, in such case, the rider policy will terminate and an amount equal to Return of Premium Paid (RoP)^{T&C1} shall be payable without interest. No waiting period is applicable for critical illness claims arising solely due to an accident.

Survival Period

A survival period of 30 days is applicable from the date of diagnosis of covered critical illness and fulfilment of conditions under covered critical illness definition, during which the life assured must survive before any critical illness benefit is payable. Claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive i.e., a claim would not be admitted if the diagnosis is made post-mortem.

If the diagnosis is made within the rider policy term and the survival period crosses the end of rider policy term, a valid claim arising as a result of such a diagnosis shall not be denied.

Cooling-off Period

A cooling-off period of 180 days is applicable between the date of diagnosis of two minor critical illnesses. No claim shall be payable during cooling-off period related to the minor critical illness conditions. There is no cooling-off period between minor and major claim.

Payment of Premium

- Rider premium is payable over and above the premium under the base policy and shall be paid along with the premium under the base policy.
- In case the policyholder exercises the option to reduce premium/sum assured under base policy, then such reduced premium/sum assured of the base policy cannot be less than the rider premium/rider sum assured.

Premium Payment Frequency

Premium payment frequency of the rider shall be same as premium payment frequency of the base policy.

When the frequency of payment is half yearly, quarterly or monthly, loading on rider premium will be applicable as per the below table:

Frequency	Yearly	Half- yearly	Quarterly	Monthly
Frequency loading as % of Annualized Rider Premium	0%	1%	2%	4%

Where, “Annualized Premium” for the rider means the premium amount payable in a year, excluding the taxes, underwriting extra premiums and loadings for modal premiums, if any.

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Grace Period

The grace period will be same as applicable for the base policy.

On occurrence of the insured event during the grace period, the eligible benefit amount will be paid to the claimant after deducting the due unpaid premium at the time of such occurrence, provided the base policy is in-force.

Surrender Benefit

The rider policy shall acquire surrender value after completion of first policy year provided one full year premium has been paid. The surrender value payable during the rider policy term is defined as below.

- For Silver Variant and Gold Variant:
Surrender Value is equal to higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV)
- For Platinum Variant:
Surrender Value is equal to higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV) less minor critical illness claim already paid, if any, subject to minimum zero

○ Guaranteed Surrender Value

The Policy shall acquire a Guaranteed Surrender Value if all due premiums have been paid for at least first two consecutive Policy Years in full. Guaranteed Surrender Value is calculated as below:

[GSV Premium Factor multiplied by Total Rider Premium]

For more details on GSV, please refer to the policy terms and conditions.

○ Special Surrender Value (SSV)

Special Surrender Value shall become payable after completion of first Policy Year provided one full year premium has been paid.

The applicable SSV shall be reviewed annually based on the prevailing yield on 10 Year G Sec and the underlying experience. You are requested to get in touch with Us for the applicable SSV for Your Policy.

Premium Discontinuance

If the rider premium for first policy year is not paid in full, the rider policy shall lapse at the end of the grace period. No benefits will be paid when the rider is in lapsed status. If the lapsed rider is not revived at the end of revival period, the rider will be terminated, and no further benefits shall be payable.

If the rider premium for first policy year have been paid and the policyholder voluntarily opts to discontinue paying the rider premium while the base policy is still in-force, the rider policy shall be converted into a reduced paid-up rider policy with paid-up benefits as defined in the reduced paid-up section.

Notwithstanding above, the discontinuance of the rider policy shall be consistent with the base policy's discontinuance provision as provided below:

- If the rider is attached to policy issued in accordance with IRDAI (Unit Linked Insurance Products) Regulations, 2019 and IRDAI (Insurance Products) Regulations, 2024:
If base policy premium is discontinued during or after lock-in period (as defined in the base policy), the rider risk coverage would cease and surrender value of the rider, if any, shall be payable along with the

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benefit payable under the base policy on such discontinuation or at the end of the rider policy term or at the end of the revival period, whichever is earlier. However, if the policyholder voluntarily opts to terminate the rider, the surrender value of rider, if any shall be payable with immediate effect.

- If the rider is attached to policy issued in accordance with IRDAI (Unit Linked Insurance Products) Regulations, 2013:

If base policy premium is discontinued during lock-in period (as defined in the base policy), the rider risk coverage would cease and surrender value of the rider, if any, shall be payable along with the benefit payable under the base policy on such discontinuation or the end of the rider policy term or at the end of revival period, whichever is earlier. However, if the policyholder voluntarily opts to terminate the rider, the surrender value of rider, if any shall be payable with immediate effect.

If base policy premium is discontinued after lock-in period (as defined in the base policy), the treatment of the rider policy shall be as follows:

- i. If the policyholder opts to revive the base policy within the revival period, the rider policy shall be converted into a reduced paid-up rider policy with paid-up benefits as defined in the reduced paid-up section.
- ii. If the policyholder opts for complete withdrawal of the base policy, then the applicable surrender value for rider, if any, shall be payable along with the benefit payable under the base policy on such discontinuation.
- iii. If the policyholder opts to convert the base policy into reduced paid-up policy, the rider policy shall be converted into a reduced paid-up rider policy with paid-up benefits as defined in the reduced paid-up section.

However, if the policyholder voluntarily opts to terminate the rider, the surrender value of rider, if any shall be payable with immediate effect.

Reduced Paid-up / Paid-up Benefits

For a reduced paid-up Rider Policy, the benefits shall be reduced as given below:

Events	How and when benefits are payable	Size of such benefits/policy monies
Death	Benefit payable on death of the life assured during the rider policy term, provided the rider policy is paid-up.	Silver Variant, Gold Variant and Platinum Variant: Return of Premium Paid (RoP) ^{T&C1} The rider policy will terminate on payment of the paid-up death benefit to the claimant(s).
Critical Illness Benefit	Benefit payable on diagnosis of a covered critical illness and fulfilment of conditions under covered critical illness definition on or before the end of the rider policy term, provided the rider policy is paid-up.	Silver Variant and Gold Variant: Reduced Rider Sum Assured Platinum Variant: Minor Critical Illness: 25% of the Reduced Rider Sum Assured or INR 5,00,000, whichever is lower shall be payable. In addition, maximum of three claims are payable for minor conditions during the rider policy term, subject to applicable condition of cooling-off period. However, only 1 claim is payable for the same minor condition i.e for a minor condition no repeat claims are payable.

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		<p>Major Critical Illness: Reduced Rider Sum Assured less minor critical illness claim already paid, if any subject to minimum of zero, shall be payable.</p> <p>The total benefit payout during the rider policy term shall not exceed 100% of Reduced Rider Sum Assured.</p> <p>The Rider Policy will terminate on payment of major critical illness claim.</p>
Maturity	<p>Benefit payable on survival of the life assured to the end of the rider policy term, provided the rider policy is paid-up.</p>	<p>Silver Variant, Gold Variant and Platinum Variant:</p> <p>Return of Premium Paid (RoP)^{T&C1}</p> <p>The Rider Policy will terminate on payment of the paid-up Maturity Benefit.</p>

Where,

Reduced Rider Sum Assured = Rider Sum Assured x Paid-up Factor

Paid-up Factor = Number of Premiums Paid/ Total Number of Premiums Payable

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Revival

Rider policy in lapse or paid-up status can be revived during the revival period as applicable to the base policy by paying the outstanding premiums along with interest, if any, at prevailing revival interest rate subject to satisfactory evidence of continued insurability. Revival will be based on Company's Board Approved Underwriting Policy. All terms and conditions applicable under the base policy shall also be applicable to the rider policy. The revival of the rider policy shall take effect only if the base policy is in-force or it has been revived, as applicable. On revival, the rider policy will be eligible for all benefits as applicable for an in-force rider policy.

The prevailing revival interest rate applicable on revival shall be equal to 10-year benchmark G-sec interest rate as on last working day of previous financial year, rounded up to the nearest multiple of 25 basis points subject to a minimum revival interest of 6.50% p.a.. The revival interest rate will be declared on 1st April and will be applicable for the financial year. The Company reserves the right to revise the applicable revival rate of interest at an interval other than annual and/or change in basis of determination of revival interest rate subject to approval from approving authority. The revival interest rate for FY 24-25 is 7.25% p.a. compounded yearly. Please contact us to know the prevailing rate of interest for revival of policies.

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Terms and conditions

1. Return of Premium (RoP)

Return of Premium Paid (RoP) is equal to Total Rider Premium Paid^{T&C2} less minor critical illness claim already paid, if any, subject to minimum zero.

2. Total Rider Premium Paid

Total Rider Premium Paid is equal to total of all the rider premium paid under the rider policy, excluding any extra premium and taxes, if collected explicitly.

3. Tax benefit

Premium paid under IndusInd Nippon Life Indus CI Plus Rider may be eligible for income tax deduction, subject to the applicable income tax laws and conditions. Income tax benefits under this rider, if any, shall be applicable as per the prevailing income tax laws are subject to amendments from time to time. Kindly consult a tax expert.

4. Taxes

The Goods and Services tax and cess, if any will be charged over and above the base premium and rider(s) premium, if any, as per the applicable rates declared by the Government from time to time.

In future, the company shall pass on any additional indirect taxes levied by the Government or any statutory authority to the policyholder. The method of collection of these taxes shall be informed to the policyholders under such circumstances.

5. Rider Conditions

- Rider can be attached on commencement of the base policy or on any subsequent policy anniversary subject to 5 years as minimum outstanding policy term of the base policy.
- The rider premium paying term shall be consistent with the premium paying term of base policy or outstanding premium paying term of the base policy, if opted on subsequent policy anniversary subject to minimum rider premium payment term of 5 years and maximum maturity age of 75 years.
- Rider policy term can be less than or equal to the policy term of the base policy, subject to maximum maturity age of 75 and the maximum policy term allowed under the rider. If the entry age plus base policy term is beyond age 75, the maximum rider policy term could be 75 less entry age, subject to the maximum policy term allowed under the rider.
- Addition of the rider will be subject to underwriting, the outstanding policy term and premium payment term of the base policy.
- Rider premium is payable over and above the premium under the base policy and shall be paid along with the premium under the base policy.
- The rider premium shall not exceed 100% of the premium under the base policy.
- The rider sum assured shall not exceed the base sum assured under the base policy
- Premium payment frequency of the rider shall be same as premium payment frequency of the base policy.
- If the base policy to which the rider is attached is surrendered or terminated, the rider benefit will also be terminated and the surrender value, if any, shall be paid in respect of the rider benefit. If the policyholder voluntarily opts to discontinue the rider benefit and terminate it prior to completion rider policy term, the surrender value, if any, shall be paid and the rider benefit shall be terminated.

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6. Exclusions

We shall not be liable to make any payment under this policy towards a covered Critical Illness resulting from or in respect of any of the following:

- i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
- ii. Pre-existing Disease, unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later, and the Company has accepted the same.
Where, 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 company 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 issued by the company or its reinstatement.
- iii. Any Critical Illness caused due to treatment for Alcoholism or any addictive condition and consequences thereof.
- iv. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, but excluding HIV / AIDS.
- v. Drugs or substances or narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
- vi. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness, caused by foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- viii. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Congenital External Anomalies or any complications or conditions therefrom including any developmental conditions of the Insured.
- x. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- xi. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- xii. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xiii. Any Critical Illness caused by any unproven treatment, service and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xiv. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
- xv. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- xvi. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically

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necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

xvii. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:

- a) Surgery to be conducted is upon the advice of the Doctor
- b) The Surgery / Procedure conducted should be supported by clinical protocols
- c) The member has to be 18 years of age or older and
- d) Body Mass Index (BMI);
 - 1) greater than or equal to 40 or
 - 2) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes

xviii. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

xix. Any Critical Illness directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

xx. In the event of the death of the Insured Person within the stipulated survival period as set out above.

xxi. Any Critical Illness caused by treatment related to Birth Control, sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational Surrogacy
- d) Reversal of sterilization

xxii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.

7. Free look period

You are provided with free look period of 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, to review the terms and conditions stipulated in the Policy Document. In the event You disagree to any of the Policy terms or conditions, or otherwise and have not made any claim, You shall have the option to return the Policy to the Company for cancellation, stating the reasons for the same. You are requested to take appropriate acknowledgement of Your request letter and return of Policy. Irrespective of the reasons mentioned, the Company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover, if any and the expenses incurred by the Company on the medical examination, if any, and stamp duty charges. The Policy shall terminate on Free Look cancellation.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free look Period will be from the date of the email informing Policy credit in IR.

Any request received for Free look cancellation of the Policy shall be processed and premium refunded within 7 days of receipt of the request.

8. Grievance Redressal Process

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You can contact the company by sending an email at customerservice@indusindnipponlife.com or by writing to us at our: Registered & Corporate Office address: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai – 400051 OR IndusInd Nippon Life Insurance Company Limited 7th Floor, Silver Metropolis, Off Western Express Highway, Goregaon East, Mumbai - 400 063; OR

Contact Our Customer Service Executive at Your nearest branch of the Company.

For more details please visit Grievance Redressal page on our website: www.indusindnipponlife.com/querygrievance-redressal

9. Nomination

Nomination for this Rider shall be as per the Nomination Schedule under the Base Policy as per Section 39 of the Insurance Act, 1938 as amended from time to time.

10. Assignment

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

11. Section 41 of the Insurance Act, 1938, as amended from time to time

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.

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

1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of

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repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life assured was incorrectly stated in the proposal.

Note

This rider brochure gives only the salient features of the rider and it is only indicative of terms, conditions, warranties and exceptions. This brochure should be read in conjunction with the rider exclusions, terms & conditions. For further details on all the conditions, exclusions related to IndusInd Nippon Life Indus CI Plus Rider, please contact our insurance advisors.

Tax laws are subject to change, consulting a tax expert is advisable.

IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No: 121 CIN: U66010MH2001PLC167089

Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai – 400051

For more information or any grievance,

1. Call us between 89am to 86pm, Monday to Saturday (except business holiday), on our Toll-Free Number 1800 102 1010 or
2. Visit us at www.indusindnipponlife.com or
3. Email us at: customerservice@indusindnipponlife.com
4. Chat with us on Whatsapp number (+91) 7028852700

Unique Identification Number (UIN): IndusInd Nippon Life Indus CI Plus Rider: 121A033V02

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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.

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Annexure 1 – Definitions & Exclusions of covered critical illnesses

1. 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 –
 - i. 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.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. 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:
 - 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.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. 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

- 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:
 - i. Angioplasty and/or any other intra-arterial procedures

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4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. 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

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:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. 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.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. 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

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:

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

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

I. 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.

II. The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

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9. 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.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

I. 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

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

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. 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

12. BENIGN BRAIN TUMOR

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

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

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

III. 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

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:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. 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.

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14. APALLIC SYNDROME

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

15. END STAGE LUNG FAILURE

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

16. END STAGE LIVER FAILURE

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

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

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

17. LOSS OF SPEECH

I. 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.

18. SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS

I. A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus 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 Doctor specialising in Rheumatology and Immunology.

II. The WHO Classification of Lupus Nephritis:

- i. Class I Minimal Change Lupus Glomerulonephritis
- ii. Class II Mesangial Lupus Glomerulonephritis
- iii. Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- iv. Class IV Diffuse Proliferative Lupus Glomerulonephritis
- v. Class V Membranous Lupus Glomerulonephritis

19. 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.

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- 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:
 - 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.
- IV. The following are excluded:
 - i. Spinal cord injury

20. 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 Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. 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.

21. THIRD DEGREE BURNS

- I. 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.

22. ALZHEIMER'S DISEASE (before age 61)

- I. Clinically established diagnosis of Alzheimer's Disease (pre-senile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

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23. PARKINSON'S DISEASE (before age 61)

I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below.

- 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.

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

24. MAJOR SURGERY OF AORTA

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

25. APLASTIC ANAEMIA

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

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

II. The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- i. Absolute neutrophil count of less than 500/mm³ or less
- ii. Platelets count less than 20,000/mm³ or less
- iii. Reticulocyte count of less than 20,000/mm³ or less

III. Temporary or reversible Aplastic Anaemia is excluded

26. DEAFNESS

I. 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.

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27. AMPUTATION OF FEET DUE TO COMPLICATIONS FROM DIABETES

I. 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.

28. INFECTIVE ENDOCARDITIS

I. 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 Doctor who is a cardiologist.

29. LOSS OF INDEPENDENT EXISTENCE (COVER UP TO INSURANCE AGE 74)

I. The Insured person is physically incapable of performing at least three (3) of the “Activities of Daily Living” as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist.

II. Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

III. Activities of daily living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

30. CARDIOMYOPATHY

I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor 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: NYHA 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.

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- II. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.
- III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

31. CHRONIC ADRENAL INSUFFICIENCY (ADDISON'S DISEASE)

- I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through one of the following:
 - i. ACTH simulation tests;
 - ii. Insulin-induced hypoglycaemia test;
 - iii. Plasma ACTH level measurement;
 - iv. Plasma Renin Activity (PRA) level measurement.
- II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

32. MEDULLARY CYSTIC DISEASE

- I. Medullary Cystic Disease where all of the following criteria are met:
 - i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - ii. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - iii. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

33. MUSCULAR DYSTROPHY

- I. A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.
- II. Activities of daily living:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - v. Feeding: the ability to feed oneself once food has been prepared and made available;
 - vi. Mobility: The ability to move indoors from room to room on level surfaces.

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34. MYASTHENIA GRAVIS

- I. 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 given below; and
 - ii. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.
- II. 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.

35. DISSECTING AORTIC ANEURYSM

- I. A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

36. OTHER SERIOUS CORONARY ARTERY DISEASE

- I. The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

37. ELEPHANTIASIS

- I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Doctor who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
- II. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

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38. POLIOMYELITIS

- I. The occurrence of Poliomyelitis where the following conditions are met:
 - i. Poliovirus is identified as the cause;
 - ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

39. PROGRESSIVE SCLERODERMA

- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following are excluded:
 - i. Localized scleroderma (linear scleroderma or morphea);
 - ii. Eosinophilic fasciitis; and
 - iii. CREST syndrome.

40. LOSS OF LIMBS

- I. 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.

41. EBOLA

- I. Infection with the Ebola virus where the following conditions are met:
 - i. Presence of the Ebola virus has been confirmed by laboratory testing;
 - ii. There are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
 - iii. The infection does not result in death.

42. MULTIPLE SYSTEM ATROPHY

- I. A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:
 - i. Motor function with associated rigidity of movement; or
 - ii. The ability to coordinate muscle movement; or
 - iii. Bladder control and postural hypotension

43. BACTERIAL MENINGITIS

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living.
- II. This diagnosis must be confirmed by:
 - i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - ii. A consultant neurologist.

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III. 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.

44. BRAIN SURGERY

- I. The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.

45. LOSS OF ONE LIMB AND ONE EYE

- I. Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.
- II. The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by visual aides or surgical procedures.

46. CHRONIC RELAPSING PANCREATITIS

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
- II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

47. CREUTZFELDT-JACOB DISEASE (CJD)

- I. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on examination along with severe progressive dementia.

48. SEVERE CROHN'S DISEASE

- I. 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:

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

II. The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

49. MYELOFIBROSIS

- I. A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Life Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Doctor who is a specialist.

50. NECROTISING FASCIITIS

- I. Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

51. EISENMENGER'S SYNDROME

- I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:
 - i. Mean pulmonary artery pressure > 40 mm Hg;
 - ii. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
 - iii. Normal pulmonary wedge pressure < 15 mm Hg.

52. PHEOCHROMOCYTOMA

- I. Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.
- II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

53. ENCEPHALITIS

- I. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below).
- II. 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;

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- 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.

54. FULMINANT HEPATITIS

- I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
 - i. Rapid decreasing of liver size;
 - ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - iii. Rapid deterioration of liver function tests;
 - iv. Deepening jaundice; and
 - v. Hepatic encephalopathy.
- II. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

55. PROGRESSIVE SUPRANUCLEAR PALSY

- I. Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

56. SEVERE RHEUMATOID ARTHRITIS

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
 - i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
 - ii. Permanent inability to perform at least two (2) “Activities of Daily Living” listed in this document;
 - iii. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
 - iv. The foregoing conditions have been present for at least six (6) months.

57. SEVERE ULCERATIVE COLITIS

- I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:
 - i. The entire colon is affected, with severe bloody diarrhea; and
 - ii. The necessary treatment is total colectomy and ileostomy; and
 - iii. The diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.

58. HEMIPLEGIA

- I. The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury, except when such injury is self-inflicted.

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59. PNEUMONECTOMY

- I. The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured. The following conditions are excluded:
 - i. Removal of a lobe of lungs (lobectomy)
 - ii. Lung resection or incision

60. TUBERCULOSIS MENINGITIS

- I. Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of life assured.

61. ANGIOPLASTY

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

62 (a) CARCINOMA IN-SITU (CiS)

- I. Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated:
 - i. Breast, where the tumor is classified as Tis according to the TNM Staging method
 - ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0
 - iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0
 - iv. Ovary -include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B
 - v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus
 - vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.

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- II. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- III. Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

62. (b) SPECIFIED EARLY-STAGE CANCERS

- I. Specified Early Stage Cancers shall mean first ever presence of one of the following malignant conditions:
 - i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
 - ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
 - iii. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
 - iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
 - v. Malignant melanoma that has not caused invasion beyond the epidermis.
 - vi. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
 - vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist.
- II. Pre - malignant lesions and conditions, unless listed above, are excluded.

63. SMALL BOWEL TRANSPLANT

- I. The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

64. BRAIN ANEURYSM SURGERY OR CEREBRAL SHUNT INSERTION

- I. The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered, or The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.