SUD Life

AAROGYAM

CRITICAL ILLNESS PLAN

UIN: 142N051V01

SUD Life

A joint venture of

Bank of India | Union Bank of India | Dai-ichi Life

WHY READ THIS BROCHURE?

This brochure helps you understand if this is the right plan for you. It gives you details about how it will work throughout the policy term in ensuring your needs are met. We have tried our best to explain the details in a simple and easy to understand manner. We believe this is an important document to understand before you decide to invest.

IDEAL STEPS TO FOLLOW

1. Read this brochure carefully
2. Understand the benefits and remember the important points before investing
3. Meet our representatives or call 1800 266 8833 to clarify any pending doubts

YOU WILL COME ACROSS THE FOLLOWING SECTIONS IN THE BROCHURE

1. Is this the right plan for you?
2. Know your plan better
3. Making the most of your plan
4. Things you should remember!
5. Terms & Conditions

IS THIS THE RIGHT PLAN FOR YOU?

WHAT IS SUD LIFE AAROGYAM?

SUD Life AAROGYAM plan is a Non-Linked Non-Participating Health Insurance Plan that provides cover against diagnosis of Cancer of Specified Severity, First Heart Attack- of Specified Severity, Open Chest CABG, Stroke resulting in Permanent Symptoms, Kidney Failure requiring Regular Dialysis along with 35 other listed critical illnesses and pays Sum Assured as a lump sum benefit on diagnosis of any of the listed Critical Illness. It also provides an additional cover if the Life Assured undergoes Angioplasty. Moreover, in case of survival at end of Policy Term, if no claim against any listed Critical Illness is made (except a claim on Angioplasty) during the Policy Term, this Plan will refund all the premiums paid (excluding extra premiums, if any).

WHEN IS THIS PLAN RIGHT FOR YOU?

This is the right plan for you if –

1. You do not have access to free medical services.
2. You want to insure your future medical liabilities occurring due to Critical Illness.
3. You want to support your changed lifestyle after your recovery in case you are diagnosed with a Critical Illness.
4. You want to get back the premiums paid in case of no claim.

WHY DO YOU NEED CRITICAL ILLNESS COVER?

The possibility of contracting a Critical Illness like First heart attack- of Specified Severity, Cancer of Specified Severity or a stroke resulting in Permanent Symptoms etc is higher now due to our changing lifestyle. At the same time, advances in medical care allow more people than ever to survive Critical Illnesses. But survival comes at a steep cost, which not only includes the cost of hospitalization but a number of other ancillary costs which are significant in nature.

So, if you don't have savings to tide you over if you become critically ill and if you don't have an employee benefits package to cover a longer time off work due to sickness, you need to get yourself covered under AAROGYAM.

What are the key benefits under this plan?

On diagnosis of the Life Assured with any of the 40 Critical Illness listed below, 100% of Sum Assured is paid and the policy terminates immediately. The Sum Assured is highest of
a)10 times of Annualized premium
OR
b)105% of all the premiums paid (excluding service tax and extra premium, if any) as on date of diagnosis of critical illness
OR
c)Maturity Benefit i.e. total premiums paid (excluding extra premium, if any)
OR
d)Absolute amount assured to be paid on diagnosis of Critical Illness (i.e. Basic Sum Assured)

Where Annualized Premium for the purpose of Sum Assured, refers to premium payable in a year excluding any extra premium and loading for modal factors, if any.

S. No.	Critical Illnesses
1	Apallic Syndrome
2	Benign Brain Tumor
3	Blindness
4	Brain Surgery
5	Cancer of Specified Severity
6	Chronic Lung Disease
7	Coma of Specified Severity
8	End Stage Liver Disease
9	Open Chest CABG
10	First Heart Attack - of Specified Severity
11	Open Heart Replacement Or Repair of Heart Valves
12	Kidney Failure requiring Regular Dialysis
13	Loss of Independent Existence
14	Loss of Limbs
15	Encephalitis
16	Major Burns
17	Major Head Trauma
18	Major Organ/ Bone Marrow Transplant
19	Permanent Paralysis of Limbs
20	Stroke resulting in Permanent Symptoms

S. No.	Critical Illnesses
21	Surgery to Aorta
22	Fulminant Viral Hepatitis
23	Alzheimer's Disease
24	Aplastic Anaemia
25	Cardiomyopathy
26	Deafness
27	Loss of Speech
28	Medullary Cystic Kidney Disease
29	Motor Neuron Disease with Permanent Symptoms
30	Multiple Sclerosis with Persisting Symptoms
31	Muscular Dystrophy
32	Parkinson's Disease
33	Progressive Systemic Sclerosis
34	Primary Pulmonary Hypertension
35	SLE with Lupus Nephritis
36	Dissolution of the nerve roots of Brachial Plexus
37	Bacterial Meningitis
38	Carotid Artery Surgery
39	Chronic Recurrent Pancreatitis
40	Ulcerative Colitis

In addition to the above listed Illnesses, we also provide cover for Angioplasty, provided the Life Assured has not claimed any benefit for the 40 Critical Illnesses.

In the event where Life Assured undergoes Angioplasty while the Policy is in force, provided the Life Assured has not claimed any benefit for the 40 Critical Illnesses, 25% of the Sum Assured (subject to maximum of INR 10 Lacs) will be paid and the cover for Angioplasty ceases. However, the policyholder shall continue paying the premiums and policy continues to cover the 40 Critical Illnesses with 100% Sum Assured even after the claim on angioplasty.

The full benefit will be paid subject to receipt of satisfactory evidence of the Critical Illnesses listed above.

Please note that the following conditions need to be satisfied for the critical illness benefits to be paid:

- The Critical Illness (including Angioplasty) is diagnosed after completion of the **Waiting Period**. This refers to a period of 90 days beginning from the Date of Commencement of the Policy and in case of revival, 90 days beginning the date of the revival. During this period no benefit will be payable on diagnosis of any Critical Illness (including Angioplasty). However in case of revival of Reduced paid-up policy, the Life Assured will be covered up to his paid-up sum assured during the waiting period and full cover will be restored after completion of the waiting period.
- On survival of the Life Assured till the completion of the **Survival Period** of 30 days from the date of diagnosis of the Critical Illness (including Angioplasty). The benefits will be paid even if the Critical Illness (including Angioplasty) has been diagnosed during the Policy Term and Survival Period of 30 days crosses the Policy Term.

You have full flexibility to utilize your proceeds/ benefits from the plan as you wish

Certain medical reimbursement plans will only reimburse the treatment related expenses subject to production of bills. But occurrence of any Critical Illness does not just involve the treatment cost. Money is required for medical assistance, additional cost and to balance the loss of income during the treatment and recovery period as well. Under this plan, on diagnosis of any of the listed Critical Illness, the Company will pay the promised amount of money i.e. Sum Assured (without production of bills, subject to submission of required documents) irrespective of actual cost incurred so that you have full flexibility to utilize the benefits as you wish.

Maturity Benefit: On Survival of the Life Assured till the end of the Policy Term, provided no Critical Illness claim has been made except claim on Angioplasty, Maturity Benefit equal to the total premiums received (excluding extra premiums, if any) will be paid and the contract ceases.

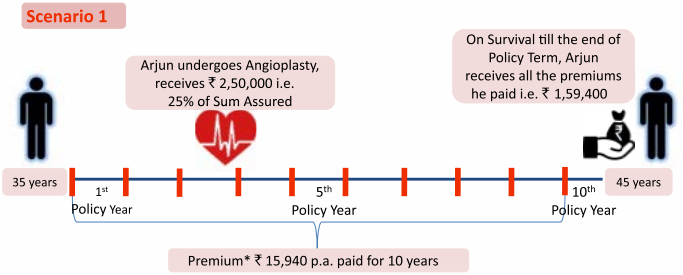
You will be glad to know that even if you have made a claim on Angioplasty, we will pay you the Maturity Benefit (provided no Critical Illness claim was made).

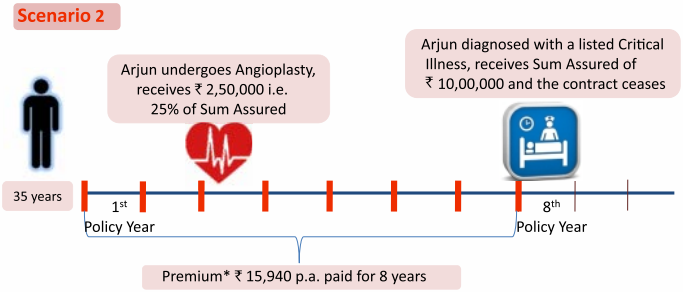
Death Benefit: No death benefit is payable under this plan. The policy will terminate on death of the Life Assured during the policy term.

How does the plan work?

To understand the benefits, lets take Arjun's case who got himself covered under SUD Life AAROGYAM.

Age	Basic Sum Assured	Policy Term	Premium Payment Term
35 Years	₹ 10 Lacs	10 Years	10 Years





Annual Premium exclusive of extra premium, if any
(The above illustrations are for a healthy male and in-force policy)

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KNOW YOUR PLAN BETTER

Are there any age restrictions while applying for the plan?

The Life Assured should be atleast 18 years of age* and not more than 65 years of age* while applying for the plan.

*last birthday

What is the Policy Term and Premium Payment Term for the plan?

The Policy Term is 10 years (fixed) and Premium Payment Term is equal to the Policy Term i.e. 10 years.

Can I choose how much I want to receive in case of an event?

Yes, you can choose the amount i.e. Basic Sum Assured you would like to receive. The limit varies between Rs. 5 Lacs per policy and Rs. 50 Lacs per life* and shall be in multiples of Rs.1000.

*Maximum Busic Sum Assured is subject to Board Approved Underwriting Policy

What are the Premium Payment modes available?

You can pay your premium Monthly*/ Quarterly*/ Half-yearly/ Yearly based on your income flow.

*Monthly and Quarterly modes are only through Electronic Clearing System (ECS) /Standing Instruction (SI)

Is the premium different for Male and Female lives?

Yes, there is a difference in the premium rates between Male and Female lives of same age. Female lives are charged less premium in comparison with Male lives.

Is there any discount in premium for High Sum Assured?

Yes, if you have opted for a higher cover, we will offer you a rebate in the tabular premium rates as per the table below:

Basic Sum Assured Bands (₹)	Rebate
5,00,000 - 7,49,000	Nil
7,50,000 - 14,99,000	₹ 2 per 1000 SA
15,00,000 - 29,99,000	₹ 4 per 1000 SA
30,00,000 - 50,00,000	₹ 6 per 1000 SA

Are there any tax benefits?

As per the current laws, income tax benefits are available under Income Tax Act, 1961 which are subject to change in tax laws from time to time. Please consult your tax advisor.

MAKING THE MOST OF YOUR PLAN

What happens in case of missed premiums?

We give you a grace period of 30 days in case of quarterly/ half-yearly or yearly Premium Payment mode and 15 days in case of monthly Premium Payment mode to pay the due premium. This grace period starts from the due date of each Premium Payment.

If the Life Assured is diagnosed with any of the Critical Illness covered under the plan (including Angioplasty) during the grace period, the benefit will be paid after deduction of premiums then due and is falling due during that policy year.

However, if you fail to pay your premiums before the expiry of the grace period,

- Where your policy has not acquired surrender value: Your policy will Lapse

- Where your policy has acquired surrender value: Your policy will continue with reduced benefits (as a Reduced Paid up policy)

What happens once the Policy Lapses or attains Reduced Paid-Up status?

Lapse:

If the policyholder has not paid the due premiums within the grace period for the first three full years, the policy Lapses. The policy cover ceases and no benefits are payable under the Lapsed policy.

Reduced Paid up:

If the premiums have been paid for at least first three full years and subsequent premiums are not paid during the grace period, then the Policy will acquire Reduced Paid-Up status and the cover will be reduced to Paid-Up Sum Assured which is defined as follows:.

$$\frac{\text{Total number of premiums paid}}{\text{Total number of premiums payable}} \times \text{Sum Assured}$$

The cover for Angioplasty also reduces to 25% of Paid up Sum Assured subject to maximum of ₹ 10,00,000.

Can you restore your Lapsed/Reduced Paid up policy to the original benefit levels?

You can revive your Lapsed/Reduced Paid-Up policy within two years from the due date of the first unpaid premium but before the end of the plan term by –

- Giving a written request to the Company and producing a proof of continued insurability
- Simply paying the outstanding premium amount with the applicable interest rate (currently 9 percent per annum*)
- Satisfying medical and financial requirements raised (the cost of the required medical examination, if any will be borne by you) as per the Board approved underwriting policy.

The company reserves the right to accept or reject the revival of the Lapsed/ Reduced Paid up policy as per the Board approved underwriting guidelines. We may impose extra premium for the continuance of the Policy in accordance with our Board approved underwriting guidelines.

Once the policy is revived, all policy benefits will be restored to the original benefit level subject to completion of waiting period. In case of revival of Reduced Paid up policy, the Life Assured will be covered up to his Paid-up Sum Assured during the waiting period and full cover will be restored after completion of the waiting period.

*May change after prior approval from IRDAI

Can the plan be discontinued in between?

It is advisable to continue your policy in order to enjoy the full benefits of your policy. However, in certain circumstances,

if you are in urgent need of money, and you are not able to continue paying your premiums, you can surrender your policy (including Reduced Paid up policy) anytime during the Policy Term, provided it has acquired Surrender Value. The Policy will acquire surrender value after paying premiums for at least consecutive 3 full years. Upon surrender of a Policy, the following Surrender Benefit will be payable.

The Surrender Value payable will be higher of "Guaranteed Surrender Value (GSV)" and "Special Surrender Value (SSV)".

The Guaranteed Surrender Value is defined as:

Guaranteed Surrender Value Factor x Total premiums paid (excluding extra premiums if any) upto the date of surrender

Guaranteed Surrender Value (GSV) Factors are furnished in the table below:

Year	1	2	3	4	5	6	7	8	9	10
GSV Factor	0%	0%	30%	50%	55%	60%	65%	75%	80%	90%

Special Surrender Value will be calculated by the company, using the basis and the method as approved by the regulator from time to time. Special Surrender Value can be amended by the Company from time to time after prior approval from the regulator.

SUD Life AAROGYAM – A partner in sickness and in health

Remember!

Life is full of uncertainties. Stay financially ready so that a Critical Illness does not make a dent in your savings.

THINGS YOU SHOULD REMEMBER!

What are the important points to be kept in mind while applying for the plan?

I. It's important when you apply you give complete and correct information especially about your health and occupation. These details are critical for making sure you get the right benefits under the Plan.

ii. Provide your correct contact details and address. Always provide a landmark, if possible.

iii. It is ideal for you to opt for the ECS/ Direct Debit option in case of regular premium plans. This will make life simple for you by automatically ensuring that your premiums get paid on time.

Remember! It's not enough to fill in your application form correctly and get the plan issued. What's even more important is to ensure that your family is aware about the plan and understand its features.

Also ensure you update your contact details regularly to ensure you get real time updates on your plan.

What if you realize this is not the right plan for you?

Free look period shall be applicable at the inception of the policy and

1. The Life Assured will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
2. If the Life Assured has not made any claim during the free look period, he/she shall be entitled to a refund of the amount of premium paid less any expenses incurred by the insurer on medical examination and the stamp duty charges.

How is the premium calculated?

Premium depends upon the Life Assured's age, Gender and Basic Sum Assured. The following factors are applied to annual premium when paying premiums.

Mode of Premium	Modal Factor
Yearly	1
Half Yearly	0.5108
Quarterly	0.2582
Monthly	0.0867

TERMS and CONDITIONS

(A) Renewability of Premiums:

The premium rates once applied to the policy shall be guaranteed for the first five policy years.

The Premium rate may be revised subject to prior approval from IRDAI. The revised premiums rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for the new business and at the date of policy anniversary.

If the policyholder does not agree to the revised premium rates, the policyholder has the choice to terminate the coverage and receive the applicable surrender benefits or continue the policy with the Paid up benefit.

(B) Policy Loan: Not Applicable

(C) Rider: No Rider is available

(D) Details of the covered Critical Illnesses:

Following are the details of the 40 Critical Illnesses covered as well as Angioplasty

1. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a

consultant neurologist holding such an appointment at a Hospital. This condition has to be medically documented for at least 1 month.

Hospital:
A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

2. Benign Brain Tumor

A non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland or spinal cord.

3. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. This diagnosis must be confirmed by an ophthalmologist.
No benefit will be payable if in general medical opinion a device, or implant, or surgery could result in the partial or total restoration of sight.

4. Brain Surgery

Aneurysm or ballooning of a part of the wall of a blood vessel in the brain that is serious enough to warrant corrective surgery. Benefit shall only be payable on the actual undergoing of surgery to the brain under general anesthesia during which craniotomy is performed. Treatment by microcoil thrombosis or balloon embolisation alone is excluded. Burr hole procedures, transphenoidal procedures and other minimally invasive procedures are also excluded.

5. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded

- Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- 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.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocyctic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
- All tumors in the presence of HIV infection.

6. Chronic Lung Disease

End Stage Respiratory Failure including Chronic Interstitial Lung Disease

The following criteria must be met:

- Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation)
- Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less
- Permanent supplementary oxygen therapy required for hypoxemia
- Dyspnoea at rest.

This diagnosis must be confirmed by a chest physician.

7. Coma of Specified Severity

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

• No response to external stimuli continuously for at least 96 hours;

- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

8. End Stage Liver Disease

End Stage Liver Disease means chronic end stage liver

failure evidenced by all of the following:

- Uncontrollable Ascites ;
- Permanent Jaundice;
- Oesophageal or Gastric Varices and Portal Hypertension;
- Hepatic Encephalopathy.

Liver disease arising out of or secondary to alcohol or drug abuse is excluded.

9. Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded

- Angioplasty and/or any other intra-arterial procedures
- Any key-hole or laser surgery.

10. First Heart Attack – of Specified Severity

The first occurrence of 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 this will be evidenced by all of the following criteria:

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

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- Other acute Coronary Syndromes
- Any type of angina pectoris.

11. 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.

12. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

13. Loss of Independent Existence

Confirmation by a consultant physician registered with the Indian Medical Association of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the 6 "Activities of Daily Living" mentioned at the end of the section either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

14. Loss of Limbs

Complete and permanent loss of function of two or more entire limbs due to injury or disease persisting for a period of at least 6 months and with no foreseeable possibility of recovery; or the complete severance of two or more limbs above the wrist or ankle through accident or disease. The condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

15. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability to perform (whether aided or unaided) at least (3) of the 6 "Activities of Daily Living" mentioned at the end of the section for a continuous period of at least 6 months.

Encephalitis caused by HIV infection is excluded.

16. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assureds' body. The condition must be confirmed by a consultant physician acceptable to the Company.

17. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by violent, unexpected, external, involuntary and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the 6 "Activities of Daily Living" mentioned at the end of the section either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and

technology.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes

The Accidental Head injury must result in an inability to perform at least three (3) of the 6 "Activities of Daily Living" mentioned at the end of the section either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes

18. Major Organ/ Bone Marrow Transplant

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 hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

19. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

20. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

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

21. Surgery to Aorta

The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aneurysm,

narrowing, obstruction or dissection of the aorta or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

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

Stent-grafting is not covered.

22. Fulminant Viral Hepatitis

A submissive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

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

23. Alzheimer's Disease

A progressive degenerative disease of the brain characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes. There must be deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in all of the following:

- Permanent irreversible failure of brain function;
- Standardized tests must prove a significant cognitive impairment due to Alzheimer's disease; and
- The Life Insured must require continuous supervision to prevent the Life Insured from harming others or him//herself.

This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

24. Aplastic Anaemia

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

- Repeated blood transfusions;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplant

The diagnosis must be confirmed by a haematologist.

Temporary or reversible aplastic anaemia is excluded

and not covered in this Policy.

25. Cardiomyopathy

The unequivocal diagnosis by a consultant cardiologist, of cardiomyopathy that has been confirmed by an echocardiogram and has resulted in the presence of permanent physical impairments of at least class IV of the New York Heart Association Classification of cardiac impairment.

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.

26. Deafness

Means irrecoverable loss of hearing in both ears, with an auditory threshold of more than 90 decibels in all frequencies of hearing, as a result of sickness or injury. No benefits will be payable if in general medical opinion a hearing aid, device, or implant could result in the partial or total restoration of hearing.

27. Loss of Speech

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

No benefits will be payable if in general medical opinion any aid, device, treatment or implant could result in the partial or total restoration of speech.

All psychiatric related causes are excluded.

28. Medullary Cystic Kidney Disease

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

29. 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.

30. Multiple Sclerosis with Persisting Symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- There must be current clinical impairment of motor

or sensory function, which must have persisted for a continuous period of at least 6 months, and

- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

31. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle without involvement of the nervous system. In respect of this contract, claims shall only be admitted if Muscular Dystrophy causes permanent inability of the Life Assured to perform (whether aided or unaided) at least (3) of the 6 "Activities of Daily Living" mentioned at the end of the section for a continuous period of at least 6 months.

32. Parkinson's Disease

A slowly progressive degenerative disease of the central nervous system with degeneration of neurons and region of the brain that causes a reduction of dopamine levels in parts of the brain. The disease must be unequivocally diagnosed and all of the following conditions must be fulfilled:

- The disease cannot be controlled with medication;
- The disease shows definite signs of progressive impairment; and
- The disease must cause neurological deficit resulting in the permanent and irreversible inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the 6 "Activities of Daily Living" mentioned at the end of the section for a continuous period of at least 6 months.

Only primary idiopathic Parkinson's Disease is covered. All other forms of Parkinsonism are excluded.

33. Progressive Systemic Sclerosis

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.

The following are excluded:

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

34. Primary Pulmonary Hypertension

Disabling Primary Pulmonary Hypertension is the pathological increase of pulmonary pressure due to structural, functional or circulatory disturbances of the lung leading to right ventricular enlargement. The disease must result in permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac

impairment. There must be proof that pulmonary pressure has remained above 30mm Hg for a period of at least six months.

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.

35. SLE with Lupus Nephritis

A multisystem, multifactorial, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus which involve the kidneys (Class III to Class V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification as noted below). Other forms, discoid lupus and those forms with haematological and joint involvement are specifically excluded. The final diagnosis must be supported by a consultant physician specializing in Rheumatology and Immunology.

WHO Lupus nephritis classification

WHO class I (minimal)	Negative, normal urine
WHO class II (mesangial)	Moderate proteinuria, occasionally active sediment
WHO class III	Proteinuria, active (focal segmental) sediment
WHO class IV (diffuse)	Acute nephritis with active sediment and/or nephrotic syndrome
WHO class V (membranous)	Nephrotic syndrome or severe proteinuria

36. Dissolution of the nerve roots of Brachial Plexus

Permanent loss of sensory function of the upper limb caused by the dissolution of 2 (two) or more brachial plexus nerve roots caused by an accident or injury. The diagnosis must be confirmed via electro diagnostic tests performed by a consultant neurologist.

37. Bacterial Meningitis

Bacterial or viral infection resulting in severe inflammation of the membranes of the brain, brain substance (cerebral hemisphere, brainstem or cerebellum) or spinal cord, resulting in permanent inability to perform (whether aided or unaided) at least (3) of the 6 "Activities of Daily Living" mentioned at the end of the section for a continuous period of at least 6 months.

38. Carotid Artery Surgery

The actual undergoing of surgery to the carotid artery (Carotid Endarterectomy) by a neurological surgeons required to remove plaque causing narrowing of the carotid artery following a stroke which has lasted more than 6 (six) months. The surgery must be medically necessary as confirmed by a consultant neurologist for the prevention of the recurrence of cerebrovascular ischemic attacks.

39. Chronic Recurrent Pancreatitis

The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by an gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).

Chronic recurrent pancreatitis resulting directly from alcohol abuse is excluded.

40. Ulcerative Colitis (Crohn's disease)

For the purpose of this policy, Ulcerative Colitis shall mean acute Fulminant Ulcerative Colitis involving the entire colon and exhibiting the presence of life threatening electrolyte disturbances, intestinal distention, intestinal rupture, severe bloody diarrhea as well as some systemic signs and symptoms, requiring total colectomy and ileostomy. Diagnosis must be confirmed by histopathological finding.

41. Angioplasty

The actual undergoing of balloon angioplasty, laser relief or other techniques to correct significant stenosis of at least 70% of two or more coronary arteries as considered medically necessary by a consultant cardiologist.

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

Diagnostic angiography is excluded.

Activities of Daily Living:

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.

(E) Exclusions

No benefits will be payable under this Policy if the Critical Illness is caused directly or aggravated by any of the listed exclusion:

- Any Critical Illness having occurred within the waiting period of 90 days from policy commencement and revival date.
- A pre-existing condition i.e. any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and /or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer. Pre existing condition beyond 48 months prior to the first policy issued by the insurer will be covered.
- War or hostilities (whether war be declared or not).
- Civil war, rebellion, revolution, civil unrest or riot.
- Participation in any armed force.
- Self-inflicted act.
- Drug-taking other than under the direction of a qualified medical practitioner.
- Diagnosis of Critical Illness by Medical Practitioner reveals excessive consumption of alcohol.
- HIV/AIDS.
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionizing radiation.
- Criminal act with criminal intent.

(F) Suicide Clause:

In the event the Life Assured commits Suicide, no benefit will be payable.

(G) Termination of Policy:

The Policy shall be terminated on the occurrence of the earliest of the following:

- On policy being Lapsed by non-payment of due premiums and not revived within the revival period.
- On Surrender of the policy (i.e. upon payment of applicable surrender value)
- On Payment of the Critical Illness Benefit (except Angioplasty)
- On death of the Life Assured
- On maturity date (i.e. upon payment of maturity benefit)

(H) Nomination:

Nomination is allowed as per Section 39 of the Insurance Act 1938 as amended from time to time.

(I) Assignment:

Assignment is allowed as per Section 38 of the Insurance Act 1938 as amended from time to time.

(J) Prohibition of Rebates:

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

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

person to take 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 prospectus or tables of the insurer.

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

(K) GST (Goods & Services Tax):

GST (Goods & Services Tax) and any charges levied by the government in future shall be levied as per the prevailing tax laws and/or any other laws and subject to changes from time to time.

Star Union Dai-ichi Life Insurance Company Limited is the name of the Insurance Company and "SUD Life AAROGYAM" is the name of the plan. Neither the name of the Insurance Company nor the name of the plan in anyway indicates the quality of the plan, its future prospects or returns.

SUD Life AAROGYAM (UIN:142N051V01)

SUD Life

A joint venture of

Bank of India | Union Bank of India | Dai-ichi Life

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