Annexure E (2)

SUD Life Critical Illness Benefit Rider Sales Brochure

Health is a concern for all of us. A critical illness not only affects a family emotionally but also economically. SUD Life Critical illness rider is a product which can be taken by the policy holder as an additional benefit to cover critical illnesses. SUD Life has come up with a critical illness rider which mitigates the hardship of the insured in case he or she is afflicted by one of the nine specified critical diseases thereby providing additional financial support in such an event.

Why you should take the rider?

The critical illness rider is a type of add on benefit which can be used to customize your policy as per your choice. You get additional payments in the event diagnosis of any of the covered illness as per details given in this brochure.

a) Minimum Face Amount/Basic Sum Assured/Annuity p.a: 10,000/-

b) Maximum Face Amount/Basic Sum Assured/Annuity p.a.: 20,00,000/-*

Increase in sum assured is in multiples of Rs.1,000/-

The maximum sum assured allowed under each of the riders is restricted to 50 % of the sum assured under base plan and subject to the condition that the premium for all the riders put together should not exceed 30% of the premium for the base plan.

Further, total sum assured for any individual, under Critical Illness Benefit Rider should not exceed Rs.20 Lakhs* for all products of Star Union Dai Ichi Life Insurance Company where this rider is attached.

****Multiple Sclerosis condition is subject to a maximum benefit amount of Rs.10,00,000/- across all policies on the given life assured.***

Terms and Conditions

Minimum Entry Age: 18 years last birthday
Maximum Entry Age: 55 years age last birthday
Minimum Premium Paying Term: 5 years
Maximum Age up to which Critical Illness cover is granted: 60 years
Premium paying Term: 5 years to 42 years (Depends on the base plan)

Product Features.

The following benefits are available provided the policy is in force, subject to the condition that there is a 30-day survival period between the diagnosis of a critical illness and eligibility for a benefit payment

On the diagnosis of one of the following diseases, the basic sum assured under this rider product will be paid.

1. Cancer
2. Coma
3. Coronary Artery Bypass Surgery
4. Heart Attack
5. Heart Valve Surgery
6. Kidney Failure
7. Major Organ Transplantation
8. Multiple Sclerosis*
9. Stroke

However, the maximum sum assured is limited to Rs. 2000000/- across all policies on the given life assured, except under Multiple Sclerosis, where the condition is subject to a maximum benefit amount of Rs.10,00,000/- across all policies on the given life assured.

The definitions of the diseases covered under this rider are as follows:

1. Cancer:

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist appointed by the Company.
The following are excluded:

- tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: carcinoma-in-situ of the breasts, cervical dysplasia: CIN-1, CIN-2 and CIN-3;
- hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- prostate cancers histologically described as TNM classification T1a, T1b or T1c or prostate cancers of another equivalent or lesser classification, T1N0M0 papillary micro-carcinoma of the thyroid less than 1 cm in diameter, papillary micro-carcinoma of the bladder, and chronic lymphocytic leukaemia less than RAI stage 3; and
- all tumours in the presence of HIV infection.

2. Coma:
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 (as confirmed by a neurologist appointed by the Company):

- no response to external stimuli continuously for at least 96 hours;
- life-support measures being necessary to sustain life; and
- brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Coma resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

3. Coronary Artery Bypass Surgery:
The actual undergoing of open-chest surgery to correct the narrowing or blockage of one or more of the coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist appointed by the Company.
Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

4. Heart Attack:
The first occurrence of heart attack or myocardial infarction, involving death of a portion of the heart muscle due to inadequate blood supply to the relevant area. This diagnosis must be supported by all of the following criteria which are consistent with a new heart attack:

- typical clinical symptoms (for example, characteristic chest pain);
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
- Troponin T > 1.0 ng/ml
- AccuTnl > 0.5 ng/ml, or equivalent thresholds with other Troponin I methods;
- the evidence must show a definite acute myocardial infarction.

The following are excluded:

- angina;
- other acute coronary syndromes, for example myocyte necrosis.

The diagnosis must be confirmed by a consultant cardiologist appointed by the Company.

5. Heart Valve Surgery:
The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be evidenced by echocardiogram and supported by cardiac catheterization (if done) and the procedure must be considered medically necessary by a consultant cardiologist appointed by the Company.

6. Kidney Failure:
End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the medical necessity of the dialysis or transplantation must be confirmed by a consultant physician appointed by the Company.

7. Major Organ Transplantation:
The actual undergoing, as a recipient, of a transplant of:
- human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

The transplant must be medically necessary and based on objective confirmation of organ failure.
Other than the above, stem cell transplants are excluded.

8. Multiple Sclerosis:
The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
- investigations which unequivocally confirm the diagnosis to be multiple sclerosis;
- current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months; and
- a well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.
Multiple Sclerosis condition is subject to a maximum benefit amount of Rs.10,00,000/- across all policies on the given life assured.

9. Stroke:
A cerebrovascular accident or incident producing neurological sequelae of a permanent nature. The neurological deficit must have lasted not less than six months and must, in the opinion of a consultant neurologist appointed by the Company, be deemed permanent. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and must be certified by a neurologist appointed by the Company.
Specifically excluded are:
- cerebral symptoms due to transient ischaemic attacks;
- any reversible ischaemic neurological deficit;
- vertebrobasilar ischaemia;
- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; and
- vascular disease affecting the eye or optic nerve.

Other Features:
- There is no guaranteed surrender value, maturity value or paid up value under this rider product.
- This rider product is non-participating.
- Policy loan is not available under this rider product.
- The premium payment modes allowed under this plan are Yearly, Half-yearly, Quarterly and Monthly. Premium payment under monthly mode is allowed only through ECS.
- If Critical Illness Benefit Rider is opted for and the policyholder is affected by any of the diseases listed above, then she/he will exit all rider benefits and continue with base product only.
- The rider may be allowed at any point during the term of the policy subject to the conditions.
- A grace period of 30 days will be allowed for payment of quarterly/ half-yearly and yearly premiums, and 15 days for monthly premium options. If premium is not paid before the expiry of the grace period, the policy lapses.

- The rider plan can be revived only when the base plan is revived, and only along with the base plan by paying the arrears of premium with the applicable interest, (currently @ 9% p.a.) and on submission of the satisfactory medical evidence as per the underwriting rules applicable at that time.

Exclusions:

The following are the minimum exclusions for the Critical Illness cover. Additional exclusions may be disease-specific and are incorporated into the definition of the disease above. The Benefits under the Rider shall not be paid upon claims occurring as a result of (any of the following):

Claims arising directly or indirectly from any of the following are specifically excluded:

- any medical condition which first manifests itself within 90 days of the risk acceptance date or within 90 days of reinstatement date of the Benefit
- Any pre-existing medical condition*;
- AIDS or HIV;
- Intentional, self-inflicted injury or attempted suicide, irrespective of mental condition;
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner;
- Service in any military, police, paramilitary or similar organisation;
- Unreasonable failure to seek medical advice;
- Taking part in any act of a criminal nature;
- Radioactive contamination due to nuclear accident;
- diagnosis or treatment outside of India

*"Pre-existing medical condition" means a condition (illness or bodily injury) for which, prior to the receipt of proposal for this policy or prior to the date of reinstatement of this policy:

- The life assured had signs or symptoms which would have caused any ordinary prudent person to seek treatment, diagnosis or care, or
- Medical advice or treatment was recommended by or received from a physician, or
- The life assured had undergone medical tests or investigations.

Any congenital disorder, or related illness or complication arising out of or in connection with a pre-existing medical condition, shall be considered part of that pre-existing medical condition.

PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT 1938)

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:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance

agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.
Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

SECTION 45 OF INSURANCE ACT 1938 – INDISPUTABILITY CLAUSE

No policy of Life Insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an Insurer on the ground that a statement made in the proposal for insurance or any report of a medical officer or referee or friend of the Insurer or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows such statement Was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.
Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms and conditions of the policy are adjusted on subsequent proof that that the age of the life insured was incorrectly stated in the proposal.