



POLICY WORDINGS

CRITICAL ILLNESS POLICY

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal and Declaration Form filled and signed by the Policyholder, which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be valid and in force if the Policy Schedule is signed by a person We have authorized.

Sincerely,

Atri Chakraborty
(National Head - Operations)

Tata AIG General Insurance Company Limited

Regd. Office:

Tata AIG General Insurance Company Ltd.
Peninsula Corporate Park,
Nicholas Piramal Tower, 9th Floor,
G.K. Marg, Lower Parel, Mumbai-400 013.
Toll Free No. 1800-119966



WITH YOU ALWAYS

Part A: GENERAL DEFINITIONS

We use certain words in this Policy and Policy Schedule, which have a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

Accident, Accidental - means a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means.

Acquired Immune Deficiency Syndrome - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

Age - means the Age of the Insured Person on his / her most recent birthday as per the English calendar, regardless of the actual time of birth. The Insurance under this Policy shall only apply to Insured between the age of eighteen (18) and sixty (60) years old, renewal up to sixty-five (65) years old..

Certificate of Insurance - means the document issued by Us detailing the effective date, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

Covered Illness - means illness occurring more than Ninety (90) days after the Issue Date or Commencement Date or last reinstatement, whichever is later, of this Policy. For this purpose, an illness has occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which will cause an ordinary prudent person to seek diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of an illness and their manifestation between a Physician and the Insured, we will adopt and follow the Physician's professional opinion. We will not pay for any expenses, test, visits, fees etc. relating to the diagnosis

Diagnosis - means the definitive diagnosis made by a Physician as hereinbelow defined, based upon such specific evidence, as referred to herein below in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such diagnosis shall be binding on both the Insured and the Company.

Hospital - means a medically recognized establishment:

- (a) the primary function of which is to provide for the care and treatment of sick or injured persons, and
- (b) that has a staff of one or more Physicians actually available on the premises at all times, and
- (c) that provides a 24-hour nursing service and has at least one qualified and registered professional nurse present and on duty at all times, and
- (d) that has organised diagnostic and surgical facilities, either on its own premises or in facilities available to the Hospital on a pre-arranged basis, and
- (e) is not, except incidentally to its primary function, a clinic, nursing home, rest home, or convalescent home for the aged, or any similar institution.

Insured Period(s) - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

Insured Person - means the Insured Person up to Age 65, or detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal and Declaration Form for insurance has been received from the Policyholder and approved by Us.

Physician - means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorised Medical Council in the Republic of India. The attending Physician will not be (a) an Insured Person or (b) Your Immediate Family Member. The term Physician would include surgeon.

Policy - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.

Policyholder - means the physical person(s) or the entity named in the Policy Schedule who is (are) responsible for payment of premiums

Policy Schedule - means the Policy Schedule attached to and forming part of the Policy.

Pre-existing Condition - a condition for which care, treatment, or advice was recommended by or received from a Physician or which was first manifested or contracted **within a period upto 2 years** preceding the Insured Person's Effective Date of Coverage, or a condition for which hospitalization or surgery was required **within a period upto 2 years preceding** the Insured Person's Effective Date of Coverage as specified in the Policy Schedule.

Professional Sport - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Proposal and Declaration Form - means any initial or subsequent Proposal / Declaration made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.

War - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Us/Our - means TATA AIG General Insurance Company Limited.

You/Your/Yourself - means the Policy Holder and/or Insured Person(s) who is named in the Policy Schedule.

Part B: GENERAL EXCLUSIONS

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

1. Any Pre-existing Condition, any complication arising from it, or
2. Any Illness, sickness or disease , other than specified as Critical Illness, as mentioned in the policy schedule, or
3. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or
4. Any Critical Illness resulting from a physical or mental condition which existed before the Policy Issue Date or the last Commencement Date which was not disclosed , or
5. Intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; suicide, or
6. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
7. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
8. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
9. Congenital anomalies or any complications or conditions arising therefrom; or
10. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained;or
11. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or

12. Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or other non-traditional health care provider; and
13. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature;
14. Special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure;
15. Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission;

PART C. POSTPONEMENT OF EFFECTIVE DATE

No insurance provided by this Policy shall become effective if You are hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the policy. The coverage will take effect thirty one (31) Days after such hospital confinement or disability terminates

Part D : UNIFORM PROVISIONS

1. ENTIRE CONTRACT - CHANGES: This Policy, together with the Proposal and Declaration Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by Our authorised officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

- 2. CONSIDERATION:** The premium payable under each Certificate of Insurance issued under this Policy is payable in installments :
- a) in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium installment is due, or
 - b) in the case of monthly / quarterly / half yearly installment premiums – before the beginning of each such period when the premium installment is due.

3. EFFECTIVE DATE:

For Master Policy

The Policy will start on the date specified on the Proposal and Declaration Form and Policy Schedule provided it is countersigned by Us and the total premium has been paid by You.

However Your coverage under this Policy begins on the latest of :

- 1) the Policy Effective date as stated above; or
- 2) the date on which the premium is paid when due.

For Certificate of Insurance

The Certificate of Insurance takes effect on the Effective Date stated in the Certificate of Insurance. After taking effect each Certificate of Insurance may continue in effect after the renewal date subject to Part III, No. 4, "RENEWAL CONDITIONS," set forth herein. All subsequent Insured Periods shall begin and end at midnight

4. RENEWALCONDITIONS:

The Policy and Certificate of Insurance, may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

5. EXPIRATION DATE:

- 1) This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Proposal and Declaration Form and Policy Schedule, whichever is earlier.
- 2) However We may cancel this Policy at any time by giving you 7 Days notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective. In the event of cancellation, We will return promptly the pro-rata unearned portion of any premium You have actually paid. Such cancellation shall be without prejudice to any claim originating prior thereto. If you cancel the Policy, the earned premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation in which case the whole premium shall be fully earned and no return of premium will be made.

For Certificate of Insurance

1) We may cancel each Certificate of Insurance at any time by giving 7 Days written notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective. In the event of cancellation, We will return promptly the pro-rata unearned portion of any premium You have actually paid. Such cancellation shall be without prejudice to any claim, originating prior thereto

2) Each Certificate of Insurance will terminate on the earliest of the following dates:

- a) The date the master Policy is terminated,
- b) The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule,
- c) You cease to be a resident of India,
- d) The date the Insured Person attains Age of 65 unless otherwise provided,
- e) The date You or We cancel the Certificate of Insurance.

6. TERRITORY: This Policy applies to incidents anywhere in the world unless limited by Us through endorsement.

7. CONCEALMENT OR FRAUD: The entire Policy/ Certificate of Insurance will be void if, whether before or after a loss, You have, related to this insurance:

- a) intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what we consider to be any material fact or circumstance;
- b) engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- c) made false statements.

8 . NOTICE OF CLAIM/LOSS: It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 Days after an actual or potential loss begins.

9. CLAIM FORMS: We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.

10. TIME FOR FILING CLAIM FORMS AND EVIDENCE: Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred.

11. TIME OF PAYMENT OF CLAIM: Benefits payable under this Policy will be paid within a reasonable time upon receipt of due written evidence of such loss and any other documentation, information and assistance that We may request You pursuant to Uniform Provision 10 above.

12. PAYMENT OF CLAIM: All claims under this Policy that are payable to You / Your assignee shall be paid in Indian currency.

13. ARBITRATION: If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy, (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator, to be appointed in writing by the parties to or, if they cannot agree upon a single Arbitrator within 30 Days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising two Arbitrators - one to be appointed by each of the parties to the dispute/ difference, and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has denied, disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

14. ASSIGNMENT OF INDEMNITIES: Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

15. CONSENT OF ASSIGNEE: Consent of the assignee, if any, shall not be a pre-requisite for any change of assignee or to any other changes in this Policy.

16. CHANGE OF ASSIGNEE: No change of assignee under this Policy shall bind Us, unless consent / such change thereto is formally endorsed thereon by Our authorized officer.

17. MEDICAL EXAMINATION: We, at Our own expense, shall have the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.

18. LEGAL ACTIONS: Without prejudice to Uniform Provision 15 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy. If no evidence has been furnished within one (1) year of the date upon which it should have been furnished then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

19. MISSTATEMENT OF AGE: If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

20. COMPLIANCE WITH POLICY PROVISIONS: Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

21. LIMITATIONS:

Multiple policies:

If an Insured Person suffers a covered Illness or Sickness or Disease for which benefits, are payable under more than one Critical Illness Policy issued by Us, the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy which pays the largest benefit.

22. INTEREST ON THE BENEFIT WE PAY: We will not pay any interest on any benefit We pay, unless provided elsewhere as per the Insurance Act.

23. OTHER INTEREST: No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.

24. SUBROGATION: In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organization or You shall execute and deliver instruments and papers to us and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably required from You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.

25. REASONABLE CARE AND ASSISTANCE: You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage.

In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

26. DISPUTE RESOLUTION CLAUSE AND PROCEDURE: This contract of insurance includes the following dispute resolution procedure, which is exclusive and a material part of this Policy:

- a) Nature of Coverage: Coverage for medical expenses, if offered, in Part E: Coverage of this Policy is intended for Your use in the event of contracting a Critical Illness as mentioned in the policy schedule.
- b) Pre-existing Exclusion: This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a Pre-existing Condition.
- c) Choice of Law: This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision 15, above and otherwise by the Indian courts.

27. CHANGE OF OCCUPATION: If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation.

28. ASSOCIATED COMPANIES AND CHANGE IN RISK: If this policy covers associated companies, You must provide a list of these companies. If Your Associated companies or Your business activities change from those You have told Us about and summarized in the Proposal and Business description in the Schedule, You must tell Us immediately. We must confirm in writing that We accept the changes.

Part E: COVERAGE

BENEFITS PROVISIONS

While this Policy is in force, the Company shall provide the Benefits of Part I of this Policy stated on the Policy Schedule or any Endorsement when the Insured is diagnosed to be suffering from a Critical Illness set out in Part I of this Policy as defined hereinbelow.

PART I: CRITICAL ILLNESS BENEFITS

While this Policy is in force, the Company shall provide the benefit in one lump sum as stated in the Schedule of Benefits subject to the provisions, conditions and limitations contained herein or which may be endorsed hereinafter if the Insured is diagnosed to be suffering from a Critical Illness as defined hereinabove and if all of the following conditions are satisfied.

- (a) The Insured Person experiences a Critical Illness specifically listed and defined in this Policy; and
- (b) The Critical Illness experienced by the Insured is the first incidence of that Critical Illness; and
- (d) The signs or symptoms of the Critical Illness experienced by the Insured Person commenced more than Ninety (90) days following the Issue Date of the Certificate of Insurance or the last Commencement Date, whichever is later; and
- (e) None of the General or Specific Limitations or Exclusions specifically contained in this Policy applies.
- (f) The person has to survive the illness by thirty (30) days or more, from the date of diagnosis.

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her. This Benefit will be terminated after the lump sum payment. If a Critical Illness is diagnosed within Ninety (90) days following the effective date or the date of its last reinstatement of this Policy, whichever is later, the Company's liability shall be limited to the refund of premiums paid under this Policy.

Covered Critical Illnesses

The Critical Illness Benefit covers any of the following illnesses upon diagnosis being:

1. First Heart Attack
2. Cancer (exclude Skin Cancer)
3. Stroke
4. Coronary Artery Surgery
5. Kidney Failure
6. Major Organ Transplant
7. Total Blindness
8. Coma
9. Major Burns
10. Multiple Sclerosis
11. Paralysis

Benefit

1) First Heart Attack

Definition:- Heart Attack is defined as -Death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. It is caused by the occlusion of a coronary vessel or vessels, i.e., simple, double, or triple vessel disease. Other terms commonly used are myocardial infarction, coronary occlusion, coronary thrombosis.

The first occurrence of an acute myocardial infarction is where all the following Diagnostic Criteria are met:

- (i) The occurrence of typical chest pain, and
- (ii) The occurrence of typical new acute infarction changes on the electrocardiograph progressing to the development of new pathological Q waves; and
- (iii) Elevation of cardiac Troponin to at least 3 times the upper limit of the normal reference range or an elevation in CK MB to at least 200% of the upper limit of the normal reference range.

2) Cancer (excluding Skin Cancer)

Definition - Cancer is defined as a focal autonomous new growth of abnormal cells, which has resulted in the invasion of normal tissues. Such cancer must be positively diagnosed upon the basis of microscopic examinations of fixed tissues, or preparations from the haemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis, by itself, does not meet this standard.

The following are excluded:

- (i) Tumours treated by endoscopic procedures alone;
Tumours classified as carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3), prostate tumours classified as T1, papillary carcinoma of the thyroid less than 1 cm in diameter classified as T1N0M0 (TNM classification system); papillary micro-carcinoma of the bladder, and chronic lymphocytic leukaemia less than RAI Stage 3;
- (ii) Malignant melanomas less than 1.5 mm in depth;
- (iii) Other cancers of the skin;
- (iv) Tumours that are a recurrence or metastasis of a tumour that first occurred prior to 90 days following the later of the Issue Date, the Commencement Date or last reinstatement date.
- (v) Kaposi's Sarcoma and other tumours in the presence of HIV infection; and
- (vi) Tumours which pose no threat to life and for which no treatment is required

The diagnosis here must always be supported by histology reports.

Diagnostic criteria

- a) Attending Physician Statement(s).
- b) Histology/biopsy report(s)

3) Stroke

Definition:- Any cerebrovascular incident, producing neurological sequelae, lasting more than twenty-four (24) hours and including infarction of brain tissue, cerebral hemorrhage, thrombosis or embolization from an extra- cranial source.

Evidence of permanent neurological deficit must be produced.

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement

The first occurrence of Stroke is where the following conditions are met:

- (i) There is an acute onset of objective and ongoing neurological signs that are expected to be permanent; and
- (ii) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Exclusion:-Brain damage due to an accident, infection, vasculitis or an inflammatory disease are excluded.

Diagnostic criteria:

- a) A detailed Attending Physician(s) Statement
- b) CAT Scan/MRI

3) Coronary Artery Surgery

The actual undergoing of open chest surgery to two (2) or more coronary arteries due to disease of those arteries. Balloon angioplasty, laser relief of an obstruction or other intra-arterial procedures, are excluded from this definition.

5) Kidney Failure

Definition:-End-stage failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

The irreversible deterioration in renal function which results from a diminished mass of effective functional renal tissue. There should be adequate proof that the Insured is:

- i) on renal dialysis or
- ii) had a renal transplant operation

There must be involvement of both kidneys and the condition must be such that renal dialysis/transplantation is required as a life-saving procedure.

We will not pay for cases of acute renal failure where temporary dialysis has been initiated.

Diagnostic criteria:

- a) Attending Physician(s) Statement
- b) Urinalysis
- c) Renal function tests
- d) X-ray or ultrasound
- e) Renal biopsy (where available)

6) Major Organ Transplant

Actually having undergone, as a recipient, a transplant procedure involving any of the following organs: kidney, heart, liver, lung, bone marrow or pancreas.

Diagnostic criteria:

- a) Attending Physician(s) Statement

7) Total Blindness

Total irreversible loss of sight in both eyes, duly certified by an ophthalmologist's report, as a result of acute sickness or Accident. Loss of sight will be deemed to have occurred if the degree of sight remaining after correction in both eyes is 3/60 or less on the Snellen scale.

Diagnostic criteria:

Attending ophthalmologist's report

8) Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of a life support system which must include the use of a respirator for a period of at least One Hundred and twenty (120) hours. Permanent neurological deficit must be present. Coma resulting directly from alcohol or drug abuse is excluded.

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement

Diagnostic criteria:

- a) Attending Physician(s) Statement

9) Major Burns

Third Degree Burns (full thickness skin destruction) covering at least twenty percent (20%) of the body surface.

10) Multiple Sclerosis

Definition:- Unequivocal diagnosis by a consultant neurologist confirming at least moderate persisting neurological abnormalities, with impairment of function. The insured person need not be wheelchair confined. The diseased condition is marked by patches of hardened tissue in the brain or spinal cord manifested by partial or complete paralysis, paresthesias, and/or optic neuritis.

Multiple Sclerosis confirmed when the following combination are met:

- (a) symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
- (b) a multiplicity of discrete lesions; and
- (c) a well documented history of exacerbations and remissions of said symptoms / neurological deficits.

Diagnostic criteria:

- a) Attending Physician's Statement from consulting neurologist
- b) CT scan
- c) Magnetic resonance imaging (MRI)

Diagnosis relies upon history and physical exam and analysis of the cerebro-spinal fluid; an early attack or single episode of Multiple Sclerosis is not Multiple Sclerosis for the purpose of this policy. In no event shall the company pay a benefit in the first episode occurred prior to the policy effective date

11) Paralysis

Definition:-The complete and permanent loss of use of both arms or both legs, through paralysis, caused by illness or Injury, except when such Injury is self-inflicted. Paralysis is characterized by the loss of muscle function or the loss of sensation or both. This covers diagnosis of paraplegia, hemiplegia and of course quadriplegia.

Diagnostic criteria:

- a) detailed Attending Physician's Statement
- b) X Ray
- c) CT scan (head or spine)

PART II

SECOND OPINION BENEFIT:-

The second opinion benefit is valid only if your Critical Illness Insurance Policy is in force and the Insured Person has been diagnosed with any one of the 11 Covered Critical Illnesses defined in this policy.

Covered Benefit:-

Transmission of medical records, including images, via computerized software to specialist physicians, in order to obtain an independent second opinion on the diagnosed Critical Illness.