



IndiaFirstLife

PROMOTED BY



Your people, your trust...  
our accountability

IndiaFirst Group Term Plan

## Important Note

IndiaFirst Group Term Plan is referred to as the Plan throughout the brochure.

## How will this brochure help you?

This brochure gives you details of how the Plan works throughout its lifetime. It's an important document to refer to.

## To help your understanding

We've done our best to explain everything as simply as possible; however you are likely to come across some terms you are unfamiliar with. Where possible, we've explained these where they are used.

We have used plain language that's easy to understand and believe this brochure is a good place to start when considering a risk cover.

## Introduction

### Your people, your trust... our accountability

Groups work with and comprise of their members. Members could be customers, employees or any other individuals associated with you. No matter what your area of work, the value that individual members bring to your group cannot be underestimated.

While being an important part of your group or organization, your members are also an essential part of their family. It hence becomes your responsibility to ensure basic financial security for them.

Our IndiaFirst Group Term Plan is a yearly renewable Plan that helps you provide your members with a life cover, thus securing their family against uncertainties of life.

## Executive Summary

### Key Features

#### You, the master policyholder

- You can now provide life cover at competitive rates to your members – be it your employees or your customers or members
- You have the flexibility to automatically secure the life of all your members or offer it as a voluntary scheme where your members may choose to participate
- The Plan provides you the flexibility to add new members during the plan year and an option to pay the premium as per your convenience
- You can also opt for the Employees Deposit Linked Insurance (EDLI) scheme under this Plan

#### For the Member

- Opportunity to secure your loved ones as you get a life cover at an extremely reasonable price
- In the unfortunate event of the member's/ life assured demise, a lump sum amount equal to the Sum Assured will be payable to the nominee/ appointee/ legal heirs
- Tax benefits may be available as per prevailing tax laws.

#### Risk Factors

- There is no maturity benefit under this Plan
- The sum assured is paid to the nominee/ appointee/ legal heirs

- Tax laws are subject to change from time to time as per Government Tax Laws

### 1. What is IndiaFirst Group Term Plan?

IndiaFirst Group Term Plan is a non participating, non linked, yearly renewable group protection plan offered to a group of individuals having a similar interest such as account holders, credit card holders, depositor/creditor groups, Government agencies, parents of school/college students, social sector groups, affinity groups, employer-employee groups etc.

### 2. Who can be a part of this plan?

This Plan includes the 'Master Policyholder' and the 'Member'.

#### Who is the Master Policyholder?

Master Policyholder is you, the organization who offers this Plan to its members /customers / employees, in order to secure their family against any uncertainties. The Master Policyholder holds and operates the Plan.

#### Who is the Member?

The Member could be a member/ customer/ employee/ affiliate of an organization or any individual associated with the group. The member is the Life Assured under this Plan. The benefits are payable on the member's life.

The age limits for a member are -

Age	Employer-Employee Group	Non Employer-Employee Group
Minimum age at entry	18 years as on last birthday	14 years as on last birthday
Maximum age at entry	85 years as on last birthday	85 years as on last birthday
Maximum age at maturity	86 years as on last birthday	86 years as on last birthday

### 3. What is the group size to whom the cover can be offered?

Minimum Group Size	50 members for NEE groups and 10 for EE groups Under Group term assurance in lieu of EDLI it is 20, as per the EPFO requirements
Maximum Group Size	No limit

Experience Adjustments on premium will be applicable on the basis of the actual experience of the group provided group size is more than 500.

### 4. What are the cover options under this plan?

	Voluntary cover	Compulsory cover
Master Policyholder	Chooses to participate in the scheme	Chooses to participate in the scheme
Member	May choose to participate in the Plan and pay premiums accordingly	Obligatory participation in the Plan
Life cover	Will be on the life of the individual member	Will be on the life of the individual member

### 5. What is the minimum and maximum cover that the Master Policyholder can offer?

Minimum cover	₹ 5,000/- per member
Maximum cover	Subject to underwriting

### 6. What is the term of the plan?

This is a yearly renewable term plan. It is available to the members of the group for one year from the date of issuance.

### 7. What is the frequency of payment of premiums?

- Monthly (through ECS or direct debit)
- Quarterly
- Six monthly
- Yearly

## 8. How does this plan work?

	Voluntary cover	Compulsory cover
Procedure	The scheme will be open to its eligible members at inception of the Plan. Interested members need to fill up the membership form available with the Master Policyholder. They are also required to fulfill certain underwriting requirements.	The Master policy automatically includes all eligible members of the group as per the prescribed limits (once they fulfill the underwriting requirements, if any)
Premium payment	Premium will be paid by you, the Master Policyholder to the Company. The same is usually collected from your members.	Premium will be paid by you, the Master Policyholder to the Company. You may or may not choose to collect the same from your members.
Insurance cover	Starts once the premium is received and all underwriting criteria, if any, are met	Starts once the premium is received and all underwriting criteria, if any, are met
Example	Master Policyholder: Bank Members: Savings account customers Premium: Paid by the bank by directly deducting the same from the members savings account after taking their consent	Master Policyholder: ABC Company Ltd. Members: Employees Premium: Paid by the company. Life cover is provided to employees as an additional benefit.

\* You, the Master Policyholder is required to fill in the proposal form and provide the necessary details post which we issue you a quotation. The Master Plan is issued once this quotation is accepted by you.

## 9. What happens in case of unfortunate event of the member's/ life assured's demise?

We are totally responsible to ensure that the claim payment is made in the name of the insured member or nominee /appointee/ legal heirs, as the case may be, through any other electronic mode of payment to the specific bank account of the insured or nominee /appointee/legal heirs.

In case of unfortunate event of the member's / life assured's demise during the Plan Term, we will pay the sum assured to the nominee /appointee/legal heirs.

## 10. What is the maturity benefit payable under this Plan?

There is no maturity or survival benefit payable under the IndiaFirst Group Term Plan.

## 11. Are there any Riders available in this policy?

Yes, the master policyholder/ member shall have an option to add IndiaFirst Life Group Critical Illness Rider (UIN: 143B002V01), IndiaFirst Life Group Additional Benefit Rider (UIN: 143B018V01), IndiaFirst Life Group Protection Rider (UIN: 143B003V01) and IndiaFirst Life Group Disability Rider Plan (UIN:143B004V01) to this policy.

IndiaFirst Life Group Critical Illness Rider is a non-linked, non-participating group rider, designed to provide financial protection to your members in case of diagnosis of any of the covered Critical Illness. This rider provides flexibility to select from 3 benefit options, as mentioned below:

1. Critical Illness (CI) Benefit with 40 conditions
2. Critical Illness (CI) Benefit with 20 conditions
3. Critical Illness (CI) Benefit with 5 conditions

Master policyholder/member can choose any one of the above benefit options at inception of the rider cover. In case you select this rider, premium under this rider shall not exceed 30% of premium under the base policy. Please refer the rider brochure available on our website for details on covered rider conditions.

IndiaFirst Life Group Additional Benefit Rider Plan is a non-linked, non-participating, group rider, designed to enhance financial security for your members in case of an unfortunate event. This rider provides the following benefit under IndiaFirst Life Group Term Plan:

**Spouse Cover Benefit:** In the event of death of the spouse during the term of the rider, the beneficiary would receive a lump sum benefit equal to rider Sum Insured. The Spouse cover in the policy is limited to a maximum of 50% of Member's Death benefit cover in the base policy.

IndiaFirst Life Group Protection Rider Plan is a non-linked, non-participating, group rider which may be attached to one-year renewable group and other long term group products, designed to enhance financial security for your members in case of accidental death or member being diagnosed with any terminal illness.

IndiaFirst Life Group Disability Rider Plan is a non-linked, non-participating, group rider which may be attached to one-year renewable group and other long term group products, designed to enhance financial security for your members in case of Accidental Total Permanent Disability Benefit (ATPD) or Total Permanent Disability (TPD) due to accident and/or illness or Partial Permanent Disability (PPD) due to accident and/or illness.

In case you select this rider, premium under this rider shall not exceed 100% of premium under the base policy.

## 12. What is the surrender benefit payable under this Plan?

You, the Master Policyholder can Surrender the Plan anytime. However, the Member may opt to choose to continue the coverage as individual member till the end of the term as mentioned in the Certificate of Insurance. No surrender or paid-up value is payable under this Plan.

## 13. What are the tax benefits under this Plan?

Currently you are eligible for the below mentioned tax benefits. These are subject to change from time to time as per Government Tax Laws. However, you are advised to consult your tax consultant.

### What are the tax benefits on the premiums Paid?

Tax benefits may be available on premiums paid and benefits receivable as per prevailing Income Tax Laws. These are subject to change from time to time as per the Government Tax laws. Please consult your tax consultant before purchasing this policy.

### Are death benefits tax-free?

Yes, death benefits are also tax-free under Section 10(10) D of the Income Tax Act, 1961.

## 14. What happens in case a member chooses to enter the scheme during the plan year?

In this case, the cover as well as the premium will be for the balance period left in the plan year, i.e., till the master plan comes up for renewal.

For example:

Plan term: 1st April, 2014 to 31st March, 2015

New member joins: 1 November, 2014

Premium to be calculated for: 5 months (November, December, January, February and March)

## 15. What are your options if you (Master Policyholder) miss paying your premiums?

We provide you, the Master Policyholder, a grace period of 30 days for all premiums falling due within 1 year of the date of commencement. You need to pay the Premiums before the end of the grace period to ensure that your members continue enjoying the

benefits of the Plan/ Cover. In case of unfortunate event of the Member's demise during the grace period, the nominee /appointee/ legal heirs will receive the Death Benefit after deducting the Premium due for the period that the Member was covered. If due premium is not paid within the grace period then covers ceases and the plan/membership terminates. During this period, the policy will be considered to be in-force.

In case You, the Master Policyholder(MPH) has collected the premium from the member before the completion of grace period and have not remitted the same to us (due to any reason), we will continue to provide coverage to that member if the member can prove that he/she had paid the premium and secured a proper receipt leading the member to believe that he/she was duly insured.

## 16. What are the exclusions in this policy?

### A. Suicide Exclusion:

In case of unfortunate demise of your member due to suicide, within 12 months from the date of inception of the cover commencement date of the member, the nominee /appointee/legal heirs will receive 80% of the premiums paid, excluding extra premium if any.

### B. Exclusions for Accidental Death Benefit:

Accidental Death benefit shall not be paid on death of the insured person occurring directly or indirectly as a result of (any of the following):

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, civil commotion, strikes;
4. Participation in any flying activity, except as a bonafide passenger in a commercially licensed aircraft;
5. Participation by the insured person in a criminal or unlawful act;
6. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body;
7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or

not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;

8. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;

### C. Exclusions for Accidental Total Permanent Disability Benefit:

Total and Permanent Disability due to accident shall not be paid if disability occurs directly or indirectly as a result of (any of the following):

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
  2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
  3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
  4. Participation in any flying activity, except as a bonafide passenger in a commercially licensed aircraft,;
  5. Participation by the insured person in a criminal or unlawful act;
  6. Policy for those specific members will not be issued if any disability due to accident that occurred before the effective date of the cover
  7. Any disability due to any kind of sickness, disease before and/or after the effective date of the cover; any existing external congenital anomaly will not be covered, and policy will not be issued for such members having external congenital anomaly. Other than external congenital anomaly all other congenital anomaly will be covered.
- Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
  9. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;

10. If full disclosure is given by the members and that particular members fall under any of the exclusion stated above at the time of sale then the policy will not be offered to such members.

#### **D. Exclusions for Critical Illness benefit:**

In addition to the condition specific exclusion mentioned in the definitions, we will not pay any claim arising directly or indirectly due to any of the following causes:

##### 1. Pre-Existing disease:

Pre-Existing disease means any condition, ailment, injury or disease:

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement

After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable"

2. Intentional self-inflicted injury, attempted suicide while sane or insane.

3. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, civil commotion, strikes.

5. Taking part in any naval, military or air force operation during peace time.

6. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable

7. Participation by the insured person in a criminal or unlawful act with a criminal intent.

8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited

to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

9. Any external congenital anomaly will not be covered, and policy will not be issued for such members having external congenital anomaly.

Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.

10. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

#### **17. Can you cancel your Plan (Free look)?**

You, the Master Policyholder/ Member can return your policy document/ certificate of insurance within the Free Look period;

In case you do not agree to the any policy terms and conditions, you have the option of returning the policy document/ certificate of insurance to us stating the reasons thereof, within 15 days from the date of receipt of the policy document/ certificate of insurance. The free-look period for policies purchased through distance marketing or electronic mode will be 30 days.

Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person.

#### **Do you get any refund when you cancel your Policy?**

Yes. We will refund an amount equal to the - Premium paid less:

- i. Pro-rata risk premium
- ii. Any stamp duty paid
- iii. Expenses incurred on medical examination, if any



## 18. What are the key definitions in the policy?

The following definitions are used for the purpose of defining various events under the product.

Accident	An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Bodily Injury	"Bodily Injury" means it is accidental bodily harm excluding illness or disease solely and directly caused by external, violent means which is verified and certified by a Medical Practitioner.
Accidental Death	Accidental Death shall mean death: <ul style="list-style-type: none"> <li>a. which is caused by Bodily Injury resulting from an Accident and</li> <li>b. which occurs due to the said Bodily Injury solely, directly and independently of any other causes as verified and certified by Medical Practitioner and</li> <li>c. which occurs within 180 days of the occurrence of such Accident irrespective of the expiry of cover term provided date of accident is within the cover term.</li> </ul>
Accidental Total Permanent Disability	Total and Permanent Disability refers to a disability, which: <ul style="list-style-type: none"> <li>a. is caused by Bodily Injury resulting from an accident, and</li> <li>b. occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and</li> <li>c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term</li> </ul> <p>For the purposes of this benefit, The loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability.</p> <p>"Loss of an arm or a leg" shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which: <ul style="list-style-type: none"> <li>a. is caused by bodily injury resulting from an accident, and</li> <li>b. occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and</li> <li>c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term.</li> </ul> </p> <p>"Loss of an eye" shall mean total and irrevocable loss of sight of an eye which: <ul style="list-style-type: none"> <li>a. is caused by bodily injury resulting from an accident, and</li> <li>b. occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and</li> <li>c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term.</li> </ul> </p>

Critical Illness	<p>If the member is diagnosed with any one of the covered critical illnesses as mentioned below during the cover term, the benefit will be paid as per cover schedule. We should be intimated about the diagnosis of the Critical Illness within 60 days from the date of its diagnosis. However, claims intimated even beyond such period will be considered if there are valid reasons for any delay. The diagnosis of any of the below Critical Illness is to be confirmed by an independent registered Medical Practitioner. The conditions covered are:</p>	
	Sr. No.	Critical Illness
	1	Cancer of specified severity
	2	Open Chest CABG
	3	Kidney Failure requiring regular dialysis
	4	Permanent paralysis of limbs
	5	Primary (Idiopathic) Pulmonary Hypertension
	6	Myocardial Infarction (First Heart Attack of Specific Severity)
	7	Stroke Resulting in Permanent Symptoms
	8	Major organ / bone marrow transplant
	9	Multiple Sclerosis with persisting symptoms
	10	Surgery to Aorta
	11	Apallic Syndrome
	12	Benign Brain Tumour
	13	Coma of specified severity
	14	End Stage Liver Failure
	15	End Stage Lung Failure
	16	Open Heart Replacement or Repair of Heart Valves
	17	Loss of Limbs
	18	Blindness
	19	Third degree Burns
	20	Major Head Trauma
	<p><b>CI Definitions:</b></p> <p><b>1. Cancer of specified severity</b></p> <p>I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>II. The following are excluded -</p> <p>i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.</p> <p>ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</p> <p>iii. Malignant melanoma that has not caused invasion beyond the epidermis;</p>	

- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

## **2. Open Chest CABG**

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

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

## **3. Kidney Failure requiring regular dialysis**

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

## **4. 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

## **5. Primary (Idiopathic) Pulmonary Hypertension**

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

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

I. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

## **6. Myocardial Infarction**

(First Heart Attack of specific severity)

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

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes

- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
- i. Other acute Coronary Syndromes
  - ii. Any type of angina pectoris
  - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

#### **7. Stroke resulting in Permanent symptoms**

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

II. The following are excluded:

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

#### **8. Major Organ/ Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

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

II. The following are excluded:

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

#### **9. Multiple Sclerosis with Persistent Symptoms**

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

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

II. Other causes of neurological damage such as SLE are excluded

#### **10. Surgery to Aorta**

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

#### **11. Apallic Syndrome**

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

#### **12. Benign Brain Tumour**

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

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

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

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

### **13. Coma of specified severity**

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

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

### **14. End Stage Liver Disease**

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

i. Permanent jaundice; and

ii. Ascites; and

iii. Hepatic encephalopathy.

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

### **15. End Stage Lung Disease**

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

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and

iv. Dyspnea at rest.

### **16. Open Heart Replacement or repair of heart valves**

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s).

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

### **17. Loss of Limbs**

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

**18. Blindness**

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

II. The Blindness is evidenced by:

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

ii. the field of vision being less than 10 degrees in both eyes.

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

**19. Third Degree Burns**

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

**20. Major Head Trauma**

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

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

III. The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

i. Spinal cord injury;

**Medical Practitioner**

A medical practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license.

The Medical Practitioner / Specialist Medical Practitioner are independent of the Insurance Company.

Such Independent Medical Practitioner shall not include: The Member's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or member under this policy

## 19. You are prohibited from accepting rebate in any form

### Prohibition of Rebate: Section 41 of the Insurance Act, 1938 as amended from time to time states -

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

## 20. What happens in case of submission of information which is false or incorrect?

Fraud/ Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

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

- No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival, of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that

such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

## 21. About IndiaFirst Life Insurance Company Limited (IndiaFirst Life)

Headquartered in Mumbai, IndiaFirst Life Insurance Company Limited (IndiaFirst Life), with a paid-up share capital of INR 754.37 crore, was incorporated in the year 2008. As one of the fastest growing private life insurers in the country, IndiaFirst Life has two public-sector banks as shareholders, Bank of Baroda (65% stake) and Union Bank of India (9% stake) whose footprint and experience continue to fortify the value proposition it offers to all stakeholders. Carmel Point Investments India Private Limited promoted by Carmel Point Investment Ltd, also holds 26% stake in IndiaFirst Life.

