

### **Health Insurance – Critical Illness Proposal**

CRITICAL ILLNESS is an Optional Plan provided to associates by Tech Mahindra through United India Insurance Company.

**Critical illness Plan** – It is a Lump sum benefit provided to associate / employee when the ailment detected as per policy conditions and within the policy period.

#### **Salient Features:**

- Lump sum payment of 100% sum insured in the event of diagnosis of critical illness
- Sum insured option available of 3 lacs & 5 lacs
- Survival period of 30 days - It means that claim is payable if insured survives 30 days from the date of diagnosis.
- Income tax benefit

**Eligibility Criteria** – Applicable to only associates /employees of Tech Mahindra Ltd.

#### **Coverage Details:**

Sr.no.	Category	Benefits / Description
	Product Name	Criticare
1	Critical illness cover	Yes -100% of Sum Insured
2	Entry age	21 years – 60 years
3	Family definition	Only Self
4	Sum Insured options	3 lacs, 5 lacs
6	Policy Benefit	Lump sum payment to insured member on diagnosis of critical illness, then policy gets terminated
7	Pre existing disease	not covered
8	Waiting Period	initial waiting period of 3 months from the commencement of first policy
9	Survival Period	30 days on diagnosis of critical illness
10	Premium	As per member age and Coverage amount

Sr. no.	Critical illness benefits Covered
1	Cancer of Specified severity
2	First Heart Attack of specified severity
3	Coronary Artery Surgery (CABG)Open chest CABG
4	Heart Valve Replacement
5	Coma of specified severity
6	Kidney Failure
7	Stroke resulting in Permanent Symptoms
8	Major Organ / Bone Marrow Transplant
9	Multiple Sclerosis
10	Motor neurone disease with permanent symptoms
11	Permanent Paralysis of Limbs

**Major Exclusion:-**

1. Self injury, suicide,
2. Addiction to alcohol or drugs
3. HIV/AIDS
4. Smoking more than 40 cigarettes or equivalent tobacco intake
5. Pre-existing disease and Critical illness symptom present at any time before inception of first policy.
6. War, Invasion, act of foreign enemy
7. Arising from ionizing radiation or contamination by radioactivity.
8. Waiting period initial waiting period of three months from the commencement of first policy

**Special condition and special benefit**

- I. Once a claim is paid under the policy, the policy lapses.
- II. Survival period of 30 days on diagnosis of critical illness for claim.

**Premium Table for Critical Illness Policy (Incl. GST)**

Sum Insured (Rs)	Age in completed years			
	21-35	36-45	46-55	56-60
3 Lakhs	709	1,877	4,780	9,736
5 Lakhs	1,181	3,128	7,966	16,226

*\*Should a benefit be paid in terms of this policy on behalf of an Insured Person the coverage for that person terminates under this policy and such person shall not be entitled to be covered by this policy or its renewal thereof.*

**Definitions:**

DIAGNOSIS should be: Diagnosis by a registered Medical Practitioner, supported by clinical radiological, histological and laboratory evidence and also surgical evidence wherever applicable acceptable to the Company.

**CRITICAL ILLNESS covered as listed below:**

**1) CANCER OF SPECIFIED SEVERITY**

*A malignant tumor characterized by the presence of one or more tumors classified histologically as malignant and characterized by the uncontrolled growth and spread of malignant cells and with invasion of normal tissue and 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 -

1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
2. Any skin cancer other than invasive malignant melanoma
3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
5. Chronic lymphocytic leukemia less than RAI stage 3
6. Microcarcinoma of the bladder
7. All tumours in the presence of HIV infection.

## **2) FIRST HEART ATTACK *of specified severity***

The first occurrence of an acute 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:

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

The following are excluded:

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

## **3) CORONARY ARTERY SURGERY (CABG) 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.

Excluded are:

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

## **4) HEART VALVE REPLACEMENT**

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon Valvotomy /Valvuloplasty are excluded.

## **5) COMA OF SPECIFIED SEVERITY**

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:

1. no response to external stimuli continuously for at least 96 hours;
2. life support measures are necessary to sustain life; and

3. 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.

## **6) KIDNEY FAILURE**

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.

## **7) STROKE RESULTING IN PERMANENT SYMPTOMS**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, hemorrhage 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.

The following are excluded:

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

## **8) 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:

1. Other stem-cell transplants
2. Where only islets of langerhans are transplanted

## **9) MULTIPLE SCLEROSIS**

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

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

3. 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.

#### **10) MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS**

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

#### **11) 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.

#### **What is to be done in the event of a claim:**

Notice must be given to the Company/TPA in writing immediately of any occurrence which may give rise to a claim under this policy, not later than three days from occurrence.

#### **List of documents to be submitted shall include**

- Duly filled Claim form
- Treating Physician's certificate
- Original/Attested copy of Discharge summary
- Original/Attested copies of all lab/radiological/Histopathological/investigation reports
- Original/Attested copies of Indoor case papers (If needed)
- Original/Attested copies of all the medical bills
- Any other document (e.g. Disability Certificate, Dialysis records etc.) deemed necessary at the time of claim investigation for a specific CI condition