# **SPACE FOR ENDORSEMENTS**

Digitally signed by: Ravichandran G Date: 2020.02.02 16:28:42 +05:30

#### Part B

In this Policy, the following definitions shall be applicable:

- Accident- means sudden, unforeseen and involuntary event caused by 1) external, visible and violent means:
- Accidental Death means death by or due to a bodily injury caused by an 2) Accident, independent of all other causes of death. Accidental Death must be caused within 180 days from the date of any bodily injury;
- Annualized Premium Annualized premium shall be the premium amount payable in a year excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.;
- Appointee means the person named by You and registered with Us in accordance with the Nomination Schedule, who is authorized to receive the Sum Assured under this Policy on the death of the Life Assured while the Nominee is a minor;
- Assignee means the person to whom the rights and benefits under this Policy are transferred by virtue of assignment under section 38 of the Insurance Act, 1938 as amended from time to time.;
- Accidental & Total Permanent Disability (ATPD) means when the Life Assured is totally, continuously and permanently disabled and meets either of the two definitions below:
  - Unable to Work shall mean:
    - Disability as a result of injury or accident and is thereby rendered totally incapable of being engaged in any work or any occupation or employment for any compensation, remuneration or profit and he/she is unlikely to ever be able to do so.
  - Physical Impairments shall mean:

The Life Assured suffers an injury/accident due to which there is total and irrecoverable loss of:

- The use of two limbs; or
- The sight of both eyes; or
- The use of one limb and the sight of one eye; or
- iv. Loss by severance of two or more limbs at or above wrists or ankles; or
- The total and irrecoverable loss of sight of one eve and loss by

severance of one limb at or above wrist or ankle.

The disabilities as stated under "Unable to Work" and "Physical Impairments" must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a medical practitioner (as defined below), be deemed permanent. The benefit will commence upon the completion of this uninterrupted period of 6 months. However, for the disabilities mentioned in (iv) and (v) above, such 6 months period would not be applicable and the benefit will commence immediately:

- 7) Authority/ IRDAI - means Insurance Regulatory and Development Authority of India;
- Company, company, Insurer, Us, us, We, we, Our, our means or refers to HDFC Life Insurance Company Limited;
- Critical Illness(CI) means the illness as defined in the below table:

Sr. No	Term	Definition
1	Cancer of Specified Severity	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.  II. The following are excluded –  i. All tumors which are histologically described as carcinoma in situ, benign, pre-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.  ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to

lymph nodes or b	
iii. Malignant melan	
has not caused	
beyond the epider iv. All tumors of the	
	ologically
	aving a
Gleason score gre	
6 or having prog	
at least clinical	
	sification
T2N0M0	
vi. All Thyroid	cancers
histologically cla T1N0M0	(TNM
Classification) or	
	nphocytic
leukaemia less t	han RAI
stage 3	
	papillary
	bladder
histologically des	
TaN0M0 or of classification,	a lessei
	Intestinal
Stromal	Tumors
histologically cla	
T1N0M0	(TNM
Classification) of	r below
and with mitotic	
less than or equa	l to 5/50
HPFs;	
x. All tumors in the of HIV infection.	presence
2 Open Chest I. The actual underg	poing of
CABG heart surgery to	
blockage or narrowi	
or more coronary	
by coronary artery	bypass
	via a
sternotomy (cutting	
	ne) or
minimally invasive	•
coronary artery procedures. The	
must be supporte	
coronary angiogra	
the realization of su	
to be confirmed	by a
cardiologist.	
II. The following are ex	
	l/or any
other intr	•
	a-arterial
3   Myocardial   11. The first occurrence	a-arterial
3 Myocardial I. The first occurrence attack or m	a-arterial
Infarction attack or m	e of heart
Infarction attack or m (First Heart infarction, which n Attack of death of a portion	e of heart yocardial neans the
Infarction attack or m (First Heart infarction, which n Attack of death of a portion specific heart muscle as a	e of heart yocardial heans the n of the result of
Infarction attack or m (First Heart infarction, which n Attack of death of a portion specific heart muscle as a severity) inadequate blood s	e of heart yocardial heans the n of the result of hupply to
Infarction (First Heart Attack of death of a portion specific severity)  attack or m infarction, which m death of a portion heart muscle as a inadequate blood sthe relevant are	e of heart yocardial neans the n of the result of upply to ea. The
Infarction (First Heart Attack of death of a portion specific severity)  action specific severity  action attack or m infarction, which in death of a portion heart muscle as a inadequate blood set the relevant are diagnosis for M	e of heart yocardial heans the n of the result of hupply to hea. The yocardial
Infarction (First Heart Attack of death of a portion specific severity)  severity)  attack or m infarction, which n death of a portion heart muscle as a inadequate blood sethe relevant are diagnosis for M Infarction should be attack or m infarction.	e of heart yocardial heans the n of the result of hupply to hea. The yocardial ld be
Infarction (First Heart Attack of death of a portion specific severity)  action specific severity  action attack or m infarction, which in death of a portion heart muscle as a inadequate blood set the relevant are diagnosis for M	e of heart yocardial heans the n of the result of hupply to ea. The yocardial ld be
Infarction (First Heart Attack of specific heart muscle as a inadequate blood sthe relevant are diagnosis for M Infarction shoulevidenced by all	e of heart yocardial heans the n of the result of hupply to ha. The yocardial ld be of the
Infarction (First Heart Attack of specific severity)  action (First Heart are diagnosis for M Infarction shoul evidenced by all following criteria:  i. A history of clinical so	e of heart yocardial heans the n of the result of hupply to hea. The yocardial ld be of the typical ymptoms
Infarction (First Heart Attack of specific severity)  as the relevant are diagnosis for M Infarction shoule evidenced by all following criteria:  i. A history of clinical s consistent with infarction shoule evidenced by all following criteria:	e of heart yocardial heans the n of the result of hupply to ea. The yocardial ld be of the typical ymptoms th the
Infarction (First Heart Attack of specific heart muscle as a inadequate blood sthe relevant are diagnosis for M Infarction shoule evidenced by all following criteria:  i. A history of clinical sconsistent with diagnosis of M	e of heart yocardial heans the h of the result of hupply to ha. The yocardial hd be of the typical ymptoms h the acute
Infarction (First Heart Attack of specific severity)  associated a severity independent of a portion heart muscle as a inadequate blood set the relevant are diagnosis for M Infarction should evidenced by all following criteria:  i. A history of clinical seconsistent with diagnosis of myocardial infarction.	ra-arterial  e of heart yocardial neans the n of the result of nupply to na. The yocardial dd be of the  typical ymptoms th the acute etion (For
Infarction (First Heart Attack of death of a portion heart muscle as a inadequate blood sthe relevant are diagnosis for M Infarction shoul evidenced by all following criteria:  i. A history of clinical so consistent with diagnosis of myocardial infarce.g. typical chest	e of heart yocardial heans the n of the result of hupply to ha. The yocardial ld be of the typical ymptoms th the acute etton (For pain)
Infarction (First Heart Attack of specific severity)  action (First Heart attack of specific severity)  action (First Heart attack of specific severity)  action (First Heart specific)  action (First Heart attack)  action (First Heart specific)  act	ra-arterial  of heart yocardial heans the n of the result of hupply to ha. The yocardial de be of the  typical ymptoms th the acute etion (For pain) racteristic
Infarction (First Heart Attack of specific heart muscle as a inadequate blood sthe relevant are diagnosis for M Infarction shoulevidenced by all following criteria:  i. A history of clinical sconsistent with diagnosis of myocardial infarce, e.g. typical chest ii. New chain electrocardiogram	ra-arterial  of heart yocardial neans the n of the result of upply to ea. The yocardial ld be of the  typical ymptoms th the acute con (For pain) racteristic n changes
Infarction (First Heart Attack of death of a portion heart muscle as a inadequate blood sthe relevant are diagnosis for M Infarction shoule evidenced by all following criteria:  i. A history of clinical seconsistent with diagnosis of myocardial infarce e.g. typical chest; ii. New chart electrocardiogram iii. Elevation of iii.	ra-arterial  of heart yocardial heans the n of the result of hupply to ha. The yocardial de be of the  typical ymptoms th the acute etion (For pain) racteristic
Infarction (First Heart Attack of death of a portion heart muscle as a inadequate blood sthe relevant are diagnosis for M Infarction shoule evidenced by all following criteria:  i. A history of clinical so consistent with diagnosis of myocardial infarce e.g. typical chest; ii. New chart electrocardiogram iii. Elevation of iii.	ra-arterial  e of heart yocardial heans the n of the result of hupply to ha. The yocardial de be of the  typical ymptoms th the acute etion (For pain) pain) pacteristic n changes infarction
Infarction (First Heart Attack of specific severity)  attack of death of a portion heart muscle as a inadequate blood sthe relevant are diagnosis for M Infarction shoul evidenced by all following criteria:  i. A history of clinical seconsistent with diagnosis of myocardial infarce. e.g. typical chest ii. New chare electrocardiogram iii. Elevation of is specific Troponins or	era-arterial  er

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.  1. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  II. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  6 Stroke Resulting In Permanent Symptoms  6 Resulting In Permanent Symptoms  1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  1. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in mental and and social functioning requiring the continuous supervision of			II. The following are excluded:
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.  4			8
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.  4			I
pectors  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.  4			<u> </u>
iii. À rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.  4			
biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiae procedure.  4			
4 Major Surgery of Aorta  I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomina aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  6 Stroke Resulting In Permanent Symptoms  6 I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage amelical 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. Transient injury of the brain. iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Al;heimer's Disease / Irreversible Organic Degenerativ Perminent Disorders  II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
Schemic heart disease OR following an intra-arterial cardiac procedure.			
4 Major Surgery of Aorta  1. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  II. 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.  6 Stroke Resulting In Permanent Symptoms  6 Alzheimer's Discase / II. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial oversel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Transient injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			or I in absence of overt
4 Major Surgery of Aorta  1. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  1. 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.  6 Stroke Resulting In Permanent Symptoms  1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Transmatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's Disease/ Irreversible Organic Degenerativ e Brain Disorders  1. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			ischemic heart disease OR
4 Major Surgery of Aorta  I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  6 Stroke Resulting In Permanent Symptoms  6 I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease/ Disease/ Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			following an intra-arterial
4 Major Surgery of Aorta  I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  6 Stroke Resulting In Permanent Symptoms  6 I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease/ Disease/ Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			cardiac procedure.
Surgery of Aorta  major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  1. 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.  6 Stroke Resulting In Permanent Symptoms  1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease/ Disease/ Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	4	Major	I. The actual undergoing of
correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  5 Failure Requiring Regular Dialysis  6 Stroke Resulting In Permanent Symptoms  6 Stroke Resulting In Permanent Symptoms  6 I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease/ Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  6 Stroke Resulting In Permanent Symptoms  1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease/ Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  II. 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.  6 Stroke Resulting In Permanent Symptoms  1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source, Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's bisease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring irreversible and transplantation is carried out. Diagnosis has confirmed by a specialist medical practitioner.  6 Stroke I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			· · ·
the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Peauling Regular Dialysis  Dialysis  Dialysis  1. 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.  6 Stroke Resulting In Permanent Symptoms  1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring irreversible Organic plasses or presenting as chronic irreversible organic formed by clinical evaluation and inaging tests, arising from Alzheimer's Disease or irreversible organic disorders.  II. End stage renal disease presenting as chronic irreversible organic described. II. End stage renal disease presenting as chronic irreversible organic described. II. Any terebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.			
definition, aorta shall mean the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  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.  6 Stroke Resulting In Permanent Symptoms includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
the thoracic and abdominal aorta but not its branches.  II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  Simple Surgery 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.  6 Stroke Resulting In Permanent Symptoms  1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
II. The following are excluded:  i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring Requiring Regular Interversible 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.  6 Stroke Resulting In Permanent Symptoms  6 I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.  I. 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.  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
i. Surgery performed using only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring 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.  6 Stroke Resulting In Permanent symptoms Symptoms  6 I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
only minimally invasive or intra-arterial techniques.  5 Kidney Failure Requiring 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.  6 Stroke Resulting In Permanent Symptoms  Fastility of the modical practition of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			8
or intra-arterial techniques.  5 Kidney Failure Requiring Regular Dialysis  Failure  Resulting Regular Dialysis  Failure  Dialysis  Failure  Dialysis  Failure  Resulting Regular  Dialysis  Failure  Dialysis  Failure  Failure  Failure  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.  6 Stroke  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease/ Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
5 Kidney Failure Failure Requiring Regular Dialysis  Stroke Resulting In Permanent Symptoms  Failure Symptoms  Failure  Resulting In Permanent Symptoms  Alzheimer's II. Traumatic injury of the brain.  Forsion Alzheimer's II. Traumatic injury of the brain III. Traumatic injury of the brain III. Vascular disease affecting only the eye or optic nerve or vestibular functions.  Alzheimer's II. Deterioration or loss of intellectual capacity as confirmed by a specialist medical practitioner.  II. Alzheimer's II. Alzheimer's III. The following are excluded: III. The following are excluded: III. Traumatic injury of the brain III. Vascular disease affecting only the eye or optic nerve or vestibular functions.  Alzheimer's III. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			1
S.   Kidney Failure   Requiring Requiring Regular   Dialysis   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.    Stroke Resulting In Permanent Symptoms   I.   Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.    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.    Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders   Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	1		
Failure Requiring Regular Dialysis  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.  Stroke Resulting In Permanent Symptoms  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  presenting as chronic irreversible forganic disorders, resulting in significant reduction in mental and social functioning requiring the	_	****	
Requiring Regular   Dialysis   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.    Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.    II. The following are excluded: i. Transient ischemic attacks (TIA)   Itraumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.    Alzheimer's   Disease / Irreversible Organic   Degenerativ e Brain   Disorders   Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	5		
Regular   Dialysis   Ridneys 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.    Stroke   Resulting In   Permanent   Permanent   Symptoms   I.   Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.    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.    Alzheimer's   Disease / Irreversible Organic   Degenerativ e Brain   Disorders   Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
Pialysis  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.  Stroke Resulting In Permanent Symptoms  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  8 Stroke Resulting In Permanent symptoms  8 I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  8 II. The following are excluded:  9 i. Transient ischemic attacks (TIA)  10 ii. Traumatic injury of the brain  11 iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  12 Alzheimer's Disease / Irreversible Organic confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the		Regular	,
or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  8 Stroke Resulting In Permanent producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the		Dialysis	
instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain  Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			renal dialysis (hemodialysis
transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  To Disorders  To Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			or peritoneal dialysis) is
Diagnosis has to be confirmed by a specialist medical practitioner.  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			instituted or renal
confirmed by a specialist medical practitioner.  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			transplantation is carried out.
6 Stroke Resulting In Permanent Symptoms  I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			Diagnosis has to be
Medical practitioner.			confirmed by a specialist
I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded:			
Resulting In Permanent Symptoms  producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the			
Permanent	6	Stroke	
includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6		I. Any cerebrovascular incident
tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Corganic confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In	I. Any cerebrovascular incident producing permanent
intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This
hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain
embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an
cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  7 Alzheimer's Disease / Irreversible Organic Organic Degenerativ e Brain Disorders  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel,
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as Irreversible Confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Degenerativ e Brain Disorders Di	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in
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.  7 Alzheimer's Disease / Irreversible Organic Organic Degenerativ e Brain Disorders  II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the
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.  7 Alzheimer's Disease / Irreversible Organic Organic Degenerativ e Brain Disorders  II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence
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.  7 Alzheimer's I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests,  Degenerativ e Brain Disorders  II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological
i. Transient ischemic attacks (TIA)  ii. Traumatic injury of the brain  iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's e Brain  Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3
(TIA)  ii. Traumatic injury of the brain  iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's Disease / I. Deterioration or loss of intellectual capacity as confirmed by clinical organic Organic Pegenerativ e Brain Disorders Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
iii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's Disease / II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's e Brain Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded:
brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's Disease / Irreversible Organic Organic Degenerativ e Brain Disorders  Disorders  Disorders  Drain Disorders	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded: i. Transient ischemic attacks
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  7 Alzheimer's Disease / Inreversible Organic Organic Degenerativ e Brain Disorders  iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded: i. Transient ischemic attacks (TIA)
only the eye or optic nerve or vestibular functions.  7	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the
or vestibular functions.  Alzheimer's Disease / Disease / Irreversible Organic Degenerativ e Brain Disorders  Disorders  Organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain
7 Alzheimer's Disease / I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, Degenerativ e Brain Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting
Disease / intellectual capacity as Irreversible confirmed by clinical Organic evaluation and imaging tests, Degenerativ arising from Alzheimer's e Brain Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the	6	Resulting In Permanent	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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
Irreversible confirmed by clinical evaluation and imaging tests, Degenerativ arising from Alzheimer's e Brain Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the		Resulting In Permanent Symptoms	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.
Organic evaluation and imaging tests, Degenerativ arising from Alzheimer's e Brain Disease or irreversible Organic disorders, resulting in significant reduction in mental and social functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of
Degenerativ e Brain Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's Disease /	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as
e Brain  Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's Disease /	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical
e Brain Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical
in significant reduction in mental and social functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible Organic	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests,
in significant reduction in mental and social functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible Organic Degenerativ	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's
mental and social functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible Organic Degenerativ e Brain	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible
functioning requiring the		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible Organic Degenerativ e Brain	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting
		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible Organic Degenerativ e Brain	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in
continuous supervision of		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible Organic Degenerativ e Brain	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social
		Resulting In Permanent Symptoms  Alzheimer's Disease / Irreversible Organic Degenerativ e Brain	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.  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.  I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the

		the Member. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Company's appointed doctor.  II. The following are excluded: i. Non-organic disease such as neurosis and psychiatric illnesses; and ii. Alcohol-related brain damage.	
8	Apallic Syndrome	I. Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.	
9	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:  i. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the	
10	Coma of Specified Severity	spinal cord.  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.
11	End Stage	I. Permanent and irreversible
11	Liver	failure of liver function that
	Failure	has resulted in all three of
	1 anne	the following:
		Ü
		i. Permanent jaundice; and
		ii. Ascites; and
		iii. Hepatic encephalopathy.  II. Liver failure secondary to
		drug or alcohol abuse is
10	E 10.	excluded.
12	End Stage	I. End stage lung disease,
	Lung	causing chronic respiratory
	Failure	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
Ì		oxygen therapy for
		hypoxemia; and
		iii. Arterial blood gas analysis
		with partial oxygen
		pressure of 55mmHg or
		less (PaO2 < 55mmHg);
		and
		iv. Dyspnea at rest.
13	Loss of	I. Confirmation by a Medical
	Independent	Practitioner acceptable to the
	Existence	Company of the loss of
		independent existence due to
		illness or trauma, which has
		lasted for a minimum period
		of 6 months and results in a
		permanent inability to
		perform at least three (3) of
		the 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.
		II. 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 or an
		upright chair or
		wheelchair and vice versa.
		iv. Mobility: The ability to
	i .	
		move indoors from room
		to room on level surfaces.
		to room on level surfaces.

	l			
		1	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.	
		III.		
		111.	i. Any injury or loss as a	
			result of War, invasion,	
			hostilities (whether war is	
			declared or not), civil war,	
			rebellion, revolution or	
			taking part in a riot or civil	
			commotion	
14	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	
		11.		
1			by:	
		1	i. corrected visual acuity	
		1	being 3/60 or less in both	
		1	eyes or ;	
		1	ii. the field of vision being	
1			less than 10 degrees in	
		1	both eyes.	
		III.	e e	
			must be confirmed and must	
			not be correctable by aids or	
			surgical procedure.	
15	Third	I.	There must be third-degree	
	Degree		burns with scarring that	
	Burns		cover at least 20% of the	
	Burns		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.	
16	Major Head	I.	Accidental head injury	
	Trauma		resulting in permanent	
			neurological deficit to be	
			assessed no sooner than 3	
			assessed no sooner than 5	
			months from the date of the	
			months from the date of the accident. This diagnosis	
			months from the date of the accident. This diagnosis must be supported by	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external	
			months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and	
		II.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  The accidental head injury	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. The accidental head injury must result in an inability to perform at least three (3) of	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. The accidental head injury must result in an inability to perform at least three (3) of the following Activities of	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	
		п.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. 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,	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. 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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. 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	
		п.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. 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	
		п.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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. 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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	
		П.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	
		п.	months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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.  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	

	l	Y ::
		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:
<u></u>		<ol> <li>Spinal cord injury;</li> </ol>
17	Motor	I. Motor neurone disease
	Neurone	diagnosed by a specialist
	Disease	medical practitioner as spinal
	With	muscular atrophy,
	Permanent	progressive bulbar palsy,
	Symptoms	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
<u></u>		period of at least 3 months.
18	Multiple	I. The unequivocal diagnosis
	Sclerosis	of Definite Multiple
	with	Sclerosis confirmed and
	Persistent	evidenced by all of the
1	Symptoms	following:
		investigations including
		typical MRI findings which
		unequivocally confirm the
		diagnosis to be multiple sclerosis and 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 and
		HIV are excluded.
19	Open heart	I. The actual undergoing of
	replacement	open-heart valve surgery is
	or repair of	to replace or repair one or
	heart valves	more heart valves, as a
		consequence of defects in,
		abnormalities of, or disease-
1		affected cardiac valve(s).
	i .	The diagnosis of the valve

			abnormality must be
	1		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.
20	Angioplasty	I.	Coronary Angioplasty is
20	Ingiopiasiy	1.	
			coronary intervention by
			way of balloon angioplasty
			with or without stenting for
			treatment of the narrowing or
			blockage of minimum 50 %
			of one or more major
			coronary arteries. The
			intervention must be
			determined to be medically
1	1		necessary by a cardiologist
			and supported by a coronary
			angiogram (CAG).
		II.	Coronary arteries herein
			refer to left main stem, left
1	1		
1	1		circumflex and right
			coronary artery.
		III.	Diagnostic angiography or
			investigation procedures
			without angioplasty/stent
			insertion are excluded.
21	Cardiomyop	I.	An impaired function of the
21		1.	•
	athy		heart muscle, unequivocally
			diagnosed as
			Cardiomyopathy by a
			Registered Medical
			Practitioner who is a
			cardiologist, and which
			results in permanent physical
			impairment to the degree of
			New York Heart Association
			classification Class IV, or its
			equivalent, for at least six (6)
			months based on the
			following classification
			criteria:
			i. Class IV - Inability to
			carry out any activity
			without discomfort.
1	1		Symptoms of congestive
			cardiac failure are present
			even at rest. With any
			increase in physical
			activity, discomfort will
			be experienced and
			ii. Echocardiography
			findings confirming
1	1		presence of
1	1		cardiomyopathy and Left
1	1		
			Ventricular Ejection
			Fraction (LVEF) of 40%
			or less
		II.	The following are excluded:
			i. Cardiomyopathy directly
			related to alcohol or drug
			abuse.
22	Parkinson's	I.	Unequivocal Diagnosis of
	Disease		Parkinson's disease by a
	Discuse		Registered Medical
			ē
	1		Practitioner who is a
	1		neurologist where the
			condition:
1	1		i. cannot be controlled with
1	1		medication;
I	1		ii. shows signs of progressive

		j	impairment; and iii. Activities of Daily Living assessment confirms the inability of the Member to perform at least 3 of the Activities of Daily Living as defined in this Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months.
		II.	Only idiopathic Parkinson's Disease is covered. Drug- induced or toxic causes of Parkinson's Disease are excluded  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;
22	D.	Y	vi. Feeding: the ability to feed oneself once food has been prepared and made available.
23	Permanent Paralysis Of Limbs	I.	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 shall be permanent with no hope of recovery and must be present for more than 3 months.
24	Primary (Idiopathic) Pulmonary Hypertensio n	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

			C I C C C T
			Cardiac Cauterization. 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
			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.
25	Major	I.	The actual undergoing of a
	Organ /		transplant of:
	Bone Marrow		i. One of the following
	Transplant		human organs: heart, lung, liver, kidney, pancreas,
	типэршні		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
26	Scleroderma	I.	A systemic collager vascular
20	scieroaerma	1.	A systemic collagen-vascular disease causing progressive
			diffuse fibrosis in the skin,
			blood vessels and visceral
			organs. This diagnosis must
			be unequivocally supported
			by biopsy and serological
			evidence and the disorder must have reached systemic
			proportions to involve the
			heart, lungs or kidneys.
		II.	The systemic involvement
			should be evidenced by any
			one of the following findings
			i. Lung fibrosis with a
			Lung fibrosis with a diffusing capacity (DCO)
			of less than 70% of
			predicted
			ii. Pulmonary hypertension
			with a mean pulmonary
			artery pressure of more
			than 25 mmHg at rest measured by right heart
			catheterisation
			iii. Chronic kidney disease

		with a GFR of less than 60 ml/min (MDRD-formula) iv. Echocardiographic findings suggestive of Grade III and above left ventricular diastolic dysfunction
		III. The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.  IV. The following conditions are
		excluded: i. Localised scleroderma (linear scleroderma or morphea); ii. Eosinophilicfascitis; and
		iii. CREST syndrome.
27	Muscular Dystrophy	Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three
		(3) out of four (4) of the following conditions:     i. Family history of other affected individuals;
		ii. Clinical presentation including absence of
		sensory disturbance,
		normal cerebro- spinal fluid and mild tendon
		reflex reduction; iii. Characteristic
		electromyogram; or
		iv. Clinical suspicion confirmed by muscle
		biopsy.
		II. The condition must result in the inability of the Life
		Assured to perform (whether aided or unaided) at least
		three (3) of the six (6)
		'Activities of Daily Living' as defined, for a continuous
		period of at least six (6) months.
28	Poliomyeliti	I. The occurrence of
	S	Poliomyelitis where the following conditions are
		met:
		<ol> <li>Poliovirus is identified as the cause and is proved by</li> </ol>
		Stool Analysis, ii. Paralysis of the limb
		muscles or respiratory
		muscles must be present and persist for at least 3
26		months.
29	Medullary Cystic	Medullary Cystic Disease where the following criteria are met:
	Disease	I. The presence in the kidney
		of multiple cysts in the renal medulla accompanied by the
		presence of tubular atrophy and interstitial fibrosis;
		II. Clinical manifestations of
		anaemia, polyuria, and progressive deterioration in
		kidney function; and
		III. The Diagnosis of Medullary Cystic Disease is confirmed
		by renal biopsy.
		IV. Isolated or benign kidney cysts are specifically
20	Customati-	excluded from this benefit.
30	Systematic	I. Multi-system, autoimmune

disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class II - Minimal mesangial lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Membranous vi. Vi. Membranous vi. Vi. Membranous vi. Vi. Membranous vi. Vi. M					
various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis v. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class IV - Membranous lupus nephritis v. Class IV - Membranous lupus nephritis vi. Class IV - Membranous lupus nephritis vi. Class IV - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia II. Irreversible persistent bone marrow failure which results in nanemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: ii. Blood product transfusion; iii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow stimulating anemics of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;		Erythematos		development of auto-	
Involvement		us with			
"Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Mesangial proliferative lupus nephritis v. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis vi. Class IV - Advanced sclerosing lupus nephritis vi. Class IV - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  31 I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: ii. Blood product transfusion; iii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow stimulating agents; iii. Ilmunosuppressive agents; or iv. Bone marrow toppsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class II - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iv. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-G) lupus nephritis iv. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31		Involvement			
of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class II - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-G) Jupus nephritis iv. Class IV - Diffuse segmental (IV-G) Jupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Membranous lupus nephritis vii. Class III - Mesangia proliferative lupus nephritis vi. Class III - Mesangia					
erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis iii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis v. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Membranous lupus nephritis vii. Class V - Membranous lupus nephritis viii iii. Natrow stimulation in Rheumatology and Immunology.  31 Aplastic III reversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
involve the kidneys and are characterized as Class III, Class IV Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversibe persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. Class III - Focal lupu					
VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology (ISN/RPS) Society (ISN/RPS) Society (ISN/RPS) Classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iii. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversible persistent bone marrow failure which results in nanemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology and Immunology.  I Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
Pathology (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Membranous lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; iii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
(ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				Society of Nephrology/Renal	
lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				Pathology Society	
based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003):  i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class IV - Diffuse segmental (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Membranous lupus nephritis vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal messangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
and those forms with only hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis v. Class V - Membranous lupus nephritis vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
hematological and joint involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003):  i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis  iii. Class III - Focal lupus nephritis  iii. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  v. Class V - Membranous lupus nephritis  vi. Class V - Membranous lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow stimulating agents; iii. Inmunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
involvement are specifically excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003):  i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis  iii. Class III - Focal lupus nephritis  iii. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  v. Class IV - Membranous lupus nephritis  v. Class V - Membranous lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31				•	
excluded.  II. Abbreviated ISN/RPS classification of lupus nephritis (2003):  i. Class I - Minimal mesangial lupus nephritis  ii. Class II - Mesangial proliferative lupus nephritis  iii. Class III - Focal lupus nephritis  iii. Class IV - Diffuse segmental (IV-G) lupus nephritis  iv. Class IV - Diffuse segmental (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  v. Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion;  ii. Marrow stimulating agents;  iii. Immunosuppressive agents;  iii. Immunosuppressive agents; or  iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
II. Abbreviated ISN/RPS classification of lupus nephritis (2003):  i. Class I - Minimal mesangial lupus nephritis  ii. Class II - Mesangial proliferative lupus nephritis  iii. Class III - Focal lupus nephritis  iii. Class III - Focal lupus nephritis  iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion;  ii. Marrow stimulating agents;  iii. Immunosuppressive agents; or  iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
classification of lupus nephritis (2003):  i. Class I - Minimal mesangial lupus nephritis  ii. Class II - Mesangial proliferative lupus nephritis  iii. Class III - Focal lupus nephritis  iii. Class III - Focal lupus nephritis  iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  v. Class V - Membranous lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic  Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion;  ii. Marrow stimulating agents;  iii. Immunosuppressive agents; or  iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;	1		II.		
nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class IV - Diffuse segmental (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. Class V - Membranous lupus nephritis vi. Class V - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: ii. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; iii. Immunosuppressive agents; viii. Immunosuppressive agents; viii. Immunosuppressive agents; viiii. Immunosuppressive agents; viiii. Immunosuppressive agents; viiiii. Immunosuppressive agents; viiiiii. Immunosuppressive agents; viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1				
i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; iii. Immunosuppressive agents; iii. Immunosuppressive agents; iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				•	
ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				i. Class I - Minimal	
proliferative lupus nephritis  iii. Class III - Focal lupus nephritis  iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  vi. Class VI - Advanced sclerosing lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;	1		İ		
iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;	1		İ		
iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
nephritis  iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic  Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
segmental (IV-S) or global (IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				1	
(IV-G) lupus nephritis  v. Class V - Membranous lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic  Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
lupus nephritis  vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				v. Class V - Membranous	
sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
confirmed by a certified doctor specialising in Rheumatology and Immunology.  31 Aplastic Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion;  ii. Marrow stimulating agents;  iii. Immunosuppressive agents; or  iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy.  Two out of the following three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
doctor specialising in Rheumatology and Immunology.  31 Aplastic I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
Rheumatology and Immunology.  31 Aplastic Anaemia I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
Immunology.  I Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
Anaemia  I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				<del></del> -	
in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:  i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;	31	Aplastic	I.		Π
thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;		Ånaemia		marrow failure which results	
treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
(2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;			l		
ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				-	
iii. Immunosuppressive agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				· ·	
agents; or iv. Bone marrow transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;				9	
transplantation.  II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;	1		İ		
anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;			77		
by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;			II.		
Two out of the following three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;			l		
three values should be present:  i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
present: i. Absolute Neutrophil count of 500 per cubic millimetre or less;					
i. Absolute Neutrophil count of 500 per cubic millimetre or less;			l		
millimetre or less;				i. Absolute Neutrophil count	
	1		İ		
			l		
ii. Absolute Reticulocyte					
count of 20,000 per cubic millimetre or less; and					
iii. Platelet count of 20,000			l		
per cubic millimetre or					
less.			L		
32 Loss of I. The physical separation of	32	Loss of	I.		٦
Limbs two or more limbs, at or		Limbs	ĺ	two or more limbs, at or	
above the wrist or ankle					
level limbs as a result of				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.
33	Deafness	I.	Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.
34	Loss of Speech	I.	Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist. All psychiatric related causes are excluded.

- Date of Risk Commencement means the date, as stated in the Policy Schedule, on which the insurance coverage under this Policy commences;
- Extra Life Sum Assured & means the absolute amount of benefit, in addition to the Sum Assured on Death which is guaranteed to become payable on Accidental Death of the Life Assured as per the terms and conditions specified in the Policy;
- Frequency of Premium Payment- means the period, as stated in the Policy Schedule, between two consecutive Premium due dates for the Policy;
- Grace Period means the specified period of time immediately following the Premium due date during which a payment can be made to continue a Policy in force without loss of continuity of benefits, during which the Policy is considered to be in-force with the risk cover without any interruption as per the terms of this Policy.;
- Sum Assured on Maturity -means the amount which is guaranteed to become payable on maturity of the policy, in accordance with the terms and conditions of the policy; *Income Term*<sup>\$^@</sup> – mean
- 15) - means the period (in years) for which the Monthly Income will be paid by us;
- Life Assured means the person as stated in the Policy Schedule on whose 16) life the contingent events have to occur for the Benefits to be payable. The Life Assured may be the Policyholder;
- Lump Sum<sup>\$^@</sup> means an amount (if chosen by the Life Assured) that will be paid out in the event of Life Assured's death;
- Maturity Date means the date stated in the Policy Schedule, on which the Policy Term expires and this Policy terminates;

  Monthly Income<sup>\$^@</sup> - means the income chosen at the inception of the Policy;
- 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 Indian 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 licence. The person must be qualified in allopathic system of medicine and shall not be the Life Assured himself/herself:
- Nominee(s) means the person named by you and registered with us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Policy, on the death of the Life Assured;
- Policy Anniversary- means the annual anniversary of the Date of Risk Commencement;

- Policyholder, You, you, your means or refers to the Policyholder stated in the Policy Schedule
- Policy Term means the term of the Policy as stated in the Policy Schedule;
- 25) Policy Year - means a period of 12 months starting from the Date of Risk Commencement
- 26) Premium(s)- means an amount stated in the Policy Schedule, payable by You to Us for every Policy Year by the due dates, and in the manner stated in the Policy Schedule, to secure the benefits under this Policy, excluding applicable taxes and levies:
- Premium Paying Term means the period as stated in the Policy Schedule, in years, over which Premiums are payable;
- Revival of a Policy means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the Company with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder;
- Revival Period means the period of five consecutive years from date of first unpaid Premium, during which period the Policyholder is entitled to revive the Policy, which was discontinued due to the non-payment of Premium, in accordance with the terms of Revival of a Policy;
- Sum Assured Absolute amount chosen by the Policyholder at inception;
- Sum Assured on Death- means the absolute amount of benefit which is guaranteed to become payable on death of the Life Assured as per the terms and conditions specified in the Policy;
- Surrender means complete withdrawal/ termination of the entire Policy; 32)
- Surrender Value means an amount, if any, that becomes payable in case of 33) Surrender of the Policy in accordance with the terms and conditions of the Policy.
- 34) Total Premiums paid -Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes;
- Terminal Illness A Life Assured shall be regarded as terminally ill only if that life assured is diagnosed as suffering from a condition which, in the opinion of two independent Medical Practitioners' specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by Medical Practitioners' registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. Terminal illness due to AIDS is excluded.

# Part C

# 1. Benefits

The benefits mentioned below shall be applicable based on the plan option chosen by the Policyholder under this Policy:

#### I. **Death Benefit**

Upon death of the Life Assured before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, Sum Assured on Death as calculated under the respective plan options shall be payable.

#### Acceleration of Death Benefit

In case of diagnosis of Terminal Illness before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, the payment of Sum Assured on Death will be accelerated and paid immediately and the Policy shall terminate

#### III. Waiver of premium Benefit on ATPD

In case of diagnosis of ATPD before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, the payment of all future Premiums will be waived and the benefits of the Policy shall continue.

# Waiver of premium Benefit on Critical Illness

In case of diagnosis of any of the Critical Illness before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid the payment of all future Premiums will be waived.

# Accidental Death benefit

Upon Accidental Death of the Life Assured before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, Extra Life Sum Assured will be payable in addition to Sum Assured on Death, in the same proportion as applicable to the payment of Sum Assured on Death.

### **Maturity Benefit**

Upon survival of Life Assured till the end of the Policy Term, Sum Assured on Maturity shall be payable.

## 2. Plan Options:

#### I. <u>Life Option:</u>

#### For Single pay Policy:

- A. <u>Death Benefit:</u> The Death Benefit payable shall be higher of:
  - i. 125% of Single Premium; or
  - ii. Absolute amount assured to be paid on death

Absolute amount assured to be paid on death = Sum Assured

- B. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- C. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- D. The coverage under the Policy shall be for the Policy Term.

## For limited pay and regular pay Policy:

- A. <u>Death Benefit: Sum</u> Assured on Death payable under this option shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Absolute amount assured to be paid on death where

where,

Absolute amount assured to be paid on death = Sum Assured

- B. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- C. Waiver of premium Benefit on ATPD: As provided under Part C
  (Clause 1(III))
- Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- E. The coverage under the Policy shall be for the Policy Term.

# II. 3D Life Option:

# For limited pay and regular pay Policy:

- A. <u>Death Benefit:</u> Sum Assured on Death payable under this option shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Absolute amount assured to be paid on death where,

Absolute amount assured to be paid on death = Sum Assured

- B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- C. Waiver of premium Benefit on ATPD: As provided under Part C  $\overline{\text{(Clause 1(III))}}$
- D. <u>Waiver of premium Benefit on Critical Illness:</u> As provided under Part C (Clause 1(IV))
- E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- F. The coverage under this option shall be for the Policy Term.

# III. Extra Life Option:

#### For Single pay Policy:

- A. <u>Death Benefit:</u> The Death Benefit payable shall be higher of:
  - 125% Single Premium; or

- ii. Absolute amount assured to be paid on death where,
- Absolute amount assured to be paid on death = Sum Assured
- B. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- C. <u>Accidental Death Benefit:</u> As provided under Part C (Clause 1(V))
- D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- E. The coverage under the Policy shall be for the Policy Term.

#### For limited pay and regular pay Policy:

- A. <u>Death Benefit:</u> Sum Assured on Death payable under this option shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Absolute amount assured to be paid on death

Absolute amount assured to be paid on death = Sum Assured

- B. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))
- D.  $\frac{Accidental\ Death\ Benefit:}{I(V)).}$  As provided under Part C (Clause
- E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- F. The coverage under the Policy shall be for the Policy Term.

# IV. Income Option:

# For Single pay Policy:

- A. <u>Death Benefit: Sum Assured on Death payable under this option</u> shall be the highest of:
  - i. 125% of Single Premium; or
  - ii. Absolute amount assured to be paid on death

where,

- Absolute amount assured to be paid on death (i.e. Sum Assured)
   Total of:
  - o Amount of Lump Sum, if any; and
  - o Aggregate of all Monthly Incomes
- B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
  - o Amount of Lump Sum benefit, (if any)
  - Income Term the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death and continue for the chosen Income Term.
  - Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal instalments.
  - A simple rate of increase of the annual income, if any.
     These increases will apply to the annual income from the 2nd year of the Income Term.

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of

Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

In this option the Income Term is independent of Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

- C. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- E. The coverage under the Policy shall be for the Policy Term.

#### For limited pay and regular pay Policy:

- A. <u>Death Benefit:</u> Sum Assured on Death payable under this option shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Absolute amount assured to be paid on death

where,

- Absolute amount assured to be paid on death (i.e. Sum Assured)
   Total of:
  - o Amount of Lump Sum, if any; and
  - o Aggregate of all Monthly Incomes
- B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
  - o Amount of Lump Sum benefit, (if any)
  - Income Term the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death and continue for the chosen Income Term.
  - Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal instalments.
  - A simple rate of increase of the annual income, if any.
     These increases will apply to the annual income from the 2nd year of the Income Term.

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

In this option the Income Term is independent of the Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

- C. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))
- E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- F. The coverage under the Policy shall be for the Policy Term.

#### V. Extra Life Income Option:

Total of:

#### For Single pay Policy:

- A. Death Benefit: The Death Benefit payable shall be higher of:
  - i. 125% Single Premium; or
  - ii. Absolute amount assured to be paid on death

where, Absolute amount assured to be paid on death, i.e. Sum Assured =

- o Amount of Lump Sum, if any; and
- o All Monthly Incomes
- B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
  - o Amount of Lump Sum benefit, (if any)
  - Income Term the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death and continue for the chosen Income Term.
  - Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal installments.
  - Extra Life Sum Assured The value of "Extra Life Sum Assured" shall not be greater than the Sum Assured. The "Extra Life Sum Assured" once selected cannot be changed during the Policy Term.
  - A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the Income Term

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

In this option the Income Term is independent of Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

- C. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- $D. \qquad \underline{Accidental\ Death\ Benefit:}\ As\ provided\ under\ Part\ C\ (Clause\ 1(V))$
- E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- F. The coverage under the Policy shall be for the Policy Term.

# For limited pay and regular pay Policy:

- A. <u>Death Benefit:</u> Sum Assured on Death payable under this option shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - Absolute amount assured to be paid on death where,
  - Absolute amount assured to be paid on death, i.e. Sum Assured = Total of:
    - o Amount of Lump Sum, if any; and

- All Monthly Incomes
- B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
  - Amount of Lump Sum benefit, (if any)
  - o Income Term the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death of the Life Assured and continue for the chosen Income Term.
  - Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal instalments.
  - Extra Life Sum Assured The value of "Extra Life Sum Assured" shall not be greater than the Sum Assured. The "Extra Life Sum Assured" once selected cannot be changed during the Policy Term.
  - A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2<sup>nd</sup> year of the Income Term.

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D. In this option the Income Term is independent of Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

- C. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- D. <u>Waiver of premium Benefit on ATPD:</u> As provided under Part C (Clause 1(III))
- E. <u>Accidental Death Benefit: As provided under Part C (Clause 1(V)).</u>
- F. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- G. The coverage under the Policy shall be for the Policy Term.

# VI. <u>Income Replacement Option:</u>

#### For Single pay Policy:

- A. Death Benefit: Death Benefit payable under this option shall be the <u>sum of Sum Assured on Death and Additional Benefits, where, the Sum Assured on Death shall be the highest of:</u>
  - i. 125% Single Premium; or
  - ii. Absolute amount assured to be paid on death where,
  - Additional Benefits = Sum of all future Monthly Incomes
  - Absolute amount assured to be paid on death = 12 times the applicable Monthly Income at the time of death of the Life Assured
- 3. Under this option, the Policyholder shall choose
  - An amount of Annual Income at start, which is payable monthly in arrears in 12 equal installments.
  - Level or Increasing Income. Under Level Income Option, the income will remain constant for the Policy Term. Under the

Increasing Income option, the income will escalate at a simple rate of 10% p.a. at each Policy Anniversary, both before and after the claim is made.

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

The Monthly Income will continue till the end of the Policy Term, subject to minimum term of 4 years. The minimum term of 4 years shall apply even when the income payment extends beyond the Policy Term.

- C. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- E. The coverage under the Policy shall be for the Policy Term.

#### For limited pay and regular pay Policy:

- A. <u>Death Benefit: Death Benefit payable under this option shall be</u> the <u>sum of Sum Assured on Death and Additional Benefits</u>, where, the Sum Assured on Death shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Absolute amount assured to be paid on death where,
  - Additional Benefits = Sum of all future Monthly Incomes
  - Absolute amount assured to be paid on death = 12 times the applicable Monthly Income at the time of death of the Life Assured
- B. Under this option, the Policyholder shall choose
  - An amount of Annual Income at the start of the Policy Term, which is payable monthly in arrears in 12 equal instalments.
  - Level or Increasing Income. Under Level Income Option, the income will remain constant for the Policy Term. Under the Increasing Income option, the income will escalate at a simple rate of 10% p.a. at each Policy Anniversary, both before and after the claim is made.

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

The Monthly Income will continue till the end of the Policy Term, subject to minimum term of 4 years. The minimum term of 4 years shall apply even when the income payment extends beyond the Policy Term.

C. <u>Acceleration of Death Benefit:</u> As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

- Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))
- E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- F. The coverage under the Policy shall be for the Policy Term.

#### VII. Return of Premium Option:

#### For Single pay Policy:

- A. Death Benefit: The Death Benefit payable shall be higher of:
  - i. 125% Single Premium; or
  - ii. Sum Assured on Maturity; or
  - iii. Absolute amount assured to be paid on death
  - where,
  - Sum Assured on Maturity = Single Premium
  - Absolute amount assured to be paid on death = Sum Assured
- B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- C. Maturity Benefit: As provided under Part C (Clause 1(VI))
- D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- E. The coverage under the Policy shall be for the Policy Term.

#### For limited pay and regular pay Policy:

- A. <u>Death Benefit: Sum Assured on Death payable under this option</u> shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Sum Assured on Maturity, or
  - iv. Absolute amount assured to be paid on death where,
  - Sum Assured on Maturity = Total Premium Paid
  - Absolute amount assured to be paid on death = Sum Assured
- B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))
- D. <u>Maturity Benefit:</u> As provided under Part C (Clause 1(VI))
- E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- F. The coverage under the Policy shall be for the Policy Term.

# VIII. <u>Life Long Protection Option:</u>

# For limited pay and regular pay Policy:

- A. <u>Death Benefit:</u> Sum Assured on Death payable under this option shall be the highest of:
  - i. 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Absolute amount assured to be paid on death where.

Absolute amount assured to be paid on death = Sum Assured

- B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

- D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- The coverage under the Policy shall be for the Policy Term.

#### IX. 3D Life Long Protection Option:

#### For limited pay and regular pay Policy:

- A. <u>Death Benefit:</u> Sum Assured on Death payable under this option shall be the highest of:
  - 10 times the Annualized Premium, or
  - ii. 105% of Total Premiums paid, or
  - iii. Absolute amount assured to be paid on death where.
  - Absolute amount assured to be paid on death = Sum Assured
- Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.
- Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))
- D. <u>Waiver of premium Benefit on Critical Illness:</u> As provided under Part C (Clause 1(IV))
- E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).
- F. The coverage under this option shall be for the Policy Term.

#### 3. General

- The Death Benefit payable under this Policy as per the option chosen are subject to the exclusions set out in Part F Clause 1 (Exclusions).
- Upon the payment of the Death Benefit and Accidental Death Benefit (if applicable), the Policy terminates and no further Benefits are payable.
- iii. The recipients of Benefits under this Policy shall be as specified below:
  - Death Benefit shall be payable to the registered Nominee(s), if the Policyholder and the Life Assured are the same; or to the Policyholder if the Life Assured is other than the Policyholder.
  - B. If the Policy has been assigned, all Benefits shall be payable to the Assignee.

# 4. Payment and cessation of Premiums

- The first Premium must be paid along with the submission of your completed application. Subsequent Premiums are due in full on the due dates as per the Frequency set out in your Policy Schedule.
- Premiums under the Policy can be paid as single Premium or on yearly, half-yearly, quarterly or monthly basis as per the chosen Frequency and as set out in the Policy Schedule or as amended subsequently.
- iii. Advance Premium:
  - The Premiums that fall due in the same financial year can be paid in advance. However, where the Premium due in one financial year is paid in advance in earlier financial year, we may collect the same for a maximum period of three months in advance of the due date of the Premium.
- iv. Any Regular Premiums paid before the Due Date will be deemed to have been received on the Due Date for that Regular Premium.
- v. A Grace Period of 30 days, where the mode of payment of Premium is other than monthly and single pay policies, and 15 days in case of monthly mode, is allowed for the payment of each renewal Premium after the first Premium. We will not accept part payment of the Premium. The policy is considered to be in-force with the risk cover during the grace period without any interruption.
- vi. For other than single pay policies, if any Premium remains unpaid after the expiry of the Grace Period, your Policy may lapse as described in Part D Clause 2 (Lapsed Policies), with effect from the due date of the first unpaid Premium. In that event, the Benefits under such Policy shall be payable in accordance with Part D Clause 2 (Lapsed Policies) as stated below.
- vii. Premiums are payable by you without any obligation on us to issue a reminder notice to you.
- viii. Where the Premiums have been remitted otherwise than in cash, the application of the Premiums received is conditional upon the realization of the proceeds of the instrument of payment, including electronic mode.
- ix. The Benefits payable under this Policy will be paid after deduction of the Premium fallen due during the then current Policy Year, if such Premium has remained unpaid.

If you suspend payment of Premium for any reason whatsoever, Part D Clause 2 (Lapsed Policies) may apply and we shall not be held liable for any loss of Benefits.

#### Part D

#### 1. Surrender Value

For single pay Policies
Surrender Value shall get acquired immediately upon payment of Premium

# For Life Option:

Surrender Value = 70% × Single Premium ×  $\frac{\text{Unexpired Policy Term}}{\text{Outside Premium}}$ Original Policy Term

#### For Extra Life Option:

 $Surrender\ Value = 70\%\ \times\ Single\ Premium\ \times \frac{Unexpired\ Policy\ Term}{Original\ Policy\ Term}$ 

#### For Income Option:

Surrender Value = 70%  $\times$  Single Premium  $\times \frac{\text{Unexpired Policy Term}}{\text{Original Ballion Team}}$ 

#### For Extra Life Income Option:

Surrender Value = 70% × Single Premium ×  $\frac{\text{Unexpired Policy Term}}{\text{Order to Policy Term}}$ 

#### For Income Replacement Option:

Value 70%  $\times$  Total Premiums Paid  $\times$ Surrender (Unexpired Policy Term)
Original Policy Term)

#### For Return of Premium Option:

Surrender Value = Guaranteed Surrender Value (GSV) Factors x Total Premiums Paid

The GSV Factors applicable for Total Premiums Paid are as specified in Appendix

# For limited Pay Policies

Surrender Value shall get acquired upon payment of Premiums for 2 Policy Years, in case Premium Paying Term is less than 10 or Return of Premium option is selected. For other cases, Surrender Value shall get acquired on payment of Premiums for 3 years.

# For Life Option:

 $Surrender\ Value = 70\%\ \times\ Total\ Premiums\ Paid \times \frac{ _{Unexpired\ Policy\ Term}}{ _{Original\ Policy\ Term}}$ 

# For 3D Life Option:

Surrender Value = 70% × Total Premiums Paid × Unexpired Policy Term

# For Extra Life Option:

 $Surrender\ Value = 70\%\ \times\ Total\ Premiums\ Paid \times \frac{Unexpired\ Policy\ Term}{Original\ Policy\ Term}$ 

#### For Income Option:

 $Surrender\ Value = 70\%\ \times\ Total\ Premiums\ Paid \times \frac{Unexpired\ Policy\ Term}{Original\ Policy\ Term}$ 

# For Extra Life Income Option:

 $Surrender\ Value = 70\%\ \times\ Total\ Premiums\ Paid\ \times\ \frac{Unexpired\ Policy\ Term}{Original\ Policy\ Term}$ 

#### For Income Replacement Option:

Surrender Value =  $70\% \times \text{Total Premiums Paid} \times \left(\frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}\right)^2$ 

# For Return of Premium Option:

Surrender Value = Guaranteed Surrender Value (GSV) Factors x Total Premiums

The GSV Factors applicable for Total Premiums Paid are as specified in Appendix

#### For Life Long Protection Option:

70% × Total Premiums Paid × Max (0,100-Age at surrender)

100-Age at entry

#### For 3D Life Long Protection Option:

70% × Total Premiums Paid × Surrender Value Max (0,100-Age at surrender) 100-Age at entry

#### iii. For regular pay Policies

If the Policyholder chooses the Return of Premium option, Surrender Value shall get acquired upon payment of Premiums for 2 Policy Years, in case Premium Paying Term is less than 10. If the Premium Paying Term is equal to or more than 10, Surrender Value shall get acquired on payment of Premiums for 3 years.

### For Life Option:

No Surrender Value shall be payable.

#### For 3D Life Option:

No Surrender Value shall be payable.

#### For Extra Life Option:

No Surrender Value shall be payable.

#### For Income Option:

No Surrender Value shall be payable.

#### For Extra Life Income Option:

No Surrender Value shall be payable.

#### For Income Replacement Option:

No Surrender Value shall be payable.

# For Return of Premium Option

Surrender Value = Guaranteed Surrender Value (GSV) Factors x Total Premiums Paid

The GSV Factors applicable for Total Premiums Paid are as specified in Appendix 1.

# For Life Long Protection Option

No Surrender Value shall be payable.

# For 3D Life Long Protection Option:

No Surrender Value shall be payable.

- For the purpose of calculation of Unexpired Policy Term, only full calendar months iv. shall be considered.
- For the purpose of computation of Surrender Value, the Premiums shall exclude any applicable taxes and levies paid in respect of this Policy.

# 2. Lapsed Policies

- In case of limited pay and regular pay Policies, upon Premium discontinuance, if Surrender Value is not acquired then the Policy lapses without any value.
- In case of limited pay and regular pay Policies, upon Premium discontinuance, if the Policy has acquired Surrender Value, the Death Benefit will be highest of
  - 10 times of the Annualized Premium; or
  - 105% of Total Premiums Paid; or
  - Paid Up Sum Assured where.

Paid Up Sum Assured = (Sum Assured on Death + Additional Benefits) × Total Premiums Paid

Total Premiums Pavable

Note: Additional Benefits shall be payable under the Income Replacement Option

- iii. The Death Benefit for lapsed Policies will be payable on the earlier of death and diagnosis of Terminal Illness.
- In case of limited pay and regular pay Policies, upon premium discontinuance, if the Policy has acquired Surrender Value, Maturity Benefit for the Return of Premium Option will be as follows:

Sum Assured on Maturity  $\times \frac{100a1115...}{\text{Total Premiums Payable}}$ 

A lapsed Policy may be revived subject to the terms and conditions contained in Part D Clause 6.

#### **Automatic Premium Loans**

Automatic premium loans are not offered under this Policy.

#### Life Stage Protection

- This option is available subject to board approved underwriting Policy of the Company (BAUP).
- ii. The Policyholder may opt to increase the Sum Assured without undergoing any further underwriting upon the occurrence of any of the following events in his/her life or in the life of the Life Assured, in case the Policyholder is different from the
  - 1st Marriage: 50% of Sum Assured subject to a maximum of Rs. 50 lakhs
  - Birth of 1st child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs Birth of 2st child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs
- iii. This option will be available subject to all of the following conditions.
  - The Life Assured is less than 45 years of age at the time of the above mentioned events.
  - The Life Assured is underwritten as a standard life at Policy inception.
  - This option will be available only for a period of six months from the date of the above specified events
  - An additional premium will be charged for the increase in the Sum Assured.
  - This premium rate shall be based on the age attained, outstanding Policy Term and outstanding Premium Paying Term at the time of the exercise of option. The outstanding Policy Term and Premium Paying Term shall be subject to the minimum Policy Term and Premium Paying term available under the Policy at the time of exercising of this option.
  - The Premium rates applicable shall be those approved by the Authority as at Policy inception.
  - This option is available subject to the Premium rates being available at the time of exercise of the option. For instance, if the Policyholder wishes to exercise the option at the point where the minimum Premium Paying Term or the maximum age at entry of the Policy is violated, the option shall not be allowed.
  - This option shall be available only if no claim has been made under the Policy, eg. Waiver of premium on ATPD, CI.
  - If any rider is attached to the Policy and the rider benefit has been paid during the Policy Term, then this option cannot be exercised.
- The Premium payable for the remainder of the Premium Paying Term will be iv recalculated based on revised sum assured.

# **Top Up Option**

- This option is available subject to BAUP. The Policyholder can opt for a systematic increase in the Sum Assured from 1st Policy Anniversary onwards in the life of the
- ii. This option will be available subject to all of the following conditions.
  - This option can be chosen only at the Policy inception
  - The Life Assured is underwritten as a standard life at Policy inception.
  - The increments shall stop in the event of any valid claim (including rider claim) being made under the Policy
  - An additional Premium will be charged for the increase in the Sum Assured. The incremental cover as well as the incremental premium, both, will apply
  - This premium rate shall be based on the age attained and outstanding Policy Term at the time of the increase in Sum Assured. This shall be subject to the minimum Policy Term available under the product at the time of increase in Sum Assured.
  - This option is available subject to the Premium rates being available at the time of exercise of the option.
  - In case the Life Assured is underwritten as a non standard life at revival stage, future increase in Sum Assured shall cease.

- The Policyholder may choose to opt out of this option any time during the Policy
- Upon the Policyholder choosing to opt out of this option, iv.
  - The Policyholder shall continue to pay the Premium amount equal to the last
  - paid Premium immediately before such opting out.

    The increments in the cover shall stop from the time the Policyholder has chosen to opt out from this option.
- The incremental Sum Assured and the increase in the Premium payable shall be as per the Benefit Illustration as agreed by you and attached to the copy of the Proposal Form in this Policy.

#### Revival of the Policy

# For Single pay Policies

Where the Policyholder has opted for a Top-up option, non payment of Top-up Premium will be considered as opting out of the Top-up option and such Top-up option cannot be revived.

#### For Limited and Regular pay Policies

If your Policy has been lapsed, it may be revived subject to the terms and conditions that we may specify from time to time. Currently, the application for the revival should be made within five years from the due date of the first unpaid Premium and before the expiry of the Policy Term. The revival shall be subject to satisfactory evidence of continued insurability of the Life Assured and payment of outstanding Premiums with interest. Where the Policyholder has opted out of the Top-up option either expressly or by way of non-payment of Top-up Premium, the Policyholder will be required to pay Premium as mentioned under Part D Clause 5(iv). The current rate of interest for revival is 9% 9.5% p.a.

#### 7. Alterations

Policyholder has the option to alter the premium frequency of the Main Policy and the Rider Policy. However, the premium frequency for Main Policy and Rider Policy shall be the same.

#### Loans

No loans are available under this Policy.

#### 9. Bonus

No Bonus is payable under this Policy.

# 10. Free Look Cancellation

In case the Policyholder is not agreeable to any of the terms and conditions stated in the Policy, the Policyholder has an option to return the Policy to the Company stating the reasons thereof, within 15 days from the date of receipt of the Policy. If the Policy has been purchased through Distance Marketing mode this period will be 30 days. On receipt of the Policyholder's letter along with the original Policy document, the Company shall arrange to refund the Premium paid, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred by the Company for medical examination and stamp duty.

# 11. Grace Period:

- Grace period allowed for payment of premiums is 15 days for monthly premium payment mode and 30 days for quarterly and half-yearly premium payment mode. The policy is considered to be in-force with the risk cover during the grace period without any interruption.
- ii. In case of death during Grace Period, any unpaid modal premium shall be deducted from the Death Benefit.

# Part E

# **Additional Servicing Charges**

Any additional servicing request initiated by the Policyholder will attract a charge of Rs. 250 per request. Any change in this charge is subject to prior approval from IRDAI. The list of additional services eligible under this product is given below. Any administrative servicing that we may introduce at a later date would be included to this list:

- Cheque bounce/cancellation of cheque
- Request for duplicate documents such as duplicate Policy document
- Failure of ECS/SI due to an error at Policyholder's end.

#### Part F

## Exclusions

Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the

surrender value available as on the date of death whichever is higher, provided the policy is in force.

- ii We will not pay Accidental Death Benefit if the death occurs after 180 days from the date of the Accident. We will not pay Accidental Death Benefit, if Accidental Death is caused directly or indirectly by any of the following:
  - Intentionally self-inflicted injury or suicide, irrespective of mental condition
  - Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner
  - War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion
  - Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft
  - Taking part in any act of a criminal nature with criminal intent
  - Taking part or practicing for any hazardous hobby, pursuit or race unless previously agreed to by us in writing
- iii. Additional Exclusions for 3D Life and 3D Life Long Protection Options:

We shall not be liable to pay any benefit if the Critical Illness is caused directly or indirectly by the following

- Any of the listed Critical Illness conditions where death occurs within 30 days of the diagnosis.
- Any sickness related condition manifesting itself within 90 days of the commencement of the Policy/date of acceptance of risk or reinstatement of
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner.
- Taking part in any act of a criminal nature with criminal intent.
- HIV or AIDS.
- Failure to seek medical or follow medical advice (as recommended by a Medical Practitioner).
- Radioactive contamination due to nuclear accident.

#### Age Admitted

The Company has calculated the Premiums under the Policy on the basis of the age of the Life Assured as declared in the Proposal. In case You have not provided proof of age of the Life Assured with the Proposal, You will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age so admitted ("Correct Age") during the Policy Term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938 as amended from time to time, we shall take one of the following actions (i) if the Correct Age makes the Life Assured ineligible for this Policy, we will offer him suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not possible for us to grant any other plan, the Policy will stand cancelled from the date of issuance and the Premiums paid under the Policy will be returned subject to the deduction of expenses incurred by the Company and the Policy will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Policy, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Policy Anniversary date and the revised Premium will continue for the rest of the Premium Payment Term. The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.

#### Claim Procedure

- Maturity Benefit: The Maturity Benefit will be paid if and only if:
  - The Policy has matured and the Life Assured is alive on the Maturity Date,
  - No claim has been made on the Policy, except any survival benefit, if any,
  - The Policy has not been discontinued or surrendered or cancelled or terminated, and
  - All relevant documents including the original Policy document in support of your claim have been provided to the Company.
- ii. Death Benefit: The Death Benefit will be paid if and only if:
  - The death of the Life Assured has occurred before the Maturity Date,
  - The standard Policy provisions specified in Part F Clause 1 (Exclusions) and Part F Clause 7 (Incorrect Information and Non Disclosure) are not attracted,
  - The Policy has not been discontinued or surrendered or cancelled or terminated, and
  - All relevant documents in support of the claim have been provided to the Company. These would normally include the following:

Basic documentation if death is due to Natural Cause:

a. Completed claim form, (including NEFT details and bank account proof as specified in the claim form);

- b. Original Policy;
- c. Original or copy Death Certificate issued by Municipal Authority/ Gram Panchayat / Tehsildar (attested by issuing authority);
- d. Claimant's identity and residence proof.

- Basic documentation if death is due to Un-Natural Cause:
  a. Completed claim form, (including NEFT details and bank account proof as specified in the claim form);
- b. Original Policy;
- c. Original or copy Death Certificate issued by Municipal Authority/ Gram Panchayat / Tehsildar (attested by issuing authority);
- d. Claimant's identity and residence proof.
- e. Original or copy of First Information Report, Police Panchnama report attested by Police authorities: and
- f. Original or copy of Postmortem report attested by Hospital authority.

#### Note:

- In case original documents are submitted, attestation on the document by authorities is not required.
- Depending on the circumstances of the death, further documents may be called for as we deem fit.
- iii. The claim is required to be intimated to us within a period of 90 days from the date of death. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.

#### Nomination

The Policyholder can nominate a person/ persons in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 39 is enclosed in Annexure I for reference.

#### Assignment

The Policyholder can assign or transfer of a Policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 38 is enclosed in Annexure II for reference.

#### **Issuance of Duplicate Policy:**

The Policyholder can request for a duplicate copy of the Policy at HDFC Life offices or through Certified Financial Consultant (Insurance Agent) who advised you while taking this Policy. While making an application for duplicate Policy the Policyholder is required to submit a notarized original indemnity bond. Additional charges may be applicable for issuance of the duplicate Policy.

## **Incorrect Information and Non-Disclosure**

Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. Simplified version of the provisions of Section 45 is enclosed in Annexure III for reference.

# Policy on the life of a Minor

This Policy cannot be taken for the benefit of the Life Assured who is a minor

#### Taxes and levies

(1)Indirect Taxes

Taxes and levies shall be levied as applicable. Any taxes and levies becoming applicable in future may become payable by you by any method including by levy of an additional monetary amount in addition to premium and or charges. (2)Direct Taxes

Tax, if any will be deducted at the applicable rate from the payments made under the Policy, as per the provisions of the Income Tax Act, 1961 as amended from time to time.

#### 10. Modification, Amendment, Re-enactment of or to the Insurance laws and rules, regulations, guidelines, clarifications, circulars etc. thereunder

- This Policy is subject to-
  - The Insurance Act 1938,
  - Amendments, modifications (including re-enactment) as may be made from time to time, and
  - Other such relevant Regulations, Rules, Laws, Guidelines, Circulars, Enactments etc as may be introduced thereunder from time to time.
- We reserve the right to change any of these Policy Provisions / terms and conditions ii. in accordance with changes in applicable Regulations or Laws or if it becomes impossible or impractical to enact the provision / terms and conditions.
- iii. We are required to obtain prior approval from the IRDAI before making any material changes to these provisions, except for changes of regulatory / statutory
- We reserve the right to require submission by You of such documents and proof at iv. all life stages of the Policy as may be necessary to meet the requirements under

Anti- money Laundering/Know Your Customer norms and as may be laid down by IRDAI and other regulators from time to time.

#### 11. Jurisdiction:

This Policy shall be governed by the laws of India and the Indian Courts shall have jurisdiction to settle any disputes arising under the Policy.

Any notice, direction or instruction given to Us, under the Policy, shall be in writing and

Any notice, direction of institution given to Cs, under the Policy, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:

HDFC Life Insurance Company Limited, 11<sup>th</sup> Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.

Registered Office: Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, N.M. Joshi Marg,

Mahalaxmi, Mumbai - 400011.

Helpline number: 18602679999 (Local charges apply)

E-mail: service@hdfclife.com

Or such other address as may be informed by Us.

Similarly, any notice, direction or instruction to be given by Us, under the Policy, shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to the updated address in the records of the Company.

You are requested to communicate any change in address, to the Company supported by the required address proofs to enable the Company to carry out the change of address in its systems. The onus of intimation of change of address lies with the Policyholder. An updated contact detail of the Policyholder will ensure that correspondences from the Company are correctly addressed to the Policyholder at the latest updated address.

# Appendix 1: Guaranteed Surrender Value (GSV) FactorsGuaranteed Surrender Value Factors as percentage of Total Premiums paid for Return of Premium optionNote: This would only be payable once the policy has acquired a guaranteed surrender value.

#### For Single Pay Policies:

Policy Year	GSV Factors
1	75%
2	75%
3	75%
4	90%
5	90%
6	90%
7	90%
8	90%
9	90%
10	90%
11	90%
12	90%
13	90%
14	90%
15	90%
16	90%
17	90%
18	90%
19	90%
20	90%
21	90%
22	90%
23	90%
24	90%
25	90%

26	90%
27	90%
28	90%
29	90%
30	90%
31	90%
32	90%
33	90%
34	90%
35	90%
36	90%
37	90%
38	90%
39	90%
40	90%

# For Regular & Limited Pay Policies:

Policy										Pol	licy Terr	n									
Year	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6		90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7			90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8				90%	90%	70%	63%	60%	58%	57%	56%	55%	54%	54%	54%	53%	53%	53%	53%	53%	52%
9					90%	90%	77%	70%	66%	63%	61%	60%	59%	58%	57%	57%	56%	56%	55%	55%	55%
10						90%	90%	80%	74%	70%	67%	65%	63%	62%	61%	60%	59%	59%	58%	58%	57%
11							90%	90%	82%	77%	73%	70%	68%	66%	65%	63%	62%	61%	61%	60%	59%
12								90%	90%	83%	79%	75%	72%	70%	68%	67%	65%	64%	63%	63%	62%
13									90%	90%	84%	80%	77%	74%	72%	70%	68%	67%	66%	65%	64%
14										90%	90%	85%	81%	78%	75%	73%	72%	70%	69%	68%	66%
15											90%	90%	86%	82%	79%	77%	75%	73%	71%	70%	69%
16												90%	90%	86%	83%	80%	78%	76%	74%	73%	71%
17													90%	90%	86%	83%	81%	79%	77%	75%	74%
18														90%	90%	87%	84%	81%	79%	78%	76%
19															90%	90%	87%	84%	82%	80%	78%
20																90%	90%	87%	85%	83%	81%
21																	90%	90%	87%	85%	83%
22																		90%	90%	88%	85%
23																			90%	90%	88%
24																				90%	90%
25																					90%
26																					
27																					
28																					

								Policy Ter	****						
Policy								Policy Tel	1111						
Year	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	52%	52%	52%	52%	52%	52%	52%	52%	52%	51%	51%	51%	51%	51%	51%
9	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%
10	57%	56%	56%	56%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%
11	59%	58%	58%	58%	57%	57%	57%	56%	56%	56%	56%	56%	55%	55%	55%
12	61%	61%	60%	60%	59%	59%	58%	58%	58%	57%	57%	57%	57%	56%	56%
13	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	59%	58%	58%	58%	58%
14	66%	65%	64%	63%	63%	62%	62%	61%	61%	60%	60%	60%	59%	59%	59%
15	68%	67%	66%	65%	65%	64%	63%	63%	62%	62%	61%	61%	61%	60%	60%
16	70%	69%	68%	67%	66%	66%	65%	64%	64%	63%	63%	62%	62%	62%	61%
17	72%	71%	70%	69%	68%	67%	67%	66%	65%	65%	64%	64%	63%	63%	63%
18	74%	73%	72%	71%	70%	69%	68%	68%	67%	66%	66%	65%	65%	64%	64%
19	77%	75%	74%	73%	72%	71%	70%	69%	68%	68%	67%	67%	66%	65%	65%
20	79%	77%	76%	75%	74%	73%	72%	71%	70%	69%	69%	68%	67%	67%	66%
21	81%	79%	78%	77%	75%	74%	73%	72%	72%	71%	70%	69%	69%	68%	68%
22	83%	82%	80%	79%	77%	76%	75%	74%	73%	72%	71%	71%	70%	69%	69%
23	86%	84%	82%	80%	79%	78%	77%	76%	75%	74%	73%	72%	71%	71%	70%
24	88%	86%	84%	82%	81%	80%	78%	77%	76%	75%	74%	73%	73%	72%	71%
25	90%	88%	86%	84%	83%	81%	80%	79%	78%	77%	76%	75%	74%	73%	73%
26	90%	90%	88%	86%	85%	83%	82%	80%	79%	78%	77%	76%	75%	75%	74%
27		90%	90%	88%	86%	85%	83%	82%	81%	80%	79%	78%	77%	76%	75%
28			90%	90%	88%	87%	85%	84%	82%	81%	80%	79%	78%	77%	76%
29				90%	90%	88% 90%	87% 88%	85% 87%	84% 85%	83% 84%	81% 83%	80% 82%	79% 81%	78% 80%	78% 79%
30					90%	90%	90%	88%	87%	86%	84%	83%	82%	81%	80%
32						70%	90%	90%	88%	87%	86%	84%	83%	82%	81%
33							2070	90%	90%	89%	87%	86%	85%	84%	83%
34								7070	90%	90%	89%	87%	86%	85%	84%
35									2070	90%	90%	89%	87%	86%	85%
36										2070	90%	90%	89%	87%	86%
37											2070	90%	90%	89%	88%
38												7070	90%	90%	89%
39													7070	90%	90%
40														2370	90%
-10	1	<u> </u>	<u>I</u>	<u>I</u>	l	<u>I</u>	1	l	I.	I	<u> </u>	1	1	1	7070

#### Annexure I

#### Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

- The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
- Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
- Nomination can be made at any time before the maturity of the policy.
- Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
- Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
- A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
- 7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations
- On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
- A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
- 10) The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
- In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
- In case nominee(s) survive the person whose life is insured, the amount secured by the
- policy shall be paid to such survivor(s). Where the policyholder whose life is insured nominates his (a) parents or (b) spouse or (c) 13) children or (d) spouse and children (e) or any of them; the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
- If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
- The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (i.e. 23.03.2015).
- If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
- The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015dated 23.03.2015 for complete and accurate details.

#### Annexure II

Section 38 - Assignment or Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

- This policy may be transferred/assigned, wholly or in part, with or without consideration.
- An Assignment may be effected in a policy by an endorsement upon the policy itself or (2)by a separate instrument under notice to the Insurer.
- The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
- (4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness
- The transfer or assignment shall not be operative as against an insurer until a notice in (5) writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
- Fee to be paid for assignment or transfer can be specified by the Authority through Regulations
- On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
- If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
- The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
- Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
- In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
- The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority
- Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
- a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR b. where the transfer or assignment is made upon condition that
- i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
- ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

(14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such

- a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
- b. may institute any proceedings in relation to the policy
- c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
- (15) Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015dated 23.03.2015 for complete and accurate details. ]

# Annexure III

#### Section 45 - Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

- No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
  - a. the date of issuance of policy or

- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy
- whichever is later.
- On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policy
  - whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

- 3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
  - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true:
  - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
  - c. Any other act fitted to deceive; and
  - d. Any such act or omission as the law specifically declares to be fraudulent.
- 4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
- 5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
- 6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
- 7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
- 8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
- 9) The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

Office Copy

# **FIRST PREMIUM RECEIPT**

Date: 31/01/2020

We certify that the premium amount mentioned below, which was received from you as initial deposit has, consequent to the issue of a Life Insurance policy, been accounted by us towards First Premium payable.

**Policy No.** 22241597 **Client Id**: CG356566

Plan HDFC Life Click 2 Protect 3D Plus

Policy Holder Mr. R SENTHIL KUMAR

**Premium Amount** 

(Including Taxes and

₹ 87,399.00

Levies as applicable)

Premium Adjusted with effect from :

31st January 2020

(B) - The premiums paid are allowed as deduction from the Gross Total Income under Section 80 C of the Income Tax Act,1961, subject to limits specified there in.

Yours sincerely,

, described

For HDFC Life Insurance Company Limited.

Authorised Signatory

# HDFC LIFE INSURANCE COMPANY LIMITED

**Branch Address:**HDFC Life Mumbai-Hub, 11th Floor, Lodha Excelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai, 400011

Corporate Office: 12th & 13th Floor, Lodha Excelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Registered Office: Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai 400 011.

# YOUR POLICY AT A GLANCE

This is a document that will help you to understand your policy and is not the policy document. In case of any discrepancy between this document and your policy document, the policy document will prevail over this document.

DI N 9 TITNI	HDEC 1:12. OF JAPANA 2D Block	UTN. 101N115V05					
Plan Name & UIN	HDFC Life Click2Protect 3D Plus	UIN: 101N115V05					
Aim of the plan	This term insurance plan is designed for people who, in the event of	eir death, wish to provide financial support to their dependants.					
Type of the plan	Non-Linked Non-Participating Term Insurance Plan. There are 9 plan options available under this plan: i. Life Option ii. 3D Life Option iii. Extra Life Option iv. Income option v. Extra Life Income Option vi. Income Replacement Option vii. Return of Premium (ROP) Option viii. Life Long Protection Option ix. 3D Life Long Protection Option						
Age at Entry	<ul> <li>Minimum:</li> <li>For all Options except Life Long Protection &amp; 3D Life Long Protection</li> <li>For Life Long Protection &amp; 3D Life Long Protection Options - 2</li> <li>Maximum: 65 years</li> </ul>	years					
Age at Maturity	<ul> <li>For Life Option, 3D Life Option, Extra Life Option, Income Op 23 years to 85 years</li> <li>For Life Long Protection &amp; 3D Life Long Protection Options- V</li> </ul>	on, Extra Life Income Option, Income Replacement Option, Return of Premiur tole of Life	n Option:				
Policy term	<ul> <li>For Life Option – Single Pay: 1 month to (85 years - Age at I</li> <li>For 3D Life Option, Extra Life Option, Income Option, Extra</li> <li>For Income Replacement Option, Return of Premium Option:</li> <li>For Life Long Protection &amp; 3D Life Long Protection Options:</li> <li>For Income and Extra Life Income options, the maximum income</li> </ul>	years to 40 years /hole of Life					
Premium Paying Term	<ul> <li>For Life Option, Extra Life Option, Income Option, Extra Life Income Option: Single Pay, Regular Pay &amp; Limited Pay 5 to (84- Age at Entry)</li> <li>For Income Replacement Option, Return of Premium Option: Single Pay, Regular Pay &amp; Limited Pay (5 to 39 years)</li> <li>For 3D Life Option: Regular Pay &amp; Limited Pay 5 to (84- Age at Entry)</li> <li>For Life Long Protection: Limited Pay (65 – Age at Entry) or (75 - Age at Entry)</li> <li>For 3D Life Long Protection Options: Limited Pay (65 – Age at Entry)</li> </ul>						
Premium Frequency	Single Pay, Annual, Half-Yearly, Quarterly & Monthly						
Maturity Benefit	<ul> <li>For ROP Option, Total Premiums paid towards the policy are papremiums paid)</li> <li>For all other plan options no maturity benefit is payable.</li> </ul>	able if the life assured survives till maturity (excluding any extra underwriting					
Death Benefit	In the unfortunate event of death of life assured during the policy ter  A. Sum Assured on Death which is defined as following:						
Aggidantal Dooth	modal premiums, if any. <sup>2</sup> Total Premiums Paid means total of all the premiums received, exc <sup>3</sup> "Absolute amount assured" to be paid on death is: a. for Life, 3D Life, Extra Life, ROP, Life Long Protection & policyholder at inception payable as Lumpsum on death b. for Income & Extra Life Income options is Sum Assured = At exchange for a lump sum). Please refer your Policy Document for co. for Income Replacement option is 12 times the then applicable exchange for a lump sum). Please refer your Policy Document for co. <sup>4</sup> "Sum Assured on Maturity" means the amount which is guarar conditions of the policy.	D Life Long Protection options is Sum Assured = Absolute amount chose ount of lump sum (if any) + All future monthly incomes(which can be surresplete details/ terms and condition nonthly income + a series of all future monthly incomes(which can be surresplete details/ terms and condition ed to become payable on maturity of the policy, in accordance with the terms.	en by the indered in indered in terms and				
Accidental Death Benefit	For Extra Life & Extra Life Income options, a separate Extra Life Sum Assured has to be selected at policy inception post which it cannot be changed during Policy Term. Upon Accidental Death of the Life Assured, the same is payable as: Lumpsum under Extra Life option & Lumpsum + Monthly income under Extra Life Income option. This benefit is paid along with the Sum Assured on Death under the respective option as mentioned above    **Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means. Accidental Death means death by or due to a bodily injury caused by an Accident, independent of all other causes of death. Accidental Death must be caused within 180 days of any bodily injury.						
Terminal Illness Benefit	medical practitioners' specializing in treatment of such illness, is hi will be accelerated and the policy will terminate. For complete detail	ed is diagnosed as suffering from a condition which, in the opinion of two inc ally likely to lead to death within 6 months. In this case, the payment of Deat terms & conditions on Terminal Illness, kindly refer your policy document.	th Benefit				
Accidental & Total Permanent Disability (ATPD) Benefit	refer your policy document	der the plan will be waived. For complete details/ terms & conditions on ATP					
Critical Illness Benefit		vered under this plan, all future premiums payable under the plan will be wai ptions For complete list of Critical Illnesses, details/ terms & conditions, kin					
Surrender Benefit	For all options except Income Replacement, Return of Premiu						
	70% × SP×Uneypired Policy Term / Original Policy	nited Pay (LP) % × Total Premiums Paid×Unexpired Policy Term /Original Policy Term					
	For Income Replacement Option     Single Pag (SP)	nited Pay (LD)					
	Single Pay (SP)	nited Pay (LP)					

70% × SP× (Unexpired Policy Term / Original Policy Term) × (Unexpired Policy Term / Original Policy Term)	70% × Total Premiums Paid× (Unexpired Policy Term / Original Policy Term) × (Unexpired Policy Term / Original Policy Term)
For Return of Premium Option     Surrender Value = Guaranteed Surrender Value (GSV)     Please refer policy document for GSV Factors.	Factors x Total Premiums Paid.
For Life Long Protection & 3D Life Long Protection O For complete details/ terms & conditions on Surrender V	ptions : $70\% \times \text{Total Premiums Paid} \times \text{Max}\{0, 100 - \text{Age at surrender}\} / (100 - \text{Age at entry})$ /alue, kindly refer your policy document

This page h	nas been inter	ntionally lef	t blank.

#### Part G

#### (Grievance Redress Mechanism)

## 1. Complaint Resolution Process

The customer can contact us on the below mentioned address in case of any complaint/ grievance:

Grievance Redressal Officer

HDFC Life Insurance Company Limited

11th Floor, Lodha Excelus, Apollo Mills Compound,

N. M. Joshi Marg, Mahalaxmi, Mumbai, Maharashtra - 400011

Tel: 022-67516666, Helpline number: 18602679999 (Local charges apply)

E-mail: <a href="mailto:service@hdfclife.com">service@hdfclife.com</a>

- All grievances (Service and sales) received by the Company will be responded to within the prescribed regulatory Turn Around Time (TAT) of 15 days.
- Written request or email from the registered email id is mandatory.
- If required, we will investigate the complaints by taking inputs from the customer over the telephone or through personal meetings.
- We will issue an acknowledgement letter to the customer within 3 working days of the receipt of complaint.
- (vi) The acknowledgement that is sent to the customer has the details of the complaint number, the Policy number and the Grievance Redressal Officer's name who will be handling the complaint of the customer.
- (vii) If the customer's complaint is addressed within 3 days, the resolution communication will also act as the acknowledgment of the complaint.
- (viii) The final letter of resolution will offer redressal or rejection of the complaint along with the appropriate reason for the same.
- In case the customer is not satisfied with the decision sent to him or her, he or she may contact our Grievance Redressal Officer within 8 weeks of the receipt of the communication at any of the touch points mentioned in the document, failing which, we will consider the complaint to be satisfactorily resolved.
- The following is the escalation matrix in case there is no response within the prescribed timelines or if you are not satisfied with the response. The number of days specified in the below- mentioned escalation matrix will be applicable from the date of escalation.

Level	Designation	Response Time
1st Level	Associate Vice President -	10 working days
	Customer Relations	
2nd Level (for response not	Sr. Vice President –	7 working days
received from Level 1)	Customer Relations	

You are requested to follow the aforementioned matrix to receive satisfactory response from us. (xi) If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of IRDAI on the following contact details:

- IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 18004254732
- Email ID: complaints@irda.gov.in
- Online-You can complaint online register your at http://www.igms.irda.gov.in/ Address for communication for complaints by fax/paper: General Manager, Consumer Affairs Department- Grievance Redressal Cell Insurance Regulatory and Development Authority of India

Sy No. 115/1, Financial District,

Nanakramguda, Gachibowli,

Hyderabad – 500 032, Fax No: 91-40 – 6678 9768

2. In the event you are dissatisfied with the response provided by us, you may approach the Insurance Ombudsman in your region. The details of the existing offices of the Insurance Ombudsman are provided below. You are requested to refer to the IRDAI website at "www.irdai.gov.in" for the updated details.

#### a. Details and addresses of Insurance Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203	Madhya Pradesh & Chhattisgarh

	Email: bimalokpal.bhopal@ecoi.co.in	
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -	Orissa
	2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049	Karnataka
CHANDIGARH	Email: bimalokpal.bengaluru@ecoi.co.in  Office of the Insurance Ombudsman, S.C.O.	Punjab ,
Christian	No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.  Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599  Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal,jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varan asi, Gazipur,

MUMDAY	Office of the Incurrence Orahudana 2-4 Fi	Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnag ar, Sultanpur, Maharajgang, Santkabirnaga r, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnaga r
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnaga r, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnag ar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612- 2680952 Email: bimalokpal.patna@ecoi.co.in.	Bihar, Jharkhand

PUNE	Office of the Insurance Ombudsman, Jeevan	Maharashtra,
	Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to	Area of Navi
	198, N.C. Kelkar Road, Narayan Peth, Pune -	Mumbai and
	411 030.	Thane
	Tel.: 020-41312555	excluding
	Email: bimalokpal.pune@ecoi.co.in	Mumbai
		Metropolitan
		Region

#### b. Power of Ombudsman-

- ) The Ombudsman shall receive and consider complaints or disputes relating to—
  - delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
  - (b) any partial or total repudiation of claims by the Company;
  - (c) disputes over premium paid or payable in terms of insurance policy;
  - (d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
  - (e) legal construction of insurance policies in so far as the dispute relates to claim;
  - (f) policy servicing related grievances against insurers and their agents and intermediaries;
  - issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
  - (h) non-issuance of insurance policy after receipt of premium in life insurance; and
  - (i) any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time, or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).
- 2) The Ombudsman shall act as counsellor and mediator relating to matters specified in subrule (1) provided there is written consent of the parties to the dispute.
- The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.
- 4) The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under Clause (c) provided herein below.

# c. Manner in which complaint is to be made -

- Any person who has a grievance against the Company, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company complained against or the residential address or place of residence of the complainant is located.
- 2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the Company against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
- 3) No complaint to the Insurance Ombudsman shall lie unless—
  - (a) the complainant makes a written representation to the Company named in the complaint and
    - i. either the Company had rejected the complaint; or
    - the complainant had not received any reply within a period of one month after the Company received his representation; or
    - iii. the complainant is not satisfied with the reply given to him by the Company;
  - (b) The complaint is made within one year
    - i. after the order of the Company rejecting the representation is received; or
    - after receipt of decision of the Company which is not to the satisfaction of the complainant;
    - after expiry of a period of one month from the date of sending the written representation to the Company if the Company named fails to furnish reply to the complainant.
- 4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- 5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

		d only available with Click 2 Invest, Sampoom Nivesh Plan (HDFC SL ProGrowth Super II ), HDFC Life ProGrowth Plas and HDFC SL ProGrowth Flast
etails of First Premium Deposit		www
ayor Details: Self		
rayment Details: Net Banking Prawn on (Bank name & branch):	Amount in (INR): 87,399	
theque / DD No.	— Date:	Bank A/c No.
ayout Mode		
elected mode would be used by the company to make payout(s) to the Proposer. P	moved worded has in recognitioned and excitated in this latence and countril	lone of the rolling
		and to the pointy.
ccount Type:	Bank Name:	
ccount Number: FSC Code:	Bank Branch:	
	manage flows of or Filtre transaction is deleted or and effected of	nii for managar of inapprolate i incorrect information. Lumidat and Add UPSC 1 No Insurance Co. 1 M
sponsible. 2. In case of NRINNRE account, cheque will be issued.	casono entre or or a ute rancounter o serayou or net entrues as	all for reasons of incomplete / incorrect information, I would not hold HDPC Life Insurance Co. Ltd
ate: Please provide a cancelled copy of your cheque.		
		Signature of Proposer
eclaration of the Life to be Assured and Proposition	er / Policy Owner	
We declare that:		
We have replied to the questions, and have made the s	statements in respect of the matters sought fi	or, in the proposal Form/Electronic proposal form ("Proposal Form") and i
nderstand and agree that the replies given and stateme	nts/declarations made in the Proposal Form	together with any documents submitted by me/us for processing my/our any Limited ("the Company"), All documents submitted by me/us along with roposal Form have been submitted and I/ we have not withheld any material
is Proposal Form are authentic, valid, and where relevant t	rue copies of originals for the purpose of this P	roposal Form have been submitted and if we have not withheld any material
ict within my/ our knowledge. ii. I/We understand and agree	that in case of misrepresentation and suppres	ssion of material facts the policy contract shall be treated in accordance with empany forthwith, in writing, of any change in my/our health, occupation or
come between the date of this Proposal Form and the da	te of acceptance of my/our proposal for insur-	ance, as communicated in writing to melus by the Company, iv. I/We have
eposited the first premium along with this Proposal Form,	and the premiums payable under the Policy th	nat may be issued in pursuance of this proposal for insurance, will be paid, aid only if I/we can establish an insurable interest. v. All/any amounts paid
aughle towards the policy will be out of legally declared and	I seeseed enurse. Further all the premiume u	ill he naid in accordance with Drawentine of Money I aundering Act 2002 (se
mended from time to time) or any other applicable laws.v ources of funds/utilization/ withdrawals.	i. Irwe wiii provide information as required by	the Company, on its own or under any lawful instruction/ order, regarding
We agree and understand:		
That the Company will be on risk in pursuance of this pr	oposal for insurance only after the risk under	the Proposal Form is accepted by the Company and such acceptance is
ara chall ha no coete, claime, charnac haing raicad by mai	ue against the Company thereof iii That the C	reject my/ our proposal without giving reasons thereto and I undertake that company shall be entitled to retain the premium paid along with the Proposal
orm as an interest free initial deposit to be adjusted against	premium payable upon issuance of the Policy.	in the event the proposal for insurance is not accepted by the Company the r. That the premium payable as well as the sum assured (main as well as
oresaid deposit snaii be refunded without any interest sui dditional benefits) may vary upon assessment of risk by the	oject to deductions for medical costs, if any. if Company. v.That the Company may seek info	<ul> <li>I nat the premium payable as well as the sum assured (main as well as rmation from any of my/our past or present employers/ business associates</li> </ul>
r from a doctor/medical examiner / hospital / laboratory / cl	inic who at any time have attended to me/ us -	concerning anything which affects my/ our physical or mental health or may
the Company and also to furnish any documents regardi	ng my/ our employment/business, my/ our hea	rr life. I/We hereby authorize such parties to furnish information as required ith and habits or health and habits of the Life to be Assured (without taking
y the Company and also to furnish any documents regardi e prior consent of my/ our family or of any member there	ng my/ our employment/business, my/ our hea of) as it may require either for the purpose of	r life. If We hereby authorize such parties to furnish information as required ith and habits or health and habits of the Life to be Assured (without taking processing my/ our proposal for insurance or at any time thereafter for any
ther purpose in relation to the Policy that may be issued in se medical examiner acting on behalf of the Company shall	pursuance of this proposal for insurance vi.in be deemed to be incornorated in this proposal	the event of live being medically examined, the answers given by me/ us to for insurance vii. That the Company may, without any reference to me/us or
ther purpose in relation to the Policy that may be issued in se medical examiner acting on behalf of the Company shall	pursuance of this proposal for insurance vi.in be deemed to be incornorated in this proposal	the event of live being medically examined, the answers given by me/ us to for insurance vii. That the Company may, without any reference to me/us or
ther purpose in relation to the Policy that may be issued in the medical examiner acting on behalf of the Company shall by family or any member thereof, furnish any details/ info pronection with the processing of this proposal for insurance any at its discretion use any electronic media / revisioned as	pursuance of this proposal for insurance vi.in to be deemed to be incorporated in this proposal surmation furnished in this Proposal Form to a set or for any other purpose (for e.g. settlement mail in for communication with making in these communications with making in these communications with making in these communications.	the event of live being medically examined, the answers given by mer us to for insurance.vii. That the Company may, without any reference to melus or ny judicial or statutory or other authority or to any insurer or reinsurer in to fa claim). viii. That in addition to postal or courier service, the Company by inclinar and areas that the above, disclassing along with the Statemants.
ther purpose in relation to the Policy that may be issued in the medical examiner acting on behalf of the Company shall by family or any member thereof, furnish any details/ info pronection with the processing of this proposal for insurance any at its discretion use any electronic media / revisioned as	pursuance of this proposal for insurance vi.in to be deemed to be incorporated in this proposal surmation furnished in this Proposal Form to a set or for any other purpose (for e.g. settlement mail in for communication with making in these communications with making in these communications with making in these communications.	the event of live being medically examined, the answers given by mer us to for insurance.vii. That the Company may, without any reference to melus or ny judicial or statutory or other authority or to any insurer or reinsurer in to fa claim). viii. That in addition to postal or courier service, the Company by inclinar and areas that the above, disclassing along with the Statemants.
here purpose in relation to the Policy that may be issued in in a medical examine rating on behalf of the Company shall by family or any member thereof, furnish any details/ informection with the processing of this proposal for insurant aya, at its discretion use any electronic media registered on different proposal made by me assurance between us and HOPC Life. If any statement is yme in my tapacity as Proposar and on behalf of the on behalf of the or	pursuance of this proposal for insurance vi.in its proposal for mis proposal from the deemed to be incorporated in this proposal Form to a er of or any other purpose (for e.g. settlemen and id, for communicating with mexis. it. The as Proposer and on behalf of the other/second found to be uniture or inaccurate or if any service proposer and on settlement or considerations.	the event of I've being medically examined, the answers given by me'u so for insurances. I've hat the Company may, without any reference to melus or ny judicial or statutory or other authority or lot of a claim). It! I fain a addition to postal or courier service, the Company selected and agree that the above disclosures along with the Statements way life assured in case of juint file proposals will be the basis of the contract that might influence the terms of acceptance of this proposal is not disclosured that might influence the terms of acceptance of this proposal is not disclosured.
here purpose in relation to the Policy; that may be issued in in a medical examiner acting on behalf of the Company shall by family or any member thereof, furnish any details' informaction with the processing of this proposal for insurance, and it is discretion use any electronic media. I registered e nd the declarations made under the proposal made by me is assurance between us and HOPC Life. I fary statement is resurance Act 1938 as memeded from time to firme. I had the surance Act 1938 as memeded from time to firme. I had the	pursuance of this proposal for insurance vi.in its proposal for insurance vi.in its proposal immation furnished in this Proposal Form to a eo for any other purpose (for e.g., settlemen mail id, for communicating with melus ix. I her as Proposer and on behalf of the other/second found to be untrue or inaccruate or if any fact therefore condary life assured in case of joint life Wife have voluntarily owner mydury consent the	he evert of I vilve being midderly seamned, the arravers given by mike to be for examera. In That the Company may, without any reference to make or my, judicial or statisticy or other authority or to any insurer or retrainer in 1 of a claim; viii. That in addition to post or counter service, by the Company ety declare and agree that the above disclosures along with the Cattlement by declare and agree that the above disclosures along with the Cattlement and the middle of the counter of the counter of the proposal is not disclosed proposals, the contract that be treated in accordance with the Sec 4 for goods. Opens, receive, possess, store, deed or handle mivour sensitive couldn't counter. Service, possess, store, deed or handle mivour sensitive to good counters. Everythe possess, store, deed or handle mivour sensitive to good counters.
here purpose in relation to the Policy that may be issued in a medical searmine melicing in sehall of the Company shall be medical examine on entangle shall be Company shall be medical searmine of the company shall be considered to the company of	pursuance of this proposal for insurance vi.in its proposal for insurance vi.in its proposal immation furnished in this Proposal Form to a eo for any other purpose (for e.g., settlemen mail id, for communicating with melus. ix. I her as Proposer and on behalf of the other/second found to be untrue or inaccruate or if any fact the other condary life assured in case of joint life Wife have voluntarily owner mydury consent the	ary life assured in case of joint life proposals will be the basis of the contract that might influence the terms of acceptance of this proposal is not disclosed proposals, the contract shall be treated in accordance with the Sec 45 of
here purpose in relation to the Policy; that may be issued in in a medical examiner acting on behalf of the Company shall by family or any member thereof, furnish any details' informaction with the processing of this proposal for insurance, and it is discretion use any electronic media. I registered e nd the declarations made under the proposal made by me is assurance between us and HOPC Life. I fary statement is resurance Act 1938 as memeded from time to firme. I had the surance Act 1938 as memeded from time to firme. I had the	pursuance of this proposal for insurance vi.in its proposal for insurance vi.in its proposal immation furnished in this Proposal Form to a eo for any other purpose (for e.g., settlemen mail id, for communicating with melus. ix. I her as Proposer and on behalf of the other/second found to be untrue or inaccruate or if any fact the other condary life assured in case of joint life Wife have voluntarily owner mydury consent the	the event of live being middles yearmined, the arminest grien by mid so if the formation or, in That the Company may, without any reference to make or my, judicial or statisticy or the authority or to any insurer or instruction in cit a claim; wit. That is addition to postal or counter service, the Company by declare and space that the above disclosures along with the Statisments of the Company or the Compan
here purpose in relation to the Policy that may be issued in a medical searmine melicing in sehall of the Company shall be medical examine on entangle shall be Company shall be medical searmine of the company shall be considered to the company of	pursuance of this proposal for insurance vi.in its proposal for insurance vi.in its proposal immation furnished in this Proposal Form to a eo for any other purpose (for e.g., settlemen mail id, for communicating with melus. ix. I her as Proposer and on behalf of the other/second found to be untrue or inaccruate or if any fact the other condary life assured in case of joint life Wife have voluntarily owner mydury consent the	the event of live being middles yearmined, the arminest grien by mid so if the formation or, in That the Company may, without any reference to make or my, judicial or statisticy or the authority or to any insurer or instruction in cit a claim; wit. That is addition to postal or counter service, the Company by declare and space that the above disclosures along with the Statisments of the Company or the Compan
here purpose in relation to the Policy that may be issued in on medical sammine mericing in orbidal for the Company shall yet the property of the property of the property of the yet and the property of the property of the property of the seasonance between any affection can be displayed in seasonance between and HOPC Life. If any statement is yet in my capacity as Propose and on behalf of the of successful property of the property of the property of yet any or successful property of the property of yet any or successful property of yet any or successful property of yet any or successful property or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any yet br>yet any yet	pursuance of this proposal for insurance vi.h is de-dened to le incoprated in his proposal for missing-size immediate ministed in this Proposal Form to a maintained ministed for the Proposal Form to a maintained for communicating with enals is. It has been added to the proposal form to the contracting of it may be contracting or if any fact the strength of the proposal form to the contracting or its major than the contracting of the proposal form to the contracting of the proposal form to the contracting of the proposal form to the contracting of the proposal form to the contracting of the proposal form to the contracting of the proposal form to the contracting of the proposal form to the prop	he ever foll (who being medically examined, the answers given by prival to of for instance, with The Company may, without any reference to make or my global or statutory or other substituty or to say instance or instance or my global or statutory or other substituty or to say instance or instance in substitution. The company is substitution of the substitution of by declare and agree with that earlow disclosures alrea with the Statements say life asserted in case of joint file proposals in one of the proposal is not disclosed proposals, the contract hall be treated in accordance with the Sex-65 concell, process, receive, possess, store, deel or hander injurious restribive and procedures and sensitive personal data or information). Rules 2011 as and outscurred activities related to issuance-servicing-settlement of claims as
here purpose in relation to the Policy that may be issued in a medical searmine melicing in sehall of the Company shall be medical searmine on entancial searmine on company shall be medical searmine on medical searmine of the company shall be searched to the company of the co	pursuance of this proposal for insurance vi.h is de-dened to les incoprosale of his proposal and his proposal en designation de designation and the proposal en designation and the proposal en designation and the proposal end designation and the proposal end designation and the communication of the great end on behalf of the othersecond control for a first file filtred to be unition on control for it filtred the control for the proposal end of the designation of the proposal end of	he ever foll (who bring medically seamined, the answers given by private for forestance). The forestance is the Company may, without any reference for the law or by global or statutory or other authority or but any instead or statutory or the seamined or the seamined or statutory or the seamined or information). Rules 2011 as and outsourced activities related to issuances servicing seatlement of claim as an outset of seamined or seamined or seamined or proposal policyholder.  Signature Thumb impression of proposal policyholder as ECSSI  [Only if different from the tole assured Signature should
here purpose in relation to the Policy (but may be assued in emitted assumine relating on behalf of the Company shall are emitted assumine relating on behalf of the Company shall connection with the processing of this proposal for insuance way, at all sciention use any electronic media of registered end the declarations made under the proposal made by me and the Company of the C	pursuance of this proposal for insurance vi.h. is de-dened to his reposal for his proposal for this roposal for the proposal for the proposal form to the pr	the sever of University methods are severed by earnined, the answers given by prefer to find the properties of the severed properties and severed the severed properties of the severed properties and severed properties of the severed propered properties of the severed properties of the severed properties
here purpose in relation to the Policy that may be issued in on medical sammine mericing in orbidal for the Company shall yet the property of the property of the property of the yet and the property of the property of the property of the seasonance between any affection can be displayed in seasonance between and HOPC Life. If any statement is yet in my capacity as Propose and on behalf of the of successful property of the property of the property of yet any or successful property of the property of yet any or successful property of yet any or successful property of yet any or successful property or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any or yet any yet br>yet any yet	pursuance of this proposal for insurance vi.h is de-dened to les incoprosale of his proposal and his proposal en designation de designation and the proposal en designation and the proposal en designation and the proposal end designation and the proposal end designation and the communication of the great end on behalf of the othersecond control for a first file filtred to be unition on control for it filtred the control for the proposal end of the designation of the proposal end of	he ever foll (who being middles) examined, the answers given by prival to of for insurance. All That the Colorgamy may, without any reference to metal or my judicial of statutory or other subtinity or to any insurer or instrucer in the property of the state of the state of the state of the colorgam and by declars and agree that the above discourse along with the Statements any life asserand in case of joint file proposals in will be the basis of the contract hard print features feature of the proposal in an of disclosed proposals, the contract hall be treated in accordance with the Sex-65 of oncell, process, receive, possess, store, deal of handle mylour objects and procedures and sensitive personal data or information) Rules 2011 as and outscurced activities related to issuance-servicing-settlement of claim as settlement. Signature/Thumb impression of proposad policyholder ascured.  Signature/Thumb impression of proposad policyholder ascured.
here purpose in relation to the Policy (but may be assued in emitted assumine relating on behalf of the Company shall are emitted assumine relating on behalf of the Company shall connection with the processing of this proposal for insuance way, at all sciention use any electronic media of registered end the declarations made under the proposal made by me and the Company of the C	pursuance of this proposal for insurance vi.h. is de-dened to his reposal for his proposal for this roposal for the proposal for the proposal form to the pr	the sever of University methods are severed by earnined, the answers given by prefer to find the properties of the severed properties and severed the severed properties of the severed properties and severed properties of the severed propered properties of the severed properties of the severed properties
here purpose in relation to the Policy (but may be assued in emitted assumine relating on behalf of the Company shall are emitted assumine relating on behalf of the Company shall connection with the processing of this proposal for insuance way, at all sciention use any electronic media of registered end the declarations made under the proposal made by me and the Company of the C	pursuance of this proposal for insurance vi.h. is be deemed to be incorporated in his proposal control of the proposal control	the sever of University described, the answers given by mike the formation of the state of the s
here purpose in relation to the Policy that may be assued in emitted assumine range in sehalf of the Company shall consider a series of the proposal production of the proposal production with the processing of this proposal for insuand on the declarations made under the proposal made by me did the declarations made under the proposal made by me seasurance between and HDPC LIG. If my statement is me in my capacity as Proposal and no behalf of the oil may be a seasurance between and HDPC LIG. If my statement is me in my capacity as Proposal and no behalf of the oil me in my capacity as Proposal and no behalf of the oil me in my capacity as Proposal and no behalf of the oil me in the me in my capacity as Proposal and no health of the proposal and the proposal p	pursuance of this proposal for insurance vi Inite desired to les incopraised in his proposal of the suppose of the desired to les incopraised in his proposal of the desired to les incopraised in his proposal of the desired to less than the desired in the desire	he sever of the bed my decided to the sever of the sever
here purpose in relation to the Policy that may be assued in emiscial assumine relating in orbital of the Company shall be emiscial assumine or emiscial assumine company shall be emiscial assumine company to any member these of the company that is discretion to any electronic media / registered and the declarations made under the proposal made by me assurance between and HDPC Life. If my statement is small may be assurance as the proposal made by me me in my capacity as Propose and on behalf of the of surround data or information and HDPC Life. If my statement is small manned that me in the time to the manned time in the statement of the member of the	pursuance of this proposal for instance vi In the deemed to be incremed in this proposal for the proposal for the proposal for the proposal for the proposal form to a manufacture of the proposal form to be the proposal form to be the proposal form to be unknown to the same proposal form the proposal	he event of I view being medically sammled, the answers given by me to set of the framework. That the Company may, whore any relevance to melas on the judgment of statisticy or the authority or to any instead or institute or the statisticy of the same that the statement of the statement of the statement of the statement and the statem
here purpose in relation to the Policy that may be issued in emiscale sammine mended sammine me medicale sammine me medicale sammine meaning on behalf of the Company shall by family of any member these of, furnish any obtains in the company shall be company to the company of	pursuance of this proposal for insurance vi.h. is de-deemed to its incroposal for his proposal for this roposal form to develop the proposal form to the pro	he sever of University matter College yearmined, the answers given by prefer to the forestance. If the forestance is a forestance is the forestance is the forestance is a forestance in the forestance is the forestance is a forestance in the forestance is the forestance is a forestance in the forestance is a forestance in the forestance is a forestance in the forestance is a forestance in the forestance is a forestance in the forestance is a forestance in the forestance is a forestance in the forestance in the forestance is a forestance in the forestance in the forestance is a forestance in the forestance in the forestance in the forestance is a forestance in the forestance in the forestance in the forestance in the forestance in the forestance in the forestance is a forestance in the forestanc
here purpose in relation to the Policy that may be issued in emicided scanning enclared in Company shall by family of any mention of the company shall by family of any mention of any mention of the company shall by family of any mention of the company shall be sha	pursuance of this proposal for instance of Init be defended to le incommode of this proposal for the proposal for this proposal for this proposal for this proposal for the proposal form the defended of the proposal form the least of the proposal form the least of the proposal form the least of the proposal form the least of the proposal form the proposal form the proposal form the least of the proposal form the proposal fo	he sever of University assumed, the answers given by mile to the formation of the formation
here purpose in relation to the Policy that may be assued in semicial assumine or emicial assumine or emicial assumine or emicial assumine or emicial assumine of any member theory. Limits may be desire the semicial assumine of any emicial assumine of the control of the control of registered and the declarations made under the proposal made by me and the Celeration and HDFC full. Birly satisfement is me in my capacity as Proposes and on behalf of the of the semantic Act (358 as amended from time to time. X. That second data or information (as defined in the information quied under the Policy, with third parties evention associated under the Policy.  Signature of Witness  Docupation  seclaration of good health for spouse, to be filled lame:  (fifth the last 5 years, I have neither been hospitalicance as a result of any of the following: alcohol or drug.)	pursuance of this proposal for instance of Init be defended to le incommode of this proposal for the proposal for this proposal for this proposal for this proposal for the proposal form the defended of the proposal form the least of the proposal form the least of the proposal form the least of the proposal form the least of the proposal form the proposal form the proposal form the least of the proposal form the proposal fo	he sever of University memory assumed, the assumption by memory of the formation of the for
here jurgoes in relation to the Policy that may be issued in emicided assumine or emicided assumine company shall be emicided assumine company shall be emicided assumine company shall be emicided assumine company to the emicided assumine company of the emicided assumine company and any electrone made in emicided in emicine in emicided in emicine in emicided in emicine in emicided in emicine in emicided in emicine in emicided in emicine in emicine with third parties verofors associated under the Policy.  Signature of Witness  Occupation  esclaration of good health for spouse (to be filled as a result of, any of the following: alcohol or emicided in emicine in	pursuance of this proposal for instance vi In its desired to le incommend in this proposal for the proposal for this proposal for this proposal for this proposal form to a maintained in this Proposal Form to a maintained in the Proposal Form to a final for communicating of the mains. It is the sa Propose and on behalf of the othersecond found to be untime or inaccurate or if any first three-secondary life assured in case of joint life life. When the voluntained joint migroup content in the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the	he sever of University assumed, the answers given by mike to be forestance, it is fo
here purpose in relation to the Policy that may be issued in emicided scanning enclared in Company shall by family of any mention of the company shall by family of any mention of any mention of the company shall by family of any mention of the company shall be sha	pursuance of this proposal for instance vi In its desired to le incommend in this proposal for the proposal for this proposal for this proposal for this proposal form to a maintained in this Proposal Form to a maintained in the Proposal Form to a final for communicating of the mains. It is the sa Propose and on behalf of the othersecond found to be untime or inaccurate or if any first three-secondary life assured in case of joint life life. When the voluntained joint migroup content in the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the comment of the proposal form the	he sever of University memory assumed, the assumption by memory of the formation of the for
here purpose in relation to the Policy that may be assued in semicial assumine or emicial registered and the declarations made under the proposal made by the assumance between an and HDPC fulls. If my statement is main in you capacity as Proposes and on behalf of the of the submitted of the proposal made by the main my capacity as Proposes and on behalf of the of the submitted of the proposal made by the main of the proposal made by the main of the proposal made by the main of the proposal made by the main of the proposal made by the main of the proposal made by the main of the proposal made by the main of the proposal made by the proposal	pursuance of this proposal for instance of Init be defended to le incommode of this proposal for this proposal for this proposal for this proposal for this proposal for this proposal for the proposal form the least of the desire of the proposal form the least of the desire of the proposal form the least of the destraction of the proposal form the least of the destraction of the proposal form the least of the destraction of the proposal form the least of the destraction of the proposal form the least of the destraction of the least o	he sever of University advantaged, the answers given by me to a top for instruction. If not the Company may, who day reference to mela on the proposal of the company may, who day is a several or the proposal of the property of the company may, which are the company may who are the company may who are the company of the
here jurgoes in relation to the Policy that may be issued in emicided assumine or emicided assumine company shall be emicided assumine company shall be emicided assumine company shall be emicided assumine company to the emicided assumine company of the emicided assumine company and any electrone made in emicided in emicine in emicided in emicine in emicided in emicine in emicided in emicine in emicided in emicine in emicided in emicine in emicine with third parties verofors associated under the Policy.  Signature of Witness  Occupation  esclaration of good health for spouse (to be filled as a result of, any of the following: alcohol or emicided in emicine in	pursuance of this proposal for instance of Init be defended to le incommode of this proposal for this proposal for this proposal for this proposal for this proposal for this proposal for the proposal form the least of the desire of the proposal form the least of the desire of the proposal form the least of the destraction of the proposal form the least of the destraction of the proposal form the least of the destraction of the proposal form the least of the destraction of the proposal form the least of the destraction of the least o	he sever of University advantaged, the answers given by me to a top for instruction. If not the Company may, who day reference to mela on the proposal of the company may, who day is a several or the proposal of the property of the company may, which are the company may who are the company may who are the company of the
here purpose in relation to the Policy that may be issued in emicided assumine or emicided assumine company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of the company that the emicided in the company of the co	pursuance of this proposal for insurance vi in be deemed to be incorporated in his proposal common the common of t	he sever of University assumed, the service given by my kill of the forestance, it is forestance, it i
here purpose in relation to the Policy that may be issued in emicided assumine or emicided assumine company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of the company that the emicided in the company of the co	pursuance of this proposal for insurance vi in be deemed to be incorporated in his proposal common the common of t	he event of I view being medically sammled, the answers given by me to set or forestances. If not the Company may, without any reference to mela on my jedical or statutory or other authority or to any instance or restrace my process of the control of the contro
here purpose in relation to the Policy; that may be issued in emicided assumine or emicided assumine company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of the company shall be emicided to any other of the declarations made under the proposal made by me and the declarations made under the proposal made by me in my capacity as Proposa and on behalf of the of sumarine Act (1988 as amended from time to them. X. That inscrined data or information (as defined in the Information that the summed of the Company of the Information (as defined in the Information that Information that Informati	pursuance of this proposal for insurance vi in be deemed to be incorporated in his proposal common the common of t	he event of I view being medically sammled, the answers given by me to set or forestances. If not the Company may, without any reference to mela on my jedical or statutory or other authority or to any instance or restrace my process of the control of the contro
here purpose in relation to the Policy; that may be issued in emicided assumine or emicided assumine company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of company shall be emicided assumine of the company shall be emicided to any other of the declarations made under the proposal made by me and the declarations made under the proposal made by me in my capacity as Proposa and on behalf of the of sumarine Act (1988 as amended from time to them. X. That inscrined data or information (as defined in the Information that the summed of the Company of the Information (as defined in the Information that Information that Informati	pursuance of this proposal for insurance vi in be deemed to be incorporated in his proposal common the common of t	he sever of University of the Service of Ser
here purpose in relation to the Policy that may be assued in emiscular saminar engine on behalf of the company shall consider a mendicular saminar engine on behalf of the company shall consider the same of the control of the proposal of insuand consideration with the processing of this proposal for insuand of the declarations made under the proposal made by me and the declarations made under the proposal made by me assurance between and HDPC Life. If my statement is me in my capacity as Proposal and to the same of the time and the control of the mention of the control o	pursuance of this proposal for insurance vi in the desirend to lie incomised in this proposal or the supposal or the proposal	he sever of the bear greated and the several of the services given by new test of the formations. If make the Company may, without any reference to melas as of the several of a claim. If the company may without any reference to melas as of a claim and the several of a claim. If the several of a claim to the several of the several of a claim to the several of the s
here purpose in relation to the Policy that may be issued in emiscal assumine mendical assumine or emiscal plants of any member these of, tumble any scheduler for emiscal assumine or emiscal assumine the proposal make by me and the declarations made under the proposal made by me and the declarations made under the proposal made by the great and the proposal made by the great and the proposal made by the great and the proposal made by the great and the proposal made by the great and the proposal made by the great and the proposal made by the great and the proposal made by the great plants and the proposal made by the great plants and the proposal made by the great and the proposal made by the great plants and the proposal made by the great plants and the proposal made by the great plants and the great plants are assumed to a fine the great plants and the great plants are resulted or the great plants and the great plants are a result of any of the following, alcohol or drug diney or liver disease, mental, nervous or neurologic had tests indicating exposure to the AIDS virus.    Yes   Very   Performance	pursuance of this proposal for instance vi In its desired to le incommend in this proposal for the proposal for this proposal for this proposal for this proposal form to a maintained in this Proposal Form to a maintained in the Proposal Form to a final for the promoval form to be unknown and it for communicating of the proposal form to the life to be assured proposad policyholder has no son or algred in vernacular the Declaration on the life to be assured proposad policyholder has no son or algred in vernacular the Declaration on the life to be assured proposad policyholder has no son or algred in vernacular the Declaration on the life to be assured proposad policyholder has no son or algred in vernacular the Declaration of the life to be assured proposad policyholder has no son or algred in vernacular the Declaration of the life to be assured proposad policyholder has no son or algred in vernacular the Declaration of the life to be assured proposad policyholder has no son or algred in vernacular the Declaration of the life to be assured proposad policyholder has no son or algred in vernacular the Declaration of the life to be assured proposad policyholder has no son or algred in vernacular the Declaration of the life to be assured proposad policyholder has no son or algred in vernacular the Declaration of the life to be assured proposad policyholder has not son the life to the life to the life to the life to the life to the life to the life to the life to the life to the life to the life to the life to the life to t	he sever of the being microst yearnined, the answers given by me to be for foreign or, in the Company may, whore day release to fine to be necessarily for insurance. If no state or the contract or the contract of a claim I will have a contract or the contract of a claim I will have been contract or the contract or the contract or the contract or the contract or the contract or the contract or the contract or the contract or the contract shall be treated in accordance with the sec 45 or concern proposals, the contract shall be treated in accordance with the sec 45 or concern proposals, the contract shall be treated in accordance with the sec 45 or concern proposals, the contract shall be treated in accordance with the sec 45 or concern proposals, the contract shall be treated in accordance with the sec 45 or concern proposals of the contract shall be treated in accordance with the sec 45 or concern proposal proposals and outsourced activities related to issuance/servicing/settlement of claim as a sexuand.  Signature Thumb impression of proposed princyholder (Only of different from life to be assured) Signature should match with signature on ECSSI mandate  Place:  Machine Place:  Machine Place:  Machine Place:  Machine Place:  Machine Place:  Machine Place:  Signature of the spouse of the life to be assured) proposed filled the application ORAAIO The spouse of the life to be assured of Good frealth applicable under Ellie option of amen't Koman Plan.

100

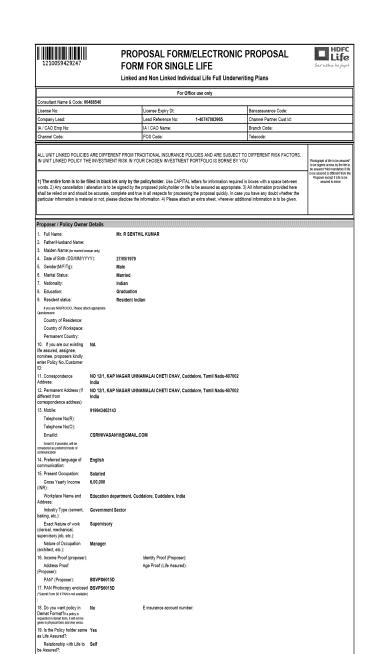
Name and address of Declarant	Signature
Declaration made by life to be assured/proposed policyholder	
I hereby declare that the content of the form and document has been fully explained to me and I have fully und	derstood the significance of the proposed contract.
Signature/Thumb impression of life to be assured/proposed policyholder	Signature/Thumb impression of Witness
Sections of the Insurance Act 1938 as amended from time to time	
Section 41 - Prohibition of rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commit any person taking out or renewing or continuing a policy accept any relate, except such rebate as may resure. (2) Any person making dealur in compliance with the provisions of this section shall be liable for a period of the provisions of this section shall be liable for a period of the provisions of the section shall be liable for a period of the provisions of the section shall be liable for a period of the provisions of the section shall be liable for a period of the provisions of the section shall be liable for a period of the provision of the section shall be liable for a period of the provision of the section shall be liable for a period of the provision of the section shall be liable for a period of the provision of the section shall be liable for a period of the provision of	ission payable or any rebate of the premium shown on the policy, nor shall a allowed in accordance with the published prospectuses or tables of the

Section 45 - 1.10 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 reasonance of the policy or the date of the policy or the date of the policy or the date of the policy or the date of the policy or the date of the policy or the date of the policy or the date of the policy whichever is later. 2.A policy of life insurance may be called in question at any time within three years from the date of reasonance of the policy or the date of the called or the called or policy, whichever is later. 2.A policy of life insurance may be called in question at any time within three years from the date of insurance of the policy or the date of the called or the called or policy, whichever is later, or the ground such materials on which such decision is based. 2.No-inflamational graphing contained in as-beschor. 2.A, no hairs what is expected as a final such as the called the policy of the date of the contained to suppress on the contrained or suppression of an absential called the policy of the date of commenter and or suppression of an absential called the called the policy of the date of commenter and or suppression of a first materials to the expectancy of the insured or the policy or the date of commenter and or suppression of a first materials to the expectancy of the life of the insured or the policy or the date of commenter and insurance may be called in special or suppression of a first materials to the expectancy of the life of the policy or the date of commenter and or suppression of a first such decision to regulate the policy of the insured or the policy or the date of commenter and or suppression of a first such decision to regulate the policy of the insured or the policy or the date of the commenter and or suppression of a first such decision to regulate the policy of the insured or the policy or the date of commenter and or suppression of a material fast, and not on the insured or the policy or the sun

18	Dov	ou have a	ny phy	sical di	ability which	h is affecting	your day to	day an	tivities?	7						No			
						ss, impairme					s or d	lrugs?				No			
	Have	e you ever	been !	lested p	ositive for H	ilV/ AIDS or he results of	Hepatitis B o	or C, or	have y	ou beer	n test	ed/ treated for	oti	her sexual		No			
1	Doy	ou have/ h	ad an	recum	ent medical		physical dis		or illnes	s or inju	ary the	at has kept yo	u fr	om workin	g for	No			
2	Duris	ng last 5 ye	ears h	eve you	undergone	or been reco	mmended t	o unde	rgo hos	pitalisa	tion?					No			
3						or been reco										No			
4	Duris	ng last 5 ye	rears have you undergone or been recommended to undergo X-ray any other investigation (excluding check-ups nt/insurance/foreign visit)?						No										
5	beer	n consulting	g with	this doc	tor for less	than three m	onths, the na	ame an	id conta	ct deta	ils of	e event of illne your previous	do	ctor.		Na			
16	Plea	se indicate	your	prefere	ce of locati	examination on, near whit	tests. Som the medic	ne of the	e medic s can be	al tests e condu	may icted.	require you to	oob	serve fas	ing.	Residen	e		
7		it is your he															= 178cms		
8		t is your w														61			
9		ou consum														Yes			
0		t do you co														Beer,Oth	ers		
1						per week?										<u>1</u> 1			
3	Dov	ou uso tob	acco.	ou cons	ume per we	ien :										Yes			
4		ou use tob																	
<del></del> 5		tobacco o				ume per day	2									Cigarette 1			
 6								cs or ex	ny such	other •	ubete	ince whether	nre	scribed ~	not?	No			
 7												ease or High E				No			
1	Strol	ke or Diabe	etes or	Kidney	disease or	Cancer or H	V/AIDS?	AIII / IIG	ve uleu	OI Freeza	II DIM	ease or might	DIUC	Ju Fiessu	901	NO			
ovie	nue Do	olicy Deta	ile	00000				00000	00000	00000	0000		88					000	
an to	ken by	your emplo	ouer (	Alon no		taile of any o	ich propose	ale on w	Die	ah b	-2100	s accepted at			nd with a	2 Rionh Is	···· moveralico	. "	•
n oth	er speci	ial terms, p Company	Year	ned, de	dined or wit Basic Sum	Annual	lf) Base	Medi	ical	/ applic	_	for instatemen	nt e	iver accep	eu miur e	хиа рген	um, accepted	1	
Policy Propo No.	er speci	ial terms, p	Year Issue	ned, de of e/	dined or wit	hdrawn by se	if)	_	ical	_	1	for instatemen	nt e	iver accep	eu mare	хиа ргегп	um, accepted	1	
n oth Policy Propo No.	er speci	ial terms, p Company Name	Year Issue Appl	of of e/ ication	dined or with Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision	Medi Polic	ical :y	Inforce Lapse	e/ d*	for instatemen	nt e	rver accep	eu mai e	хиа рген	um, accepted	1	
n oth Policy Propo No.	erspeci	ial terms, p Company Name	Year Issue Appl	of of e/ ication	dined or with Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision	Medi Polic	ical :y	Inforce Lapse	e/ d*	for instatemen	nt e	ver accep	ed mure	xua prem	um, accepted		
n oth Policy Propo No.	erspeci	ial terms, p Company Name	Year Issue Appl Contact	of of e/ ication	dined or with Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision Wention Year of	Medi Polic	ical Cy Revival	Inforce Lapsed applied for	d'	Gende			ionship v		************		% Share
Policy Propo to.	erspeci	ial terms, p Company Name	Year Issue Appl Contact	of of e/ ication	dined or with Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision Wention Year of	Medi Polic	ical Cy Revival	Inforce Lapse	d'			Rela		rith Co	um, accepted		% Share
n oth Policy Propo No.	er speci r / ( r sail h	ial terms, p Company Name	Year Issue Appl Contact y Det	ned, der of e / ication t numbe	dined or with Basic Sum Assured (INR)	Annual Premium (INR)	Base Plan / Rider Decision Wention Year of	Medi Polic Lapse	ical Cy Revival	Inforce Lapsed applied for	d'			Rela	ionship v	rith Co	************		% Share
Policy Propo No.  No.  Nan  J. Nan  J. Nan  J. Obje  L. Moorentum  J. Pret	r/ (r/ (r/ (r/ (r/ (r/ (r/ (r/ (r/ (r/ (	ial terms, p Company Name  Iress and C eneficiar Nominee  roducts / f Insurance puter / insted a) ayment Op	Year Issue Appli Contact	of a / or of a /	Basic Sum Assured (INR)  r of your fat  Mrs. Vith	Annual Premium (INR)  mily doctor: N	Base Plan / Rider Decision Wention Year of	Medi Polici	Date 02/04/	Inforce Lapse Lapse suppled fo	d'	Gende		Rela Life t	ionship v	rith Co	************		
Policy Propo No.  No.  Nan  Nomia  No	er specier   Properties   Prope	ial terms, p Company Name  Iress and C eneficiar Nominee  roducts / f Insurance puter / Imited an) ayment Option:	Year Issue Appli Contact	ned, del of e / ication I numbe ails	Basic Sum Assured (INR)  r of your fat  Mrs. Vith	Annual Premium (INR)  mily doctor: N	Base Plan / Rider Decision Wention Year of a	Medi Polici	Date 02/04/	Inforce Lapsed applied for the of Bir 1981	a/d*	Gende	Pr	Rela Life t	Sum	Assured Assured	************	11	Modal Premium
n oth Policy Propo No.  Nan  Nan  Obje  Moc Pressur  Press  Top	r / ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	ial terms, p Company Name  Iress and C eneficiar Nominee  roducts / f Insurance puter / Imited an) ayment Option:	Year Issue Appli Contact	ned, de of a / o	Basic Sum Assured (INR)	Annual Annual Premium (INR)  . mily doctor: N  Full Ne	Hy Base Plan / Rider Decision Vear of la me	Medi Polici	Date 02/04/	Inforce Lapsed applied for the of Bir 1981	a/d*	Gende Female	Pr	Rela Life to Wife	Summan In Ne	Assured Assured	ntact Number	11	Modal Premium (Exclusive of taxe
n oth Policy Propo No.  Nan  Omili  Hoo Propo No.  Nan  Omili  Top	er species of Properties of Pr	ial terms, p. Company Name  Irress and C  reducts / Irress and C  roducts / Irress and C  Irress a	Year Issue Appli	ed For Protect Annual Limitec No Produc HDFC Plus	Initial or with management of the control of the co	hdrawn by st Andrews by st Premium (INR)  Full Ne  Full Ne  Full Ne  P  P  P  P  P  P  P  P  P  P  P  P  P	If) Base Plan / Rider Plan / Rider Decision Mention Year or a a  Cover try transmission Decision Cover try transmission Decision	Medi Polici	Date of Protect 3	Inforce Lapset Lapset for Lapset	Pc yes	Gende Female	Pr	Relative Wife Wife	Summin (n No.	Assured 000,000	Extra-Life on Assure	11i	Modal Premium (bxtaser of txe and leves as applicate) 74,067
n oth Policy Propo No.  Nan  Obji Moo entur  Prop  Top	er specier (/ / / / / / / / / / / / / / / / / / /	ial terms, p. Company Name  Irress and C Irr	Year Issue Appli	ed For Protect Annual Limitec No Produc HDFC Plus	Initial or with management of the control of the co	Annual Annual Premium (INR)  . mily doctor: N  Full Ne	If) Base Plan / Rider Plan / Rider Decision Mention Year or a a  Cover try transmission Decision Cover try transmission Decision	Medi Polici	Date Protect 3	Inforce Lapset Lapset for Lapset	e / d*  ###################################	Gende Female	Pr	Relative Wife Wife	Summing (n. No.	Assured 000,000	ntact Number	Extr. Lun jore	Modal Premium (bxtaser of txe and leves as applicate) 74,067
n other control of the control of th	re species of Pi seal 1 result of Pi seal 2 result of Pi seal 2 result of Pi seal 2 result of Pi seal 2 result of Pi seal 2 result of Pi seal 3 result of Pi seal 3 result of Pi seal 4 re	ial terms, p. Company Name  Interest and C  eneficiar Nominee  roducts / Interest and C  graph of Insurance past / Interest and year of Interest Option/ Exx  2 Protect 3: Option/ Exx  2 Protect 3: yes and C  Option of Exx  yes and C	Year Issue Appli	ed For Protect Annual Limitec No Produc HDFC Plus	Initial or with management of the control of the co	hdrawn by st Andrews by st Premium (INR)  Full Ne  Full Ne  Full Ne  P  P  P  P  P  P  P  P  P  P  P  P  P	If) Base Plan / Rider Plan / Rider Decision Mention Year or a a  Cover try transmission Decision Cover try transmission Decision	Medi Polici	Dati D2/04/	Inforce Lapset Lapset for Lapset	e / d*  ###################################	Gende Female  Dilicy Termina	Pr	Relative Wife Wife Wife Wife Wife Wife	Summing (n. No.	Assured 000,000	Extra-Life on Assure	Extr. Lun jore	Modal Premium (Exclusive of two and levies as applicate) 74,067 ra Life rapsum Benefit
n oth Policy Propo No.  Nan Iomiu  Moo Presium  Pres  Top  a. Pre  Classio Fremi Ienefir	er species of Present of the Present of Pres	ial terms, p.  Company  Compan	Year Issue Applied Contact Y Det	ed For Protect Annual Limitec No Produc HDFC Plus	Initial or with management of the control of the co	hdrawn by st Andrews by st Premium (INR)  Full Ne  Full Ne  Full Ne  P  P  P  P  P  P  P  P  P  P  P  P  P	If) Base Plan / Rider Plan / Rider Decision Mention Year or a a  Cover try transmission Decision Cover try transmission Decision	Medi Polici	Dati D2/04/	Inforce Lapset Lapset for Lapset	e / d*  ###################################	Gende Female  Dilicy Termina	Pr	Relative Wife Wife Wife Wife Wife Wife	Summing (n. No.	Assured 000,000	Extra-Life on Assure	Extr. Lun jore	Modal Premium (Exclusive of taxe and levice as applicative) 74,067 ra Life rapsum Benefit circle Life from
n oth Policy Propo No.  Nan  Omili  Land  Object  Obje	er specier (*/ ) (	ial terms, p.  company  Name  reducts /  finsurance  reducts /  finsurance  products /  pr	Year Issue Applied Contact Y Det	ned, de- of of of of of of of of of of of of of o	Basic Sum Assured (NR)  or of your fat  Mrs. Vith  Life Click 2	Annual Premium (INR)  Full Ne	if)  Base Plan P  Plan P  Decision  Version Year of a la la la la la la la la la la la la l	Medi Lapse / Polici L	Date O2/04/	Inforce Lapset L	Poyson 45	Gendele Female Julicy Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin	Pr Pe	Relative Wife  Wife  Wife  Wife  Increasing or Only against the Section Sectio	Summing In No.	Assured  O0,000  Income years	Extra -Life Sum Assur	Exti Lun (ior E Copile	Model Premium (Exclusive of taxe and levice as and levice
n oth Policy Propo No.  Nan  Omili  Land  Object  Obje	er species of Prissel 19 Prissel	ial terms, p.  company  Name  reducts /  finsurance  reducts /  finsurance  products /  pr	Year Issue Applied Contact Y Det	ned, de- of of of of of of of of of of of of of o	Inlined or with management of the control of the co	hdrawn by st Andrews by st Premium (INR)  Full Ne  Full Ne  Full Ne  P  P  P  P  P  P  P  P  P  P  P  P  P	if)  Base Plan P  Plan P  Decision  Version Year of a la la la la la la la la la la la la l	Medi Lapse / Polici L	Dati D2/04/	Inforce Lapset L	Poyson 45	Gende Female  Dilicy Termina	Pr Pe	Relative Wife  Wife  Wife  Wife  Increasing or Only against the Section Sectio	Summing In No.	Assured  O0,000  Income years	Extra-Life on Assure	Ext Lungur Good	Modal Premium (Exclusive of taxe and levice as applicative) 74,067 ra Life rapsum Benefit circle Life from
n oth Policy Propo No.  Nan Omi  etail  Obji  Mocentum  Pren  Top  a. Pre  b. Fo Premium  b. Fo Premium  can Fo Classin  can F	er species of Present	ial terms, p.  company  Name  reducts /  finsurance  reducts /  finsurance  products /  pr	Oostpool Year Issue Appli Contact  Appli Contact  Trans  In  In  In  In  In  In  In  In  In	ned, de- of of of of of of of of of of of of of o	Basic Sum Assured (NR)  or of your fat  Mrs. Vith  Life Click 2	Annual Premium (INR) Full Ne Vya V  Protect 3D  Rider Nat T	if)  Base Plan P  Plan P  Decision  Version Year of a la la la la la la la la la la la la l	Medi Polici H Larse / H Larse / Amount Income	Data Data Data Data Data Data Data Data	Inforce Lapses Impaled for Inforce Impaled for Inforce Impaled for Inforce Impaled for Inforce Impaled for Inforce Impaled for Inforce Impaled for Inforce Impaled for Impaled	Poyson 45	Gendele Female Julicy Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin Termin	Pr Pe	Relate Life ( Wife Wife Wife Wife Wife Wife Wife Wife	Sumship v be Assa	Assured  O0,000  Income years)	Extra-Life Sum Assured (snay)	Ext Lungur Good	Modal Premium solutions of an artificial solution of an artificial solution of an artificial solution of an artificial solution of an artificial solution of an artificial solution of an artificial solution of an artificial solution of artificial soluti

10. For unit linked plans, kindly indicate % of allocation in belo

Income Fund Conservative Liquid Fund# Fund



Exclusion of a Visitaria Plapade Person. Politically exposed persons are individuals who are or have been enthused with prominent public functions in a tonign country, their family members and done reliables such as Header of States or of Government, Sensor politicaines, Sensor governmently, decidinalitary efficiens, Sensor remotives of state-owned corporations, Important publical projections, and programs of states owned corporations, Important publical projections, and of the sensor of the sensor publications and the sensor of

21. Are you a "Politically No Exposed Person"?:

		viction / acquittal under any			
			equal to or more than INR 1 lak	h, please enclose proof of income e.g. ITR	
Sources of funds fo	r premium (Otr	lers%)		Total(%)	
100				100	
Details of Life to	be Assured			***************************************	
Full Name:     Father/Husband     Maiden Nameure woman only)     Relationship with Primary Life Assured	Name; rmarried	R SENTHIL KUMAR			
5. Date of Birth (DD YYYY):		5/1979			
6. Gender(M/F/Tg): 7. Marital Status: 8. Nationality: 9. Education: 10. Resident status If you are NRSPIONOCI.	Marri India Grad : Resi	ied			
atach appropriate Question Country of Resid Country of Works Permanent Cour 11. Mobile: Telephone No(R	ence: place: India stry: 9199	143463143			
Telephone No(O Emailld: Email ID if provided, will considered as preferred mod communication	): CSR	INIVASAN10@GMAIL.COM	1		
13. Present Occupat 14. Gross Yearly Inc (INR):	ome 6,00	.000			
15. Workplace Name Address: 16. Industry Type (co		cation department, Cuddai ernment Sector	lore, Cuddalore, India		
baking, etc.): 17. Exact Nature of (clerical, mechanical	work Sup	ervisory			
supervisory job, etc.] 18. Nature of Occup. (architect, etc.):		ager			
19. Income Proof (Li Assured):	fe	ld	entity Proof (Life Assured):		
Address Proof (L Assured):	ife	A	ge Proof (Life Assured):		
20. PAN Photocopy (*Submit Form 60 if PAN is n					
21. Do you want poli Demat Format?#a pol requested in demat form, if v given in physical form and vir	icy is	E	insurance account number:		
22. Do you have any India or abroad? No	history of con-	viction / acquittal under any	criminal proceedings in		
parents/husband/sib	lings.	ousewife, please provide ins multiple policies if required.)	urance details regarding		
	Assured of all	Policy No. and Name of Company	Husband's / Parent's Occupation / Income		
Personal Details	of Life to be	Assured			
1 Customer r	elationship witl	HDFC Bank			Others
2 Please pro	vide details, if a	any, regarding your occupati	on or business, which may r	ender you susceptible to injury or illness.	None of these

Person	al Details of Life to be Assured	
1	Customer relationship with HDFC Bank	Others
2	Please provide details, if any, regarding your occupation or business, which may render you susceptible to injury or illness, (e.g. exposure to chemical substances/hazardous materials/harmful dust or gases/ explosives/ working at heights/ handling heavy machiney etc.)	None of these
3	Do you have any existing insurance cover of premium paying and/ or paid-up policies?	No
4	Have you submitted any simultaneous applications for life insurance to another life insurance company, which is still pending or are you likely to revive lapsed policies.	Neither of these
5	Has any application for insurance on your life been postponed?	No
6	Has any application for insurance on your life been accepted with extra premium?	No
7	Has any application for insurance on your life been accepted on other special terms?	No
В	Has any application for insurance on your life been declined?	No
9	Has any application for insurance on your life been withdrawn by you?	No
10	Have you resided overseas for more than six months continuously during the last five years?	No
11	Do you intend to reside overseas in the next six month	No
12	Do you take part in any hobbles/ activities that could be considered dangerous in any way? E.g. aviation (other than as a fare- paying passenger), mountaineering, deep sea diving or any form of racing.	No
13	Have you ever suffered from: Diabetes/ high blood sugar/ sugar in urine, High blood pressure/ hypertension, Heart disease, Stroke	No
14	Have you ever suffered from:Respiratory disorders,Arthritis,Back problems,Tuberculosis,Any recurrent medical condition, disability. (Including eye/ ear disorder)	No
15	Have you ever suffered from: Liver disorder, Kidney disorder, Disorder of the digestive system, Abnormality of thyroid, Blood disorder?	No
16	Have you ever suffered from: Epilepsy, Any nervous disorder or mental condition, Parallysis or multiple sclerosis, Depression or psychiatric disorder, Cancer or a tumor.	No
17	Have you ever suffered or been diagnosed or been treated for Dengue or Swine Flu or Encephalitis ?	No

Dallass Vans	400	Annualisad Rosa Pramium	Cumulativa Pramiume		Death Benefit		Maturity Benefit
runcy rear	Policy Year Age Annualised Base Premium		Sum Assured on Death	Annual Income Benefit Payable	Total Income Benefit Payable	maturity beneat	
43	82	0	740670	10000000	NA.	NA NA	NA.
44	83	0	740670	10000000	NA.	NA	NA.
45	84	0	740670	10000000	NA NA	NA NA	NA.

# Illustrative Benefits on Diagnosis of Terminal Illness under HDFC Life Click 2 Protect 3D Plus Same as "llustrative Benefits on Death" above.

Saltie as Websamer comesson uncernal access. The salties was a second of the salties of the file assured during the policy term and field due premiume have been paid, the above mentioned Death Benefit will be paid to the nominee in the form of a lump sum. Upon this payment, the policy terminates and no further benefit is payable.

# Illustrative Benefits on Accidental & Total Permanent Disability (ATPD) under HDFC Life Click 2 Protect 3D Plus All future premiums payable under the plan will be walved.

Illustrative Benefits on Sumender under HDFC Life Click 2 Protect 3D Plus
Your Pan provides surrender benefit.
The Sumender Benefit is defined as follows: 70% x Total Premiums Paid x (Unexpired Policy Term / Original Policy Term).

#### Illustrative Benefits on Maturity under HDFC Life Click 2 Protect 3D Plus

#### TERMS AND CONDITIONS

- This illustration has been produced by HDFC Life resurance Company Limited to help you understand the benefits of your HDFC Life Click 2 Protect 30 Pus policy. These illustrations must be read in conjunction with the sales iterature, which describes the features of this product. The values shown are for illustration only.
   All benefits under this Product are guarantiesd, provided all premiums are paid, when they are due.

- All amounts are in Indian Rupees.
   The Premium and the Sum Assured stated above is based on the information provided. They may vary as a result of underwriting.
- For details on the above benefits, piece record the Product Brother.
   The details on the above benefits, piece record the Product Brother.
   Taxes and levies as applicable will be charged and are payable by you by any method including by levy of an additional monetary amount in addition to premium and/or charges.
   Tax will be deducted at the applicable rate from the psyments made under the policy, as por the prevailing provisions of the income Tax Act, 1961.





Note: Kindly note that name of the company has changed from "HDFC Standard Life Insurance Company Limited" to "HDFC Life Insurance Company Limited".



#### Illustration Of Future Benefits

#### Illustrative Benefits on Death under HDFC Life Click 2 Protect 3D Plus

#### Death Benefit is the sum of:

- Sum Assured on Death
   Additional Benefits

#### Sum Assured on Death is the highest of:

- 105% of Total Premiums Paid
- Guaranteed Sum Assured on Maturity
   Absolute amount assured to be paid on death

- Additional Benefits = Nil
- Guaranteed Sum Assured on Maturity = Nil
   Absolute amount assured to be paid on death i.e. Sum Assured = Absolute amount chosen by the policyholder at inception

					Death Benefit		
Policy Year	Age	Annualised Base Premium	Cumulative Premiums	Sum Assured on Death	Annual Income Benefit Payable	Total Income Benefit Payable	Maturity Benefit
1	40	74067	74067	10000000	NA NA	NA NA	NA.
2	41	74087	148134	10000000	NA	NA NA	NA.
3	42	74067	222201	10000000	NA	NA NA	NA.
4	43	74987	298268	10000000	NA NA	NA NA	NA.
5	44	74067	370335	10000000	NA NA	NA NA	NA.
6	45	74067	444402	10000000	NA NA	NA NA	NA.
7	46	74067	518469	10000000	NA NA	NA NA	NA.
8	47	74067	592536	10000000	NA NA	NA NA	NA.
9	48	74967	666603	10000000	NA NA	NA NA	NA.
10	49	74067	740670	10000000	NA NA	NA NA	NA.
11	50	0	740670	10000000	NA NA	NA NA	NA.
12	51	0	740670	10000000	NA NA	NA NA	NA.
13	52	0	740670	10000000	NA NA	NA NA	NA.
14	53	0	740670	10000000	NA NA	NA NA	NA.
15	54	0	740670	10000000	NA NA	NA NA	NA.
16	55	0	740670	10000000	NA NA	NA NA	NA.
17	56	0	740670	10000000	NA NA	NA NA	NA.
18	57	0	740670	10000000	NA NA	NA NA	NA.
19	58	0	740670	10000000	NA NA	NA NA	NA.
20	59	0	740670	10000000	NA NA	NA NA	NA.
21	60	0	740670	10000000	NA NA	NA NA	NA.
22	61	0	740670	10000000	NA NA	NA NA	NA.
23	62	0	740670	10000000	NA NA	NA NA	NA.
24	63	0	740670	10000000	NA NA	NA NA	NA
25	64	0	740670	10000000	NA NA	NA NA	NA.
26	65	0	740670	10000000	NA NA	NA NA	NA.
27	66	0	740670	10000000	NA NA	NA NA	NA.
28	67	0	740670	10000000	NA NA	NA.	NA
29	68	0	740670	10000000	NA NA	NA NA	NA.
30	69	0	740670	10000000	NA NA	NA NA	NA.
31	70	0	740670	10000000	NA NA	NA NA	NA.
32	71	0	740670	10000000	NA NA	NA NA	NA.
33	72	0	740670	10000000	NA NA	NA NA	NA.
34	73	0	740670	10000000	NA NA	NA NA	NA.
35	74	0	740670	10000000	NA NA	NA NA	NA.
36	75	0	740670	10000000	NA NA	NA NA	NA.
37	76	0	740670	10000000	NA NA	NA NA	NA.
38	77	0	740670	10000000	NA NA	NA NA	NA.
39	78	0	740670	10000000	NA NA	NA NA	NA.
40	79	0	740670	10000000	NA NA	NA NA	NA.
41	80	0	740670	10000000	NA NA	NA NA	NA.
42	81	0	740670	10000000	NA NA	NA NA	NA.



24-01-2020



# Benefit Illustration for HDFC Life Click 2 Protect 3D Plus This Illustration has been produced by HDFC Life Insurance Company Limited to help you understand the benefits of your HDFC Life Click 2 Protect 3D Plus DETALS

DETAILO			
Age is taken as on last birthday		Proposal No:	NA
Name of the Prospect/Policyholder:	R SENTHIL KUMAR	Name of Product:	HDFC Life Click 2 Protect 3D Plus
Age:	40	Tag Line:	A non-linked non-participating term insurance plan
Name of Life Assured:	R SENTHIL KUMAR	Unique Identification No:	101N115V05
Age:	40	GST Rate:	18%
Gender:	Male		
Policy Term:	45		
Premium Paying Term:	10		
Amount of Instalment Premium(Without GST):	Rs.74067		
Mode:	Annual		
Top-up Rate:	NA		

This benefit likistration is intended to show year-wise preniums payable and benefits under the policy.

"Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits then these with be dearly marked "guaranteed" in the illustration balls on this page, if your policy offers variable benefits then the illustrations to this page will solve two different returns of 48% and 44% par. These secured related returns or and guaranteed and they are not the upper or lower limits of what you might yet back, as the value of your policy is dependent on a number of factors including future investment performance."

Policy Details						
Policy Option	Life Option	Sum Assured Rs.	10000000			

Premium Summary							
	Base Plan	CI Rider	IB Rider	Total Instalment Premium			
Instakment Premium without GST	74067	0	0	74067			
Instalment Premium with First Year GST	87399	0	0	87399			
Instalment Premium with GST 2nd Year Onwards	87399	0	0	87399			

This page h	nas been inter	ntionally lef	t blank.