

HEALTH

AIA HEALTH PROTECTOR



## POLICY DOCUMENT

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## Our Promise

Your future protection and ambitions are very important to us. We believe we understood you and our **Insurance** solution will help you achieving your future goals and protection.

We promise that we will make every effort within our ambit to help you and your loved ones to have a better secured future. Please do not hesitate to communicate with us anytime if you need any help from us, be it a claim or any other clarification.

In consideration of the **Premium** you pay to us, we promise you to pay the applicable benefits as described in this **Policy Document** and **Policy Schedule** and any Endorsements we issued from time to time subject to the applicable terms and conditions.

Signed on the Date of Issue if the **Policy** as stated in the **Policy Schedule** for and on behalf of;

AIA Insurance Lanka PLC

Authorized Officer

Chief Executive Officer



## INTRODUCTION

- This is a non-participating long term insurance **Policy** with health benefits. We designed this **Insurance** solution to provide what you wanted from us as we understood. It is very important for us to know whether our solution is actually the one you wanted from us.
- Therefore, kindly spare some time to read this **Policy Document** along with the **Policy Schedule**, so that you can be assured that we understood your need properly. This mutual understanding is extremely important for us in our long term relationship to prosper.
- If you feel that our **Insurance** solution, is not exactly what you wanted, please call us immediately as we might be able to change it to suite your need. These changes are always easy to carry out at the first weeks of your **Policy**.
- This document is the evidence of our contract with you. Therefore, please ensure that you keep it at a safe place and let your loved ones know of its existence.
- The Proposal Form completed and other declarations made by you and **Life Assured** (Lives Assured) is the basis of our contract with you as this **Insurance Policy** is designed based on information and confirmations provided by you and the **Life Assured** (Lives Assured).
- There may be **Additional Benefits** added to your **Policy** as preferred by you. If there are any, those benefits will be clearly mentioned in the **Policy Schedule** as applicable and the terms and conditions applicable for those **Additional Benefits** are given in the Part II of this **Policy Document**.
- The full contract between you and us include the following;
  - o Proposal Form and other declarations provided by you and **Life Assured** (Lives Assured)
  - o Any other information provided by you and **Life Assured** in any form
  - o **Policy Schedule**
  - o Endorsements issued by us from time to time
- The Quotation Illustration, any product brochures, key feature documents and any other marketing material that may have been issued to you do not form a part of the legal contract between you and us.
- In this **Policy Document** and **Policy Schedule**, the words, 'we', 'us', 'our', 'ourselves' shall mean AIA Insurance Lanka PLC and 'you', 'your', 'yourself' shall mean the Policy Owner whose name appears in the **Policy Schedule**. Other words used in bold letters are defined terms and you can find those definitions at Definitions Section.
- If you have any questions, please call our hotline **011 2310310** immediately, so we can help you.



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## STANDARD TERMS & CONDITIONS

### PART 1

#### Section 1

#### Your Benefits

1. Accident Benefit

You will have the following benefits under Accident Benefit.

- a. Death of the **Life Assured** due to an Accident – we will pay a lump sum as explained in Section 6.
- b. Total Permanent Disability of the **Life Assured** due to an Accident – We will pay you benefits as explained in Section 6.
- c. Partial Permanent Disability of the **Life Assured** due to an Accident – We will pay you benefits as explained in Section 6.

There are special terms and conditions applicable for Accident Benefit. They are explained in Section 6. We will pay the benefits under Accident Benefit only if the relevant conditions are fulfilled.

2. Critical Illness Plus Benefit

We will pay the Critical Illness Plus Benefit, if the **Life Assured** is diagnosed for the first time as suffering from any of the specified critical illnesses.

There are special terms and conditions applicable for Critical Illness Plus Benefit. They are explained in Section 7. We will pay the benefits under Critical Illness Plus Benefit only if the relevant conditions are fulfilled.

If the **Life Assured** is a female, either Critical Illness Plus Benefit or Women's Health Benefit may be provided depending on what you have selected. The relevant benefit for your **Insurance** is stated in the **Policy Schedule**.

3. Women's Health Benefit

We will pay the Women's Health Benefit, if the **Life Assured** is diagnosed for the first time as suffering from any of the specified critical illnesses.

There are special terms and conditions applicable for Women's Health Benefit. They are explained in Section 8. We will pay the benefits under Women's Health Benefit only if the relevant conditions are fulfilled.

Women's Health Benefit is provided only if the **Life Assured** is a female and also if you have selected it. If you have selected Women's Health Benefit it is stated in the **Policy Schedule**.

4. In the event of the death of the Life Assured before the Maturity Date.

We will pay you the **Life Benefit** amount as stated in the **Policy Schedule**. In addition, we will pay the balance of the **Health Fund** available at the time of death of the **Life Assured**,

5. If the **Life Assured** survive till the **Maturity Date**

- a. We will pay the value of the **Health Fund** as of the date of payment.

6. If you are not the **Life Assured**, all the above benefits will be paid to you. If you are the **Life Assured**, then the benefits we will pay on the death of the **Life Assured** will be paid to your **Nominees/Beneficiaries**. We will pay the other benefits to you.

7. Your Benefits explained in this Section are subject to all terms and conditions in this **Insurance Policy**.



## Section 2 Loyalty Reward

We will credit the Loyalty Reward to your **Investment Account** on the **Maturity Date**.

However, you will not receive your Loyalty Reward;

- i. If you miss the payment of any **Premium** on or before its due date and you did not rectify the payment within 180 days from the date you should have paid that **Premium**; OR
- ii. If you did not continue **Premium** payments till the **Maturity Date**.

Explanation: You will not receive the Loyalty Reward even if you complete payment of your **Premium** as planned till the **Maturity Date**, if any payment of **Premium** had been delayed more than 180 days from the respective due date of such delayed **Premium**.

The amount of your Loyalty Reward will be a percentage of your annual **Regular Premium**. The relevant percentage for you will vary based on your **Premium** paying frequency (**Premium** mode) and **Policy Term**. This percentage is given in the **Policy Schedule**.

You can request us to change the **Premium** Paying Frequency (**Premium** Mode). This will affect the amount you might receive as the Loyalty Reward. If you change the **Premium** paying frequency, then the minimum amount applicable to your **Premium** paying frequency applied after the third **Policy Year** will be selected as Loyalty Reward. Different Loyalty Reward percentages will apply to different **Premium** Paying Frequencies and the relevant percentages are given in **Policy Schedule**.

If **Regular Premium** amount is changed during the **Policy Term** except due to expiry of any **Additional Benefit** the annualized Regular **Premium** of lowest value ever applied during the **Policy Term** will be used to calculate your Loyalty Reward.

## Section 3 Guaranteed and Annual Dividend Rate

You are entitled to receive a dividend that will be credited to the **Investment Account** until the **Maturity Date**.

During the last three (3) months of each year we will guarantee a dividend rate for the following year. The **Guaranteed Dividend Rate** will be used as the basis for any benefit calculated based on the **Investment Account** balance until the **Annual Dividend Rate** for the respective year is declared.

Within the first six (6) months of each year the **Annual Dividend Rate** in respect of the previous year will be declared. The **Annual Dividend Rate** is calculated as the maximum of  $75\% \times C / D$  and the **Guaranteed Dividend Rate** with:

$$D = [A + B - C] / 2 \text{ where}$$

A is the value of the life fund at the previous year start

B is the value of the life fund at the previous year end

C is the Realized Income on the life fund during the previous year and is defined as:

Interest Income + Dividend Income + Realized Capital Gains/Losses + Loan Interest Income - Tax Payable

If the resulting **Annual Dividend Rate** is higher than the **Guaranteed Dividend Rate** then the **Annual Dividend Rate** will be applied to the Individual Investment Account for the previous year, thereby replacing the **Guaranteed Dividend Rate**.

## Section 4 Surrender Value

1. **Surrender Value** is the amount of money that you can receive if you terminate this **Policy** before the **Maturity Date**.
2. You will not be entitled to a **Surrender Value** if you terminate this **Policy** before it completes consecutive three **Policy Years** and if you do not pay **Premiums** for consecutive three **Policy Years**. This means that, you will not be able to receive any amount from this **Policy** on its termination if you do not continue to pay your **Premiums** for at least three consecutive years.
3. The **Surrender Value** will be the balance of the **Investment Account** at the time of termination of the **Policy** less the **Surrender Penalty**. The basis of calculation of **Surrender Penalty** is given in **Policy Schedule**. In addition to the **Surrender Penalty**, we might charge an administration fee to process your request to terminate your **Policy** and receive the **Surrender Value**. The relevant administration fee is also given in the **Policy Schedule**.
4. After the termination of the **Policy** and payment of **Surrender Value**, you will not be able to receive any benefit out of this **Policy**.

## Section 5 Emergency Withdrawal

You are entitled to withdraw funds from your **Investment Account** subject to following conditions.

- a. You can withdraw funds only after the **Policy** has completed the first three **Policy Years** and acquires a **Surrender Value**.
- b. You can make a withdrawal only one time during the **Policy Term**.
- c. The maximum amount that you can withdraw will be limited up to a maximum of 15% of the balance of the **Investment Account** at the time you make the withdrawal.
- d. We might charge a fee to process your request for the withdrawal. The amount of this fee is given in the **Policy Schedule**.

## Section 6 Accident Benefit

1. In addition to all the other terms and conditions, this Section 6, provides the special terms and conditions that are applicable to Accident Benefit. In addition to all other terms and conditions, the special terms and conditions in this Section must also be fulfilled if we are to accept liability for this benefit.
2. You will have following Benefits under Accident Benefit.
  - a. Death due to Accident - Upon the death of the **Life Assured** due to injuries sustained in an Accident'
    - i. We will pay you the Accident Benefit Amount stated in the **Policy Schedule**. However, if we are to consider any claim under this Benefit, the death of the **Life Assured** must have occurred as a sole result of an injury prior to the Expiry Date of the Accident Benefit and such death must have occurred within ninety (90) days of sustaining such injury.
    - ii. The amount that we will pay may be reduced by any amount that we may have already paid in respect to any other claims under Accident Benefit.
    - iii. If you are not the **Life Assured**, we will pay the benefit amount to you. If you are the **Life Assured** then we will pay the Accident Benefit Amount stated in the **Policy Schedule** to your **Nominee** or legal heirs as the case may be.

- b. Total Permanent Disability due to Accident - Upon the Total Permanent Disablement of the **Life Assured** due to injury sustained prior to the Expiry Date of the Accident Benefit, we will pay you the Accident Benefit Amount stated in the **Policy Schedule** as follows.
- An advance payment equal to 60% of the Accident Benefit Amount specified in the **Policy Schedule** when we accept that the **Life Assured** is Totally Permanently Disabled.
  - The balance 40% in nine equal instalments on each **Policy Anniversary** from the date of **Life Assured** became Totally Permanently Disabled. In the event of the death of the **Life Assured** or if the Policy is terminated during the period of payment of instalments, then remaining installments will be paid at once as a lump sum payment.
    - i. If we are to consider a claim under this Benefit the Total Permanent Disability of the **Life Assured** must have caused solely and independently of any other cause by an injury and such disablement and the injury must be proven to our satisfaction.
    - ii. We will make the advance payment and instalment payments only during the continuance of the Total Permanent Disability of the **Life Assured**.
    - iii. For the purpose of this Benefit, 'Total Permanent Disability' shall mean as disablement such that there is neither at the time of commencement of disablement nor at any time thereafter, any work, occupation or profession that the **Life Assured** can ever be capable of doing or following to earn or obtain any wages, compensation or profit as a result of injury. However, such Disablement must last for not less than 26 weeks in duration. If thereafter we admit it as total permanent disability for the purposes of this Benefit, our liability shall accrue as from the date of commencement of the Disablement. Any of the occurrences listed under 'Total Permanent Disability' in the "Table of Benefits" below shall also be considered as Total Permanent Disability.
- c. Permanent Partial Disablement due to Accident – Upon the **Life Assured** sustaining any injury that results in the **Life Assured's** Permanent Partial Disablement we will pay the Accident Benefit amount as explained below.
- The amount we will pay under this Benefit will be an amount equal to the relevant percentage, as listed under 'Permanent Partial Disablement' in the Table of Benefits below, of the Accident Benefit Amount stated in the **Policy Schedule**.
    - i. If we are to consider a claim under this Benefit, the injury that resulted the **Life Assured's** disablement;
  - must have occurred prior to the expiry date of the Accident Benefit; and
  - must be the sole and independent reason for the disablement and not resulted, affected or aggravated by any other cause.
    - ii. For the purposes of this Benefit "Permanent Partial Disablement" is defined as disablement resulting in any of the occurrences listed under 'Permanent Partial Disablement' in the "Table of Benefits"

## TABLE OF BENEFITS

<i>NATURE OF DISABILITY</i>	<i>Benefit as a percentage of the Accident Benefit Amount</i>
<b>TOTAL PERMANENT DISABILITY</b>	
Total and irrecoverable loss of sight of both eyes	100%
Loss of two limbs	100%
Complete and permanent deafness of both ears, of traumatic origin	100%
Removal of the lower jaw	100%
Permanent loss of speech of traumatic origin	100%
<b>PERMANENT PARTIAL DISABLEMENT</b>	
Loss of part of the lower jaw or half of the maxillary bone	40%
Loss of one eye	50%
Complete and permanent deafness of one ear of traumatic origin	30%
<b>UPPER LIMBS</b>	
Total paralysis of one arm (incurable lesion of the nerves)	50%
Loss of a limb	50%
Shoulder ankylosis	30%
Total loss of thumb	15%
Partial loss of thumb (ungual phalanx)	5%
Total severance of forefinger	10%
Severance of two phalanges of forefinger	8%
Severance of the ungual phalanx of forefinger	3%
Simultaneous severance of thumb and forefinger	25%
Severance of thumb and finger other than forefinger	20%
Severance of two fingers other than thumb and forefinger	8%
Severance of three fingers other than thumb and forefinger	15%
Severance of four fingers including thumb	40%
Severance of four fingers excluding thumb	35%
Severance of the median finger	8%
Severance of a finger other than thumb, forefinger and median finger	3%
<b>LOWER LIMBS</b>	
Loss of a limb	50%
Partial loss of foot (sub-ankle-bone disarticulation)	40%
Partial loss of foot (medio-tarsal disarticulation)	35%
Partial loss of foot (tarso-metatarsal disarticulation)	30%
Total paralysis of a leg (incurable nerve lesion)	60%
Complete paralysis of the external popliteal sciatic nerve	30%
Complete paralysis of the internal popliteal sciatic nerve	20%
Complete paralysis of two nerves (popliteal sciatic external and internal)	40%
Ankylosis of the hip	40%
Ankylosis of the knee	20%
Considerable loss of osseous substance from the thigh or both bones of the leg (incurable condition)	60%
Shortening of a leg by 6 cm or more	30%
Shortening of a leg by at least 3 cm but less than 6 cm	20%
Shortening of a leg by less than 3 cm	10%
Total severance of all the toes of one foot	25%
Severance of four toes including the big toe	20%
Severance of four toes excluding big toe	10%
Severance of two toes	5%
Severance of one toe, other than the big toe	3%

N.B. If the injury is not specified, we will adopt a percentage of disablement which in our opinion is consistent with the provisions of the above Scale.

N.B. "Loss of Limb" shall mean total loss by physical separation at or above the wrist or ankle or permanent total loss of use of an entire hand, arm, foot or leg.

Maximum benefits payable under this Benefit for all claims taken together or for any single claim shall not exceed the Accident Benefit Amount stated in the **Policy Schedule**.

3. The term "injury" used in this Section in terms of Accident Benefit must be understood as 'any bodily injury sustained by the **Life Assured** caused solely and directly by violent, accidental, external and visible means'.
4. The charges applicable to Accident Benefit will be deducted from the **Investment Account** as explained in Section 9.
5. You must duly notify us about any change in **Life Assured's** occupation or duties performed and we reserve the right to revise the **Premium** paid/payable for Accident Benefit. We also might exclude Accident Benefit based on the new occupation or new duties performed by the **Life Assured**. We have the right to repudiate any claim arising from any loss or disablement caused directly, wholly or partly by a change of occupation to a more hazardous occupation of which we were not notified.
6. We will not consider any claim under Accident Benefit if the cause for such claim is any of the following;
  - a. Any situation as explained in Section 16 in Part I of this **Policy Document**.
  - b. Active service of the **Life Assured** in the military, naval, air force, police or similar service.
  - c. Injury or illness of the **Life Assured** is caused by nuclear fusion, nuclear fission or radioactive contamination.
  - d. The **Life Assured** participating in, or training for, any dangerous or hazardous sport or competition or riding or driving in any form of race or competition or any underwater activity.
  - e. The **Life Assured** participating in aviation, gliding or any other form of aerial flight other than as a fare paying passenger of a recognized airline or charter service.
  - f. The **Life Assured** being under the influence of alcohol or drugs otherwise than in accordance with the directions of a registered medical practitioner.
  - g. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, riot, terrorism or violence, insurrection, military or usurped power.
  - h. Any injury or death to the **Life Assured** caused by, or aggravated directly or indirectly, in whole or in part, by any act or attempted act of self-injury, suicide, attempted suicide or participation in any criminal or unlawful act.
7. Claims requirements for Accident Benefit

In addition to the requirements stated in Section 15 of this **Policy Document** following requirements also must be fulfilled to receive a claim under the Accident Benefit. If there are any inconsistencies in any of the requirements mentioned in Section 15 of this **Policy Document** and any of the requirements mentioned below in this Section, the requirements mentioned in this Section must prevail.

- a. We must receive written notice of any injury to the **Life Assured** upon which a claim may be based. Such notice must be given to us at least within a period of 30 days from the date of sustaining such injury. In the event of **Accidental Death** of the **Life Assured**, immediate notice of the death of the **Life Assured** must be given to us. A notice given to us by any person, with particulars sufficient to identify you is considered as a valid notice to us. Failure to give notice within such time will not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.
- b. Proof of Disablement must be submitted to us during the lifetime of the **Life Assured**. If there is any default of **Premiums** then the proof of disablement must be submitted within one year from the relative **Premium Due Date** of the first **Premium** in default.
- c. Even if we have accepted that the **Life Assured's** Total Permanent Disability, we are entitled to demand from you at reasonable intervals to submit proof of continuance of the disablement of the **Life Assured**. However, if the disablement has continued for two full years, we will not ask for such proof more than once a year. If you fail to furnish such proof, or if the **Life Assured** becomes able to perform any work or engage in any occupation or profession to earn or obtain any wages, compensation or profit, we will stop the payment of Advance Payments and instalment payments.

- d. We may at our absolute discretion require the **Life Assured** to submit himself for a medical examination to a medical practitioner we specify whenever we may reasonably require. In case of **Accidental Death** of the **Life Assured** we are entitled to require an autopsy to be conducted where it is not forbidden by law. You or the **Claimant** as the case may be, must be obliged to comply with such request.
8. The market limit for Accident Benefit is Rs. 30,000,000. This means that the maximum sum payable by all insurance companies for a claim on Accident Benefit will be limited to the aggregate sum of Rs. 30,000,000. We will consider the relevant insurance policies you have with Accident Benefit with all the insurance companies in chronological order for this purpose.
9. All the terms and conditions in Part I of this **Policy Document** will also applicable for the Accident Benefit as the context permits for same.

## Section 7 Critical Illness Plus Benefit

1. Critical Illness Plus Benefit will apply to your **Insurance** only if it is stated in the **Policy Schedule**.
2. In addition to all the other terms and conditions, this Section 7, provides the special terms and conditions that are applicable to Critical Illness Plus Benefit. In addition to all other terms and conditions, the special terms and conditions in this Section must also be fulfilled if we are to accept liability for this benefit.
3. We will pay the Critical Illness Plus Benefit amount, as stated in the **Policy Schedule**, if the **Life Assured** is diagnosed for the first time as suffering from any of the critical illnesses mentioned below.

### 1. Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or any occurrence of histologically confirmed leukaemia, lymphoma or sarcoma.

Irrespective of the above, for purposes of the definition of "Critical Illness", Cancer does not include any of the following:

- any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential;
- Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0"
- Any prostate cancer histologically classified as having a Gleason score < 6 or clinical TNM classification T1N0M0 or less;
- chronic lymphocytic leukaemia classified as less than RAI Stage III;
- any cancer where HIV Infection is also present; and
- any skin cancer
- Malignant melanoma stage IA (T1a N0 M0)

### 2. Myocardial Infarction (Heart Attack)

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:-

- i. A history of typical chest pain;
- ii. New characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
- iii. Either

- elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal,

OR

- troponins recorded at a level of Troponin I >0.5ng/ml or higher.

Excluded are:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of Troponin I or T
- Other acute Coronary Syndromes (e.g. stable/unstable Angina pectoris)
- Silent myocardial infarction

### 3. Stroke

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

Excluded are:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Neurological symptoms due to migraine
- Lacunar strokes without neurological deficit

### 4. Coronary Artery (Bypass) Surgery

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography and realisation of the surgery has to be confirmed by a specialist.

Excluded are:

- Angioplasty
- Any other intra-arterial procedures
- Key-hole surgery

### 5. End Stage Renal Disease

Renal Failure (End stage renal disease) presented 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.

### 6. Major Organ Transplantation

The undergoing by the Insured as recipient of a transplant of any of the following:

- Transplant of human bone marrow using haematopoietic stem cells which is preceded by total bone marrow ablation; or
- Transplant of one of the following human organs to treat irreversible end-stage failure of the same:
  - Heart



- b. Lung
- c. Liver
- d. Kidney
- e. Pancreas.

Other than as provided in (i) above, stem cell transplants and tissue or cell transplant of pancreas are excluded.

7. Paralysis

Total and irreversible loss of use of two or more limbs through paralysis due to accident or sickness of the spinal cord. These conditions have to be medically documented by a specialist for at least 3 months.

Excluded is:

- Paralysis due to Guillain-Barré-Syndrome

8. Blindness

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.

9. Heart Valve Surgery

Open heart valvuloplasty, valvulotomy or replacement of one or more heart valves. This includes surgery to the aortic, mitral, pulmonary or tricuspid valves due to stenosis or incompetence or a combination of these factors.

10. Surgery of the disease of the Aorta

The actual undergoing of surgery for a chronic disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Realisation of the aortic surgery has to be confirmed by a specialist.

11. Multiple Sclerosis

Unequivocal diagnosis of Multiple Sclerosis by a specialist (preferably by a neurologist). The disease has to be evidenced by typical clinical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings.

For proving the diagnosis the Insured must either exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or must have had at least two clinically documented episodes at least one month apart or must have had at least one clinically documented episode together with characteristic findings in the cerebrospinal fluid as well as specific cerebral MRI lesions.

12. Apallic Syndrome (Vegetative State)

Universal necrosis of the brain cortex, with the brain stem remaining intact. Definite diagnosis has to be confirmed by a specialist and evidenced by specific findings in neuroradiological tests (e.g. CT Scan, MRI of the brain). The condition has to be medically documented for at least one month.

13. Benign Brain Tumour

Removal of a non-cancerous growth of tissue in the brain under general anesthesia leading to a permanent neurological deficit or if inoperable also leading to a permanent neurological deficit. Diagnosis has to be confirmed by a specialist and evidenced by typical findings in CT Scan or MRI of the brain. Permanent neurological deficit means the condition has to be medically documented for at least three months. Specifically excluded are all cysts, granulomas, malformations in or of the arteries or veins of the brain, hematomas and tumors in the pituitary gland or spine.



14. End Stage Liver Disease

Severely advanced liver disease resulting in cirrhosis which has to be confirmed by a specialist and evidenced by a Child-Pugh-Stage B or Child-Pugh-Stage C with regard to the following criteria:

- a. permanent jaundice (bilirubin > 2micromol/l)
- b. moderate ascites
- c. albumin < 3.5 g/dl
- d. prothrombin time < 70%
- e. hepatic encephalopathy

Excluded are:

- Child-Pugh-Stage A
- Liver disease secondary to alcohol or drug misuse

15. End Stage Lung Disease

Severe and permanent impairment of respiratory function which has to be confirmed by a specialist and evidenced by all of the following criteria:

- a. persistent reduction in respiratory volume per second FEV1 to less than 1 litre (Tiffeneau respiratory test)
- b. persistent reduction in arterial oxygen tension (PaO2) below 55 mmHg
- c. permanent oxygen supply is necessary

16. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously, with the use of life support systems, for a period of at least 96 hours and resulting in permanent neurological deficit. Diagnosis has to be confirmed by a specialist and neurological deficit has to be medically documented for at least three months. Coma secondary to alcohol or drug misuse is not covered.

17. Deafness (Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means "the loss of at least 80 decibels in all frequencies of hearing".

18. Fulminant Viral Hepatitis (Acute Liver Failure)

Submassive to massive necrosis of the liver caused by hepatitis leading precipitously to liver failure. Diagnosis has to be confirmed by a specialist and evidenced by at least three of the following diagnostic criteria:

- a. a rapidly decreasing liver size
- b. rapidly degenerating liver function tests
- c. deepening jaundice
- d. hepatic encephalopathy

19. Loss of Speech

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, Throat (ENT) specialist.

All psychiatric related causes are excluded.

20. Major Burns

Third degree burns covering at least 20% of the surface area of the Insured's body. Diagnosis has to be confirmed by a specialist and evidenced by specific results are the Lund Browder Chart or equivalent burn area calculators.

21. Motor Neurone Disease

Unequivocal of Motor Neurone Disease (e.g. amyotrophic lateral sclerosis, primary lateral sclerosis, progressive bulbar palsy, pseudo bulbar palsy) that has to be confirmed by a specialist and evidenced by typical findings in electromyography and electroneurography. The disease must result in a permanent inability to perform independently three or more Activities of Daily Living – bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food)) or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least 3 months.

22. Muscular Dystrophy

Unequivocal diagnosis of either Duchenne, Becker or Limb Girdle Muscular Dystrophy (all other types of Muscular Dystrophy are excluded) that has to be confirmed by a specialist and evidenced by muscle biopsy and CPK estimations. The disease must result in a permanent inability to perform independently three or more Activities of Daily Living – bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food)) or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least 3 months.

23. Primary Pulmonary Arterial Hypertension

An increase in the blood pressure in the pulmonary arteries, caused by either an increase in pulmonary capillary pressure, increased pulmonary blood flow or increased pulmonary vascular resistance. Diagnosis has to be confirmed by a specialist and evidenced by cardiac catheterization showing a mean pulmonary artery pressure during rest of at least 20 mmHg. Furthermore right ventricular hypertrophy or dilatation and signs of right heart failure have to be medically documented for at least 3 months.

24. Alzheimer's Disease (before **Age 70**)

Unequivocal diagnosis of Alzheimer's Disease (pre senile dementia) that has to be confirmed by a specialist and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more Activities of Daily Living – bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food)) or must result in need of supervision and the permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

25. Aplastic Anemia

Unequivocal diagnosis of bone marrow failure confirmed by a specialist and evidenced by the result of bone marrow biopsy. Disease must result in anaemia, neutropenia and thrombocytopenia and must require treatment with at least one of the following:

- a. blood product transfusion
- b. marrow stimulating agents
- c. immunosuppressive agents
- d. bone marrow transplantation

26. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- Transient reduction of left ventricular function due to myocarditis
- Cardiomyopathy due to systemic diseases
- Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

27. Encephalitis

Inflammation of the brain (cerebral hemisphere, brainstem or cerebellum) associated with viral or bacterial infections, the diagnosis of which has to be confirmed by a specialist and evidenced by specific test results (e.g. exam of blood and cerebrospinal fluid, CT-Scan or MRI of the brain). The disease must result in a permanent inability to perform independently three or more Activities of Daily Living – bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/ drinking (ability to feed oneself (but not to prepare the food)) or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least 3 months.

28. Major Head Trauma

Major trauma to the head with disturbance of the brain function that has to be confirmed by a specialist and evidenced by typical findings in neuroradiological tests (e.g. CT Scan or MRI of the brain). The trauma must result in a permanent inability to perform independently three or more Activities of Daily Living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/ drinking (ability to feed oneself (but not to prepare the food)) or must result in a permanent bedridden.

29. Loss of Limbs

A definite diagnosis of complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis has to be confirmed by a Specialist.

For the above definition, the following are not covered:

- Loss of limbs due to self-inflicted injury

30. Medullary Cystic Disease

A hereditary kidney disorder characterized by multiple cysts in the kidney medulla with the clinical manifestations of anaemia, polyuria, gradual and progressive loss of kidney function to chronic renal failure. The diagnosis must be confirmed by a Specialist Medical Practitioner and supported by renal biopsy or imaging evidence.

31. Parkinson's Disease before **Age 70**

Unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) that has to be confirmed by a specialist. The disease must result in a permanent inability to perform independently three or more Activities of Daily Living – bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food)) or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least 3 months.

32. Poliomyelitis

Acute infection by the Polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Diagnosis has to be confirmed by a specialist and evidenced by specific tests proving the presence of the poliovirus (e.g. exams of stool or cerebrospinal fluid; blood analysis for antibodies). Cases not involving paralysis will not be eligible for benefit. Other causes of paralysis are specifically excluded.

33. Lupus Erythematosus with Renal Involvement

Refers to a multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.

Within the context of this policy, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus Nephritis, established by renal biopsy). Other forms such as discoid lupus, and those forms with only haematological and joint involvement are specifically excluded.

34. Terminal Illness

Any disease process which, in the opinion of specialist consultant holding such an appointment at an approved hospital and with the agreement of the Company's Chief Medical Officer, is highly likely to lead to death within 6 months.

35. Loss of Independent Existence [before **Age 70**]

A definite diagnosis of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

36. Severe Rheumatic Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- ii. Permanent inability to perform at least two (2) Activities of Daily Living;
- iii. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas:
  - a. Hands
  - b. Wrists
  - c. Elbows
  - d. Knees
  - e. Hips
  - f. Ankle
  - g. cervical spine
  - h. Feet

37. Angioplasty (PTCA)

Coronary Angioplasty is defined as percutaneous 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 necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

4. We will not consider any other illness for the purposes of Critical Illness Plus Benefit even if such illness is considered a critical illness in medical terms.
5. We will not pay the Critical Illness Plus Benefit if the **Life Assured** dies within thirty (30) days from the date of first diagnosis of the critical illness.

6. The charges applicable to Critical Illness Plus Benefit will be deducted from the **Investment Account** as explained in Section 9.
7. We will not consider any claim under Critical Illness Plus Benefit if the cause for such claim is any of the following;
  - a. Any situation as explained in Section 16 of this **Policy Document**.
  - b. If the Critical Illness of the **Life Assured** is caused directly or indirectly in whole or in part by any one or more of the following:-
    - i. An act or attempted act of suicide, self-inflicted bodily injury whilst sane or insane, or claim arising as a result of participation in an unlawful act,
    - ii. Any congenital conditions,
    - iii. Diseases that have previously occurred to the **Life Assured** (i.e. Critical Illness Plus Benefit is payable only if the disease is a first incidence, regardless of whether earlier incidence occurred before the individual was covered or whether the Life Assured was covered by another insurer).
    - iv. Active service of the Life Assured in the military, naval, air force, police or similar service.
    - v. Injury or illness of the **Life Assured** is caused by nuclear fusion, nuclear fission or radioactive contamination.
    - vi. The **Life Assured** participating in, or training for, any dangerous or hazardous sport or competition or riding or driving in any form of race or competition or any underwater activity.
    - vii. The **Life Assured** participating in aviation, gliding or any other form of aerial flight other than as a fare paying passenger of a recognized airline or charter service.
    - viii. The **Life Assured** being under the influence of alcohol or drugs otherwise than in accordance with the directions of a registered medical practitioner.
    - ix. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, riot, terrorism or violence, insurrection, military or usurped power.

## 2. Claims requirements for Critical Illness Plus Benefit

- a. In addition to the requirements stated in Section 15 of this **Policy Document** following requirements also must be fulfilled to receive a claim under the Critical Illness Plus Benefit. If there are any inconsistencies in any of the requirements mentioned in Section 15 of this Policy Document and any of the requirements mentioned below in this Section, the requirements mentioned in this Section must prevail.
- b. A claim under this Critical Illness Plus Benefit will not be applicable unless all of the following conditions are satisfied:-
  - i. The first date of diagnosis occurs after 90 days (180 days if it is an Angioplasty) from the date of commencement of this Critical Illness Plus Benefit.
  - ii. If this **Insurance** is backdated, the first date of diagnosis is more than 90 days (180 days on Angioplasty) after the **Policy** issue date. **Policy** issue date is stated in the **Policy Schedule**.
  - iii. If the Critical Illness Plus Benefit is reinstated, then the first date of diagnosis occurs after 90 days (180 days for Angioplasty) from the date of reinstatement.

For the critical illnesses listed below, we will consider that the conditions i, ii and iii above have been satisfied, if the first date of diagnosis occurs seven days after the **Date of Commencement, Policy** issue date or date of reinstatement as appropriate:

- Paralysis, Blindness or Deafness (arising from an accidental injury only)

- Apallic Syndrome (arising from an accidental injury only)

For the purpose of this Critical Illness Plus Benefit “accidental injury” shall mean any bodily injury sustained by the **Life Assured** caused suddenly and directly by violent, accidental, external and visible means.

- c. If the Critical Illness Plus Benefit amount is increased and if the first diagnosis of a critical illness occurs before the completion of 90 days (180 days for Angioplasty) from the date of such increase then the Critical Illness Plus Benefit amount payable will be the amount that would have been payable prior to such increase.
  - d. The **Claimant** must provide us with satisfactory medical evidence from an appropriate medical practitioner that the **Life Assured** is diagnosed of suffering from a critical illness stated in this Section on Critical Illness Plus Benefit.
  - e. We reserve the right to require the **Life Assured** to be examined by a medical consultant we nominate or approve to confirm eligibility for this Critical Illness Plus Benefit.
  - f. We will not make any payment under the Critical Illness Plus Benefit, if we are not notified of the diagnosis of the Critical Illness within 30 days from the date of such diagnosis. Failure to give notice within the stipulated period of time shall not invalidate any claim if it shall be shown that it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible.
  - g. Amount payable on any Angioplasty claim would be 75% of the Critical Illness Plus Benefit amount stated in the **Policy Schedule** subject to a maximum of Rs. 1,000,000. The limit of Rs. 1,000,000 is the maximum amount that any individual can avail from all his / her insurance policies, either with us or any other Company. We will consider all the insurance policies in chronological order for this purpose.
3. The **Premium** and Risk Charge amount for this Critical Illness Plus Benefit is guaranteed for one year only. We reserve the right to revise the **Premium** and or Risk Cover Charges at the **Policy Anniversary** after due notification to you.
  4. You must duly notify us about any change in **Life Assured**’s occupation or duties performed and we reserve the right to revise the **Premium** paid/payable for Critical Illness Plus Benefit. We also might exclude Critical Illness Plus Benefit provided by this **Policy** based on the new occupation or new duties performed by the **Life Assured**.
  5. We have the right to repudiate any claim arising from any loss or disablement caused directly, wholly or partly by a change of occupation to a more hazardous occupation of which we were not notified
  6. Critical Illness benefits provided by all policies we issued upon the same **Life Assured** will be taken into account and the maximum cover will be limited to Rs. 5,000,000 in total.
  7. The Market limit for Critical Illness Plus Benefit or any other benefit covering the critical illnesses stated in this **Policy** is Rs. 10,000,000. This means that the maximum sum payable by all insurance companies for a claim of critical illness will be limited to the aggregate sum of Rs. 10,000,000. We will consider the relevant insurance policies you have with benefits covering the Critical Illnesses with all insurance companies in chronological order for this purpose.
  8. An assignee or **Nominee / Beneficiary** shall not have the right to receive any payments arising from a claim under this Critical Illness Plus Benefit.
  9. The benefits provided by this Critical Illness Plus Benefit are only payable once during the **Policy Term**. On admission of any claim under this Critical Illness Plus Benefit, it will automatically terminate. We will calculate and advise you of any revised **Premium** applicable thereafter.



## Section 8

### Women's Health Benefit

1. Women's Health Benefit will apply to your **Insurance** only if it is stated in the **Policy Schedule**.
2. In addition to all the other terms and conditions, this Section 8, provides the special terms and conditions that are applicable to Women's Health Benefit. In addition to all other terms and conditions, the special terms and conditions in this Section must also be fulfilled if we are to accept liability for this benefit.
3. **Main Benefits Provided**

In the event the **Life Assured** is diagnosed for the first time as suffering from an illness as defined below we will pay the amount specified below.

	Category	Illness or the event (define under Article 46.3 below)	Benefit Amount and specific conditions
1	A	Women specific Cancers.	125% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 2,000,000 as a lump sum payment.
1	A	Carcinoma-in-situ of female genital tract and the ducts of female breasts	10% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 200,000 as a lump sum payment. This will be payable only once during the Term of this benefit.
2		Other Cancers	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
3		Myocardial Infarction	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
4		Stroke	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
5		Coronary Artery Surgery (two or more)	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
6		Renal Failure	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
7		Major Organ Transplant	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
8		Systemic Lupus Erythematosus	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
9		Severe Rheumatic Arthritis	100% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 1,600,000 as a lump sum payment.
10	B	Major Burns	20% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 300,000 as a lump sum payment.



11	C	Below listed pregnancy complications a. Disseminated intravascular coagulation (DIC) after 28 weeks of pregnancy, b. Hysterectomy following Postpartum Haemorrhage, c. Severe Pre-Eclampsia and associated complications	30% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 300,000 as a lump sum payment. This will be applicable only up to the <b>Age 45</b> years of the Life Assured.
12		Below listed congenital disorders of new born Child a. Spina Bifida, b. Tetralogy of Fallot., c. Transposition of the Great Vessels, d. Atrial Septal Defect, e. Ventricular Septal Defect, f. Down's syndrome	30% of the benefit amount specified in the <b>Policy Schedule</b> subject to a maximum of Rs. 300,000 as a lump sum payment. This will be applicable only up to the <b>Age 45</b> years of the Life Assured.
13	D1	1. Hospitalization for cosmetic surgeries due to major burns under item 10 above.	Actual medical expenses incurred will be reimbursed up to a maximum of Rs. 100,000. This is applicable only for hospitalizations in Sri Lanka and hospitalization for a minimum of 24 hours.
14	D2	Caesarean section child birth	Actual medical expenses incurred will be reimbursed up to a maximum of Rs. 50,000. This is applicable only for hospitalizations in Sri Lanka and hospitalization for a minimum of 24 hours.
15		Normal child birth	Actual medical expenses incurred will be reimbursed up to a maximum of Rs. 25,000. This is applicable only for hospitalizations in Sri Lanka and hospitalization for a minimum of 24 hours.

#### 4. Definitions applicable for this Benefit.

For the purpose of the benefit following definitions shall apply.

##### Cancer

Cancer means:

- (a) Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or
- (b) Any occurrence of histologically confirmed leukaemia, lymphoma or sarcoma.

Irrespective of the above, for purposes of this definition, Cancer does not include any of the following:

- (i) any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential;
- (ii) Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
- (iii) Any prostate cancer histologically classified as having a Gleason score < 6 or clinical TNM classification T1N0M0 or less;
- (iv) chronic lymphocytic leukaemia classified as less than Rai Stage III;
- (v) any cancer where HIV Infection is also present; and

- (vi) any skin cancer
- (vii) Malignant melanoma stage IA (T1a N0 M0)

Women specific Cancers - Cancers as defined above originated in any of the following sites: breast, cervix uteri, uterus, ovary, fallopian tube, vagina and vulva. This excludes secondary cancer, which has originated from other organs and spread to the female genital tract and breast.

### **Coronary Artery (Bypass) Surgery**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography and realisation of the surgery has to be confirmed by a specialist.

Excluded are:

- Angioplasty
- Any other intra-arterial procedures
- Key-hole surgery

### **Heart Attack**

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:-

- (a) A history of typical chest pain;
- (b) New characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
- (c) Either
  - (i) elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal, or
  - (ii) troponins recorded at a level of Troponin I > 0.5ng/ml or higher.

Excluded are:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of Troponin I or T
- Other acute Coronary Syndromes (e.g. stable/unstable Angina pectoris)
- Silent myocardial infarction

### **Kidney Failure (End Stage Renal Disease)**

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

### **Major Organ Transplant**

The undergoing by the Insured as recipient of a transplant of any of the following:

- (a) Transplant of human bone marrow using haematopoietic stem cells which is preceded by total bone marrow ablation; or
- (b) Transplant of one (1) of the following human organs to treat irreversible end-stage failure of the same: heart, lung, liver, kidney, or pancreas.

Other than as provided in (a) above, stem cell transplants and tissue or cell transplant of pancreas are excluded.

**Stroke**

Any cerebrovascular incident producing permanent neurological sequelae and including infarction of brain tissue, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist and evidenced by typical clinical symptoms as well as typical findings in CCT Scan or MRI of the brain. Evidence of neurological deficit for at least 3 months has to be produced.

Excluded are:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Neurological symptoms due to migraine
- Lacunar strokes without neurological deficit

**Carcinoma-in-situ**

Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one (1) of the following covered Organ Groups, and subject to any classification stated:

- (a) breast, where the tumor is classified as TIS according to the TNM Staging method;
- (b) uterus, where the tumor is classified as TIS according to the TNM Staging method; or cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or carcinoma in situ (CIS);
- (c) ovary and/or fallopian tube, where the tumor is classified as TIS according to the TNM Staging method or FIGO\* Stage 0;
- (d) vagina or vulva, where the tumour is classified as TIS according to the TNM Staging method or FIGO\* Stage 0;
- (e) Colon and rectum;
- (f) Penis;
- (g) Testis;
- (h) Lung;
- (i) Liver;
- (j) Stomach and esophagus;
- (k) Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included; or
- (l) Nasopharynx

For purposes of this Benefit, Carcinoma-in-situ must be confirmed by a biopsy.

\* FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

**Lupus Erythematosus with Renal Involvement**

Refers to a multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.

Within the context of this Policy, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys (Type III to Type V Lupus Nephritis, established by renal biopsy). Other forms such as discoid lupus, and those forms with only haematological and joint involvement are specifically excluded.

**Severe Rheumatoid Arthritis**

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- (a) Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- (b) Permanent inability to perform at least two (2) Activities of Daily Living;
- (c) Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- (d) The foregoing conditions have been present for at least six (6) months.

**Major Burns**

Third degree burns covering at least 20% of the surface area of the Insured's body.

Diagnosis has to be confirmed by a specialist and evidenced by specific results re the Lund Browder Chart or equivalent burn area calculators.

**Atrial Septal Defect**

A hole in the partition (septum) between the left and right atrium of the heart leading to a significant left-right shunt (irregular blood flow), heart failure and pulmonary hypertension. Only atrial septal defects are covered which need corrective open heart surgery during the first 3 years of life. The diagnosis must be confirmed by a paediatrician and documented by echocardiography.

**Ventricular Septal Defect**

A hole in the partition (septum) between the left and right ventricle of the heart leading to a significant left-right shunt (irregular blood flow), heart failure and pulmonary hypertension. Only ventricular septal defects are covered which need corrective open heart surgery during the first 3 years of life. The diagnosis must be confirmed by a paediatrician and documented by echocardiography.

**Fallot's Tetralogy**

A congenital anatomic abnormality producing progressive cyanosis from infancy as a result of the presence of a combination of pulmonary stenosis, a ventricular septal defect, right ventricular hypertrophy, and dextroposition of the aorta. Such a diagnosis must be confirmed by a paediatrician and documented either by cardiac catheterization, angiography or by echocardiography. Fallot's Tetralogy with additional heart abnormalities (e.g Fallot's Tetralogy) are also covered.

Specifically excluded are variants without the classical combination of all the above abnormalities.

**Transposition of the Great Vessels**

A congenital heart defect in which the main arteries are transposed (the aorta arises from the right ventricle and the pulmonary trunk from the left ventricle). This separation of the circulatory systems of the lung and the body leads to a severely reduced oxygen supply of the body and its organs. Corrective surgery will be necessary in most cases. The diagnosis must be confirmed by a paediatrician and documented either by echocardiography or cardiac catheterization.

**Spina bifida**

Open spine (spina bifida aperta): A congenital malformation in which the vertebral column does not completely enclose the spinal cord. Usually spina bifida aperta is associated with severe neurological deficits. The condition has to be confirmed by a specialist and corrective surgery has to be performed to close the defect and prevent further neurological damage.

Exclusion:

Spina bifida occulta is excluded in all cases.

**Down's Syndrome**

Refers to a specific chromosomal abnormality, consisting of a variable constellation of abnormalities caused by triplication or translocation of chromosome 21, and characterised by mental retardation, retarded growth, flat hypoplastic face with short nose, prominent epicanthic skin folds, small low set ears with prominent antihelix, fissured and thickened tongue, laxness of joint ligaments, pelvic dysplasia, broad hands and feet, stubby fingers, and transverse palmar crease. The Diagnosis must be supported by chromosome analysis with the presence of retardation of physical and mental development.

**Disseminated intravascular coagulation (DIC) after 28 weeks of pregnancy**

DIC shall mean a serious complication of pregnancy resulting in an imbalance of blood coagulation (clotting) mechanisms leading to thrombosis and severe bleedings (acute or subacute thrombo-haemorrhagic disorder). This situation may result in a life threatening multiple organ failure.

The condition has to be diagnosed by a specialist and has to meet the following criteria:

- a) pregnancy related
- b) abnormal bleeding (hemorrhage) at different sites of the body
- c) typical laboratory test results which would include the following findings: low platelets, low fibrinogen levels, increased levels of fibrin degradation products, prolongation of prothrombin time and activated partial thromboplastin time.

**Hysterectomy following Postpartum Haemorrhage**

Removal of the uterus (hysterectomy) as a result of postpartum hemorrhage. Surgery must be considered necessary by a consultant gynecologist and all other medical interventions to stop the haemorrhage must have failed.

Exclusions:

- a) Any Hysterectomy not associated with hemorrhage after delivery
- b) Hysterectomy associated with birth control.

**Severe Pre-Eclampsia and associated complications**

A definite diagnosis of severe pre-eclampsia, characterized by all of the below three criteria:

- Systolic blood pressure > 160 mm Hg recorded on two successive measurements of at least six hours apart.
- Diastolic blood pressure > 110 mm Hg recorded on two successive measurements of at least six hours apart.
- Proteinuria (24 h – urine containing > 3 g protein)

The following complications associated with pre-eclampsia are covered independently of the above criteria:

- Definite diagnosis of HELPP-Syndrome characterized by hemolytic anemia, low platelets, elevated liver enzymes and complicated by coagulation disorders and acute renal failure
- Definite diagnosis of Eclampsia characterized by eclamptic seizures, pulmonary edema, renal or liver failure
- The diagnosis must be confirmed by a consultant Gynecologist and evidenced by laboratory findings.

For the above definition, the following are not covered:

- Gestational (pregnancy induced) arterial hypertension without proteinuria is not covered under this condition

**5. Conditions applying to this Benefit**

- i) In case of Carcinoma-in-situ of female genital tract and the ducts of the female breasts, the benefit is payable only once during the term of the benefit (and only once for each **Life Assured** irrespective of multiple insurances / benefits held by such **Life Assured**). The benefit will continue for cover of other illnesses. However, the benefit amount paid for a carcinoma-in-situ is paid as an acceleration of any other Category A critical illness that might become payable under this benefit – i.e. any amount payable for carcinoma-in-situ claims would be deducted from any subsequent Category A claim amounts payable for other critical illness that might become payable under this benefit.
- ii) Waiting Period for Women specific Cancers (including carcinoma-in-situ of female genital tract and the ducts of female breasts) is 12 months. Waiting period for other Category A conditions is 6 months.

- iii) Waiting period for Category B conditions is 6 months.
- iv) Waiting period for Category C conditions is 12 months.
- v) Waiting period for Category D1 conditions is 6 months.
- vi) Waiting period for Category D2 conditions is 24 months.
- vii) The cover (for all Categories A to D) will be terminated in case of benefits are paid under category A except when the payment is for carcinoma-in-situ. The cover will continue for a reduced Benefit Amount in case of benefits are paid under categories B or C and will be terminated once 100% of the Benefit Amount under this Benefit and related reimbursement benefits under category D have been paid in case of no female specific cancer claim and 125% in case a female specific cancer claim has been made.
- viii) Medical expense reimbursement under Category D.2. is restricted to one child birth during the **Policy Term**.
- ix) The Company reserves the rights to review this benefit annually and at its sole discretion to change the **Premium** charged for this benefit or remove (in which case the **Premium** would also cease) the benefit at the next **Policy Anniversary**.

#### 6. **Exclusions applicable for this Benefit**

- a. We will not consider any claim under Accident Benefit if the cause for such claim is any of the following;
  - i. Any situation as explained in Section 16 of this **Policy Document**.
  - ii. A claim directly or indirectly arising out of or aggravated by any of the following;
    - An act or attempted act of suicide, self-inflicted bodily injury whilst sane or insane, or claim arising as a result of participation in an unlawful act,
    - Any congenital conditions,
    - Diseases that have previously occurred to the **Life Assured** (i.e. Critical Illness Plus Benefit is payable only if the disease is a first incidence, regardless of whether earlier incidence occurred before the individual was covered or whether the **Life Assured** was covered by another insurer).
    - Active service of the **Life Assured** in the military, naval, air force, police or similar service.
    - Injury or illness of the **Life Assured** is caused by nuclear fusion, nuclear fission or radioactive contamination.
    - The **Life Assured** participating in, or training for, any dangerous or hazardous sport or competition or riding or driving in any form of race or competition or any underwater activity.
    - The **Life Assured** participating in aviation, gliding or any other form of aerial flight other than as a fare paying passenger of a recognized airline or charter service.
    - The **Life Assured** being under the influence of alcohol or drugs otherwise than in accordance with the directions of a registered medical practitioner.
    - War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, riot, terrorism or violence, insurrection, military or usurped power.
  - iii. In addition, the following exclusions are also applicable for this Benefit.
    - i) Diseases in the presence of an HIV infection;

- ii) Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by another insurer);
- iii) Any diseases occurring within the waiting period and any diseases causing the death of the insured within 30 days of the incidence of the illness (i.e., the survival period);
- iv) For any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the **Policy** period or for which a claim has or could have been made under any earlier policy;
- v) Any congenital condition;
- vi) Intentional self-inflicted injury, attempted suicide, while sane or insane
- vii) Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
- viii) Failure to seek or follow medical advice;
- ix) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, terrorism, riot or civil commotion, strikes;
- x) Taking part in any naval, military or air force, police operation during peace time;
- xi) Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable;
- xii) Participation by the insured person in a criminal or unlawful act;
- xiii) Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
- xiv) Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

7. **Other terms and conditions applicable to this benefit.**

- a. The **Premium** and Risk Charges appropriate for this benefit is guaranteed for one year only. We reserve the right to revise the **Premium** and or Risk Charges at the **Policy Anniversary** after due notification to you.
- b. An assignee or **Nominee** shall not have the right to receive any payments arising from a claim under the benefits provided in this Article.



## Section 9 Investment Account

1. We will open an Investment Account for your **Policy** on the **Date of Commencement**.
2. **Premiums** you pay will be credited to the **Investment Account** as follows.
  - a. When we receive each of your **Premium** we will credit it to the **Investment Account** after deducting the **Allocation Charge**.
  - b. **Top Up Premiums** that you might pay will also be credited to the Investment Account once we receive the payment after deducting the **Allocation Charge**.
  - c. The **Allocation Charge** (for **Regular Premium** and **Top Up Premium**) applicable to you are given in the Policy Schedule.
3. Charges that will be deducted from the **Investment Account**.
  - i. **Policy** Administration Charge
    - This is the fee that we would charge for the administration of your **Policy**.
    - This charge will be deducted from the **Investment Account** every month till the termination of the **Policy**.
    - This charge will be increased year on year.
    - The starting amount of the charge and its increase are given in the **Policy Schedule**.
  - ii. Fund Management Charge
    - This is the fee that we would charge for managing the investments.
    - This charge will be deducted from the **Investment Account** on a daily basis till the termination of the **Policy**.
    - We might revise the amount of Fund Management Charge any time based on our experience of the costs involved with managing investments.
    - The amount of this charge as at the **Date of Commencement** is given in the **Policy Schedule**.
  - iii. Risk Cover Charge
    - This is the fee that we would charge to provide you the **Life Benefit**.
    - This charge will be deducted from the **Investment Account** every month till the end of the **Policy Term** or till the death of the **Life Assured** whichever occurs earlier.
    - We will arrive at the amount of this charge based on our Risk Cover Charge Table. This table is attached to this **Policy** as Annexure 1. How we calculate this charge is stated in the **Policy Schedule**.
  - iv. Charges for Accident Benefit and Critical Illness Plus Benefit or Women's Health Benefit and any other **Additional Benefits** you selected
    - We will deduct these charges from the **Investment Account** on monthly basis.
    - We will deduct these charges till we pay the final payment of relevant benefit or till the expiry date of relevant benefit or till prior termination of the benefit whichever occurs earlier.

## Section 10 Your duty to pay Premiums

1. The **Premium** amount you must pay and the **Premium** Paying Frequency (**Premium Mode**) is given in the **Policy Schedule**. You must pay the **Premiums** to receive any payment or benefit from this **Policy**. During the first three **Policy Years**, if you do not pay the **Premiums** as agreed and given in the **Policy Schedule** we will not pay any claim or any payment under this **Policy**.



2. If you fail pay your **Premium** on a due date, then we will allow a Grace Period of thirty (30) days for you to make the relevant payment. The Grace Period starts on the due date of the first **Premium** defaulted.
3. You are entitled to select a **Premium** Paying Frequency (**Premium** Mode) from the options we allow. **Premium** Paying Frequency (**Premium** Mode) you selected is given in the **Policy Schedule**. You can request us to change your selected **Premium** Paying Frequency (**Premium** Mode) anytime during the **Policy Term**. However, we will not be bound to accept your request. If we accept your request, the new **Premium** Paying Frequency (**Premium** Mode) will be applicable for you from a date that we will specify. Any change that you might request for us to do for your **Premium** Paying Frequency might affect the amount of your Loyalty Reward. A change in **Premium** Paying Frequency (**Premium** Mode) could also increase the **Premiums** as well.
4. If you choose, you can pay your **Premiums** in advance. We will accept any advance payments of your **Premiums** up to a maximum of 36 months from the date of your **payment**. When we receive your advance payment of **Premiums**, we will credit such **Premiums** according to Section 9.2 of this **Policy**. We will not be liable for obligations for any payments you might make in advance for any period exceeding 36 months from the date of your payment. However, we will refund you any amount you pay for any period exceeding the said 36 months.
5. If the due date is less than 36 months from the **Date of Commencement** and if you fail to pay the **Premium** on its respective due date or within the Grace Period, then your **Policy** will be lapsed with effect from the due date of the first **Premium** you defaulted. When the **Policy** is lapsed, we will not make any payments under your **Policy** and you will not be entitled to receive any benefits from your **Policy**. We will not be held liable for any payments under this **Policy** even if we accept any **Premiums** under this **Policy**. However, we will refund any **Premiums** you might pay after the lapse of your **Policy**. You can request us to reinstate your lapsed **Policy** as explained in Section 12.
6. If the due date of the **Premium** is 36 months or more from the **Date of Commencement** and if you fail to pay **Premium** on or before the relevant due date, your **Policy** will be converted to a Paid Up Insurance with effect from the due date of the first **Premium** in default. Upon being so converted to a Paid Up Insurance, following conditions and privileges will apply.
  - a. We will continue to deduct the charges specified in Section 9.3 from the **Investment Account**.
  - b. You may pay **Premium** any time after the date on which the **Policy** was converted to a Paid Up Insurance. However such payment shall be considered as a payment of the oldest **Premium** in default. Such **Premium** shall be notionally credited to the **Investment Account** on the date of payment after adjusting for **Allocation Charges** applicable to the **Policy Year** to which the oldest **Premium** in default relates to.
7. In the event that the charges specified in Section 9 cannot be deducted from the **Investment Account** due to insufficient balance in the **Investment Account** and the **Policy** has not exceeded the period of grace from the due date of the **Regular Premium**, we will carry the charges forward until the **Investment Account** become sufficient to debit them. All benefits including **Additional Benefits** you have selected will remain in force. Before the completion of first three Policy Years, if we do not receive Regular Premium during the grace period, your Policy will lapse as explained in Section 10. After completion of first three **Policy Years**, the **Insurance** will be immediately terminated if the said charges cannot be debited from the **Investment Account** due to insufficient **Investment Account** balance and the **Policy** has exceeded the period of grace from the due date of the **Regular Premium**. No benefit shall be paid after termination of the **Policy**.
8. You are not allowed to pay any **Top Up Premium** if the **Policy** is lapsed. Any payment you make after this **Policy** is lapsed, will not create any liability on us, even if we accept such payment as **Premiums**. However, we will refund any such amounts paid after deducting any reasonable expenses.
9. Minimum **Top Up Premium** shall be Rs. 25,000.00.
10. **Top Up Premiums** may be paid during the period where the **Policy** is considered as Paid Up.
11. We will not refund any **Top Up Premiums** paid during any period of which the **Policy** is not considered as lapsed.
12. No **Premium** or **Top Up Premium** may be paid after the **Maturity Date**.

13. The official receipt issued by the Company or any of the authorized institution shall be the only valid evidence of payment of **Premiums** and the date of such **Premium** payment. We might issue this payment confirmation receipt in an electronic form and it will also be considered as a valid receipt.

## Section 11 Additional Benefits and their Charges

1. **Additional Benefits** are the benefits that you can choose and add to your **Policy**. If you choose any **Additional Benefit/s**, the relevant charges which relate to your selected **Additional Benefit/s** will be deducted from the **Investment Account**.
2. Any **Additional Benefit** you require and agree by us are stated in the **Policy Schedule**. You can request us in writing to add any further **Additional Benefit/s** that are available for your **Policy** any time during the **Policy Term**. If we agree to add any **Additional Benefit** you requested to your **Policy**, we will confirm such addition in writing and you must pay the relevant premiums applicable for those **Additional Benefits** added. Relevant Risk Cover charges for those **Additional Benefits** will be deducted from the Investment Account. Risk charge rates under each **Additional Benefits** for sample **Ages** is given in Annexure 2
3. You may request us in writing to remove any **Additional Benefit/s**. If you request us to remove any **Additional Benefit**, we will remove such **Additional Benefit/s** and your Premium will be adjusted accordingly. We will discontinue the deduction of relevant charge amount applicable for such removed **Additional Benefit** from the **Investment Account**.

## Section 12 Reinstatement of your lapsed Policy

1. If your **Policy** is lapsed, you will be allowed to request in writing from us to reinstate your **Policy**. You must make the request to reinstate your **Policy** within two (02) years from the date on which your **Policy** lapsed. We will not consider any request for reinstatement received by us after two (02) years from the date on which your **Policy** lapsed.
2. If you wish to reinstate your lapsed **Policy** you must inform us in writing your intention of reinstating your **Policy**. We will not be obliged to allow you to reinstate your **Policy** but we will consider whether we can allow you to do so. We may request further information and documents to consider your request. Unless you provide such information and documents, we will not consider reinstatement of your lapsed **Policy**. After considering your request, we may decide not to allow a reinstatement of your **Policy**.
3. In addition to the request made for reinstatement, you will need to pay all the **Premiums** that you have defaulted and complete the payment of **Premiums** till the date of proposed reinstatement of your **Policy** in advance before we consider your request. If we decide not to reinstate your **Policy** we will refund the **Premiums** you paid to request the reinstatement. But we will not refund any Premiums paid till the date on which your **Policy** got lapsed.
4. If we agree to reinstate your **Policy**, we might charge you a fee for administering the reinstatement. The relevant fee is given in the **Policy Schedule**.
5. We might impose new terms and conditions into your **Policy**, if we decide to reinstate your lapsed **Policy**.

## Section 13 Nominations

1. If you are the **Life Assured** under this **Policy**, you can nominate a person or persons whom shall receive payments on claims arising from your death under this **Policy**.
2. You can make nominations at the commencement of your **Policy** or anytime until the **Maturity Date**. You can also change the nominated nominees as you wish any time until the Maturity Date.
3. You must request us to record a nomination or change of nomination in writing. We will confirm that we recorded your nomination or change of nomination by way of an Endorsement. Your nomination or change of nomination will only be effective when we confirm that it is properly registered through the Endorsement. The Endorsement will specify the effective date of your nomination or change of nomination.

4. If a **Nominee** dies before the **Life Assured**, we will pay any relevant claims to other Nominees. The payments will be made in proportion to their designated shares as of the **Life Benefit**. If there is no other **Nominees** made by you, we will pay the relevant claims to your legal heirs in accordance with the applicable Sri Lankan law.
5. If we pay any claim before we receive a written notice of the claim from another person who is legally entitled to receive the claim payment, our first payment will discharge us from our liability for the claim. The next person/s who made the claim shall not have any legal right to make any further claims from us.
6. If you assign your **Policy** by an assignment as explained in Section 14, your nominations already recorded will be automatically cancelled.

## Section 14 Assignments

1. You can assign your **Policy** to any person. However, such an assignment should be done in accordance with the applicable laws in Sri Lanka. An assignment will transfer your **Policy** to the Assignee.
2. Unless we receive a written notice about any assignment you make if we will not be bound by your assignment. This notice must be given to us together with any document that confirms the transfer of the **Policy** to the assignee. Upon receiving the notice to us about the assignment, we will record that you have assigned your **Policy** to the Assignee named in the Notice. The effective date for our obligations based on your assignment will be the date on which we receive your notice of assignment.
3. Upon receipt of any written notice of assignment, we may require the production of all original documents for examination to our satisfaction before we record such assignment.
4. If you or the assignee make a request, we will give a written acknowledgement of the receipt of the notice of assignment.
5. We do not assume any responsibility for the invalidity of any assignment due to operation of law.
6. An assignment will automatically cancel any nominations that you might have made previously.

## Section 15 Making claims under your Policy

1. Any person who wishes to make a claim from this **Policy (Claimant)** must give written notice to us about the claim immediately upon the event that triggers the claim. In the event of a death, we will accept a notice of the claim if it is given to us within three months of the death, if we are satisfied that it was not practically possible to give immediate notice to us and the notice was given as soon as it was practical. For any claim other than a claim arising out of the death of the Life Assured, the requirement of notice is specified under each respective benefit.
2. **Claimant** must allow us to make necessary inquiries into the date, circumstances and cause of the event that triggered the claim. We are entitled to call for and the **Claimant** shall be obliged to provide us with such evidence, medical, legal or otherwise, as might request in order to admit any claim, surrender or emergency withdrawal under this Policy.
3. If we make a request, the **Claimant** must provide such evidence in support of the claim at the expense of the **Claimant**.
4. We are entitled to investigate any claim and obtain any document relating to the circumstances of the claim and the entitlement of the **Claimant** before payment of any benefits under this **Policy**. We are entitled to receive all cooperation and assistance from the **Claimant**.
5. We will not make any payment under this **Policy** until the **Claimant** provide us with all the information and documents that we requested to consider a claim and the entitlement of the **Claimant** to the relevant claim.

6. In particular, before any benefits under the **Policy** are paid, the following (where applicable) must be submitted to us:
- The **Policy Document**
  - Remittance details such as your Bank account details or relevant details of the **Beneficiary** or **Claimant** as applicable.
  - Proof of **Age** of the **Life Assured** (unless previously admitted). We reserve the right to require proof of **Age** of the **Life Assured** before making any payment. If **Age** has been inadvertently misstated, this alone will not invalidate the **Policy** but an equitable adjustment will be made to the Premium and or benefits under this **Policy**.
  - In the case of a claim arising out of death, the original death certificate and a medical report showing the cause of death and details of the commencement and development of any illness or medical condition that led to the death.
  - Our claim form duly completed.
  - Any other document we might require in order to admit the claim and/or prove the entitlement of the **Claimant**.
7. Where the death of the **Life Assured** is sought to be established on the basis of a presumption generated in circumstances where he had not been heard of for a period of one year by those who would have naturally heard of him if he had been alive, no money shall become due under the **Policy** until a period of seven years has expired from the time when the **Life Assured** had ceased to be heard of.
8. The requirements specified in this Section 15 shall apply in addition to other specific claim requirements specified in other Sections.

## Section 16 Exclusions applicable for all the Benefits under this Policy

If a claim under this **Policy** arises directly or indirectly from any of the following circumstances, we will not be bound to make any payments for relevant claim. These exclusions are applicable for all the benefits provided under this **Policy** including any **Additional Benefits** that you have added to this **Policy**.

- a. If the **Life Assured** commits suicide (whether of sound mind or otherwise at the time). However if the **Life Assured** commits suicide within one (1) year from the **Date of Commencement** or reinstatement (whichever shall be the later) then we will pay the higher amount from the below given amounts.
- i. an amount that not exceed the aggregate of the **Premiums** paid to date after deduction of expenses incurred by the Company with respect to this **Policy**.
  - ii. An amount not exceeding the amount of **Life Benefit** as may be represented by the interest of a third party acquired in good faith for valuable consideration and proved to our satisfaction that it cannot be recovered in any other way.
- b. If the death of the **Life Assured** is arising directly or indirectly as a result of the active participation or any attempted participation, of the **Life Assured** in any war, invasion, act of foreign enemies, hostilities or war like operations (whether war be declared or not), civil war, mutiny, riot, strike, civil commotion assuming the proportions of or amounting to a popular uprising, military uprising, insurrection, rebellion, military or usurped power or any act of any person acting on behalf of or in connection with any organization directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence we will only pay the **Surrender Value** (if applicable) as of the date on which we receive the written notice of the claim.
- c. If in our opinion the cause of the claim in respect of the **Life Assured** was directly or indirectly due to or arose directly or indirectly from an acquired immunodeficiency syndrome (AIDS) or infection by any human immunodeficiency virus (HIV), we will only pay the balance of the **Investment Account** as of the date on which we receive the written notice of claim.

## Section 17      **Loss of Policy Document**

1. If you lose your **Policy Document**, you can request a duplicate from us. We will issue you a duplicate **Policy Document** endorsed to say that it is a duplicate. We may charge a fee to issue a duplicate **Policy Document** to you. This charge is given in **Policy Schedule**.
2. When we issue a duplicate **Policy Document**, the original **Policy Document** will be invalid and will not have any legal effect.
3. We may ask you to submit information or documents to consider your request for a duplicate **Policy Document** and you must provide us with such information and documents, if you require a duplicate **Policy Document**. These documents may include affidavits and indemnity bonds.

## Section 18      **Cooling Off Period**

You may cancel this **Policy** by returning it to us within twenty one (21) days from the date you received this **Policy**. Then we will refund the **Premiums** you paid to date, after deduction of expenses incurred on stamp duty (if any) and any medical examinations we may have organized for the **Life Assured**.

## Section 19      **Application of Foreign Account Tax Compliance Act of United States of America**

- 19.1 The Company being a member of a multinational group of companies, is required to comply with Foreign Account Tax Compliance Act of the United States of America (FATCA) and it is declared and agreed that the **Policy Owner** by obtaining this **Insurance Policy** has authorized the Company to perform its obligations under FATCA, including but not limited to provision of information of the **Policy Owner** (personal or otherwise) to relevant authorities in the United States of America (USA).
- 19.2 In the event the **Policy Owner** or the **Life Assured** become a citizen of or resident in the USA before the termination of this **Insurance**, the **Policy Owner** shall promptly notify in writing to the Company of such event, and in any event, no later than 30 days of him/her becoming a citizen or resident of the USA.
- 19.3 Note: This clause applies only to:
  - (i) United States (U.S.) persons for U.S. federal income tax purposes; or
  - (ii) If the **Policy Owner's** tax status changes and he become a U.S. Person; or
  - (iii) **Policy Owner** or **Nominees/Beneficiaries** in connection with this **Policy** have indicated through information provided to the Company that such **Policy Owner** or such **Nominee/Beneficiary** may be in fact a U.S. person for U.S. federal income tax purposes (including for example a US address, a US telephone number, a TIN etc.).

The term "U.S. Indicia" as used below refers to the any one of the three circumstances described in (i) to (iii) above.

In the event the **Policy Owner** has U.S. Indicia and fail after request to provide such information, consent, and/or assistance as the Company may from time to time require to allow it to comply with its contractual, legal and/or regulatory obligations under the United States Foreign Account Tax Compliance Act, including any required reporting to the Internal Revenue Service of information relating to such **Policy Owner** or **Nominees/Beneficiaries** in connection with this **Policy**, the Company reserves the right and shall be entitled to cancel this **Policy**. Any refund of **Premiums** paid till such cancellation shall be made on absolute discretion of the Company and in any event such refund shall be after deducting any reasonable expenses borne by the Company in maintaining the **Policy** till the date of such termination.



## Section 20 Other important terms and conditions

1. Annual Statement - We will provide a statement annually to you showing the details of the balance of the **Investment Account**.
2. Currency and rounding Rules for currency values - All **Premiums** and benefits under this **Insurance** are payable in the lawful currency of Sri Lanka. All **Premiums** you paid to us and all benefits we pay are expressed in whole currency units, after rounding them to the nearest whole currency unit.
3. Taxation – We are entitled to make such deductions which, in our opinion, are necessary and appropriate, from the **Investment Account** and from any of the benefits receivable under the **Insurance** on account of any tax or other payment which may be imposed by any legislation, order, or regulation or otherwise upon the Company, **Policy Owner**, **Nominee** or **Claimant**.
4. Correspondence - All instructions and notifications in respect of this **Insurance** must be given in writing, signed by you. They should be sent to our address specified in the **Policy Schedule**. We will not act upon any such instruction, notification or request until we receive it at the said address.

You should notify us of any change of your address as well as the addresses of your **Nominees**. If a change of address is not notified to us then correspondence sent to the last recorded address shall be legally effective and valid.

5. Notices – Any notice that you are required to give us as explained in any Section of this **Policy** must be given in writing and addressed to the address given in the **Policy Schedule**. We will not act on any notification unless we receive it at the said address. We may require you to submit any information or documents to consider effecting any matter you notify us by a Notice and you must submit such information and documents if you want us to act on your Notice.

We will register your notices once we receive them at the address given in the **Policy Schedule** and even if we register your notices or act based on such notices, we do not accept any responsibility or express any opinion as to its validity or legal effect.

6. Loans – We will not advance any funds by way of a loan or otherwise to you on the security of this **Policy**.
7. Law - This **Insurance** and the applicable terms and conditions are governed by Sri Lankan law
8. Contract - This **Policy Document** read together with its Annexure(s), Endorsements, Schedules, Proposal Form and other statements and declarations evidences the contract between you and us. No change or alteration to this **Policy Document** shall be valid or effective unless we approve it in writing. If we approve it shall be evidenced by our endorsement duly approved and signed by an authorized officer.

We reserve the right to amend the terms and conditions of this **Policy Document** to be in compliance with regulatory requirements and/or to make such amendments which are not detrimental to you.

9. Due Observance – If we are to be held liable for any payment under this **Policy**, first you must have duly observed and complied with the terms and conditions of this **Policy** and any request we make as permitted by this **Policy**. This will be applicable for your **Nominees** and or your legal heirs and or any other **Claimant** who is making a claim on behalf of you, your **Nominees** or our legal heirs.
10. Fraud - If any person who is entitled to make a claim under this **Policy** submit a claim to us knowing that it is false or fraudulent as regards to amount or otherwise, this **Policy** shall be void and any benefits hereunder shall be forfeited.
11. Events which may affect the **Policy** –
  - a. We will not question this **Policy** after the expiry of two years from the date of the issue of the **Policy**, on the grounds that a statement made in the proposal or other document or in any report of a medical officer or referee, on the faith on which we issued (or reinstated whichever is later) this **Policy** was inaccurate or false. However, we may question this **Policy** if we can show that such a statement was made on a material matter or suppressed facts which it was material to disclose, and that it was fraudulently made by the person who made it and that you knew at the time of making it that the statement was false or that it suppressed facts it was material to disclose.

This condition will not apply if we require proof of age of the **Life Assured** and we may make adjustments to the **Premium** or benefits or other terms and conditions of this **Policy** if the **Age** of the **Life Assured** was inadvertently misstated at the time of issuing the **Policy**.

- b. The privileges and conditions of this **Policy** cannot be waived or changed except by an Endorsement duly approved and signed by our authorized officer.
- c. Payment of **Life Benefit** will not be affected by any future change in residence or any future travel or recreational pursuit of the **Life Assured** unless specifically stated in the **Policy Schedule**.

## Section 21 Definitions of some of the terms used in your insurance policy and interpretation of terms and conditions.

The terms defined below have the meanings ascribed to them wherever they appear in **bold** letters in this **Policy Document**.

- Where appropriate, references to the singular include references to the plural;
- As required by situation, any references to one gender include the other, and
- Any references to any statutory enactment include references to amendments to the same.
- In understanding (interpreting) this **Policy**, you must take the full contract as a whole. Any clauses or sections cannot be taken separately to decide on right or any obligation of you or us.

When understanding the terms and conditions of this **Policy** you should not understand any of the terms or conditions in isolation as they are to be understood as a whole. All the terms and conditions including anything mentioned in the **Policy Schedule** and any Endorsements must be read together when interpreting this **Policy**.

Term	Definition
<b>Accidental Death</b>	Death by an accident caused solely and directly by violent, external and visible means which arises within 90 days of the said occurrence of accident and which directly and independently of any physical or mental illness results in death.
<b>Additional Benefit</b>	An add-on benefit attached to this <b>Insurance</b> . There could be one or more <b>Additional Benefits</b> attached to the <b>Insurance</b> . If there are any <b>Additional Benefit</b> attached then they are a part of the <b>Policy</b> . If there are any <b>Additional Benefits</b> attached to this <b>Policy</b> , those are specified in the <b>Policy Schedule</b> .
<b>Age</b>	<b>Age</b> is the age of an individual at next birthday.
<b>Allocation Charge</b>	This is a charge that we will deduct from the <b>Premium</b> you pay. Once we receive your Premium payment, we will deduct the <b>Allocation Charge</b> and then credit the balance amount to the <b>Investment Account</b> .  <b>Allocation Charge</b> will be taken from both <b>Regular Premiums</b> and <b>Top Up Premiums</b> . The amount of <b>Allocation Charge</b> is mentioned in the <b>Policy Schedule</b> .
<b>Allocation Rate</b>	The percentage of <b>Regular Premiums</b> and <b>Top Up Premiums</b> credited to <b>Investment Account</b> . This is the balance amount of <b>Premium</b> after deducting the <b>Allocation Charge</b> .
<b>Annual Dividend Rate</b>	This is a rate we will declare for each calendar year. It is used to calculate the dividend amount for your <b>Insurance</b> . This dividend is credited to the <b>Investment Account</b> .  We will declare the <b>Annual Dividend Rate</b> for a particular calendar year within the first six (06) months of the next year.  More information about dividends are given in Section 3.
<b>Claimant</b>	Any person who wishes to make a claim for payment of any benefits under the <b>Insurance</b> .
<b>Date of Commencement</b>	Date of Commencement is the starting date of this <b>Insurance</b> . It is mentioned in the <b>Policy Schedule</b> .

<b>Guaranteed Dividend Rate</b>	<p>We will declare a <b>Guaranteed Dividend Rate</b> applicable for a particular calendar year within the last three months of the previous year.</p> <p>If there are any benefits payable by us which is based on the balance of the <b>Investment Account</b> during a year prior to declare the <b>Annual Dividend Rate</b> for the year, we will use the <b>Guaranteed Dividend Rate</b> to calculate amount of those benefits.</p> <p>More information about dividends are given in Section 3.</p>
<b>Insurance / Policy</b>	The arrangements explained in this <b>Policy Document</b> , Policy Schedule and other documents attached to it.
<b>Investment Account</b>	<p>This is a notional account created to administer your <b>Insurance</b>. When we receive the correct amount of <b>Premium</b> from you, we will deduct the <b>Allocation Charge</b>. The balance <b>Regular Premium</b> amount will be credited to the <b>Investment Account</b>.</p> <p>When we receive any <b>Top Up Premium</b> from you, it will also credited to the <b>Investment Account</b> after we deduct the <b>Allocation Charge</b>.</p> <p>Sections 9 and 20 explain about the operation of <b>Investment Account</b>.</p>
<b>Life Assured</b>	<p>The individual named in the <b>Policy Schedule</b> as <b>Life Assured</b>. Life of this individual is the object of the <b>Insurance</b>.</p> <p>If no individual is specifically named in the <b>Policy Schedule</b> as the <b>Life Assured</b>, then <b>Life Assured</b> shall mean the <b>Policy Owner</b>.</p>
<b>Life Benefit</b>	<p>This is the benefit we will pay upon the death of the <b>Life Assured</b> during the <b>Policy Term</b>.</p> <p>The amount of <b>Life Benefit</b> is mentioned in the <b>Policy Schedule</b>.</p>
<b>Maturity Date</b>	The date specified in the <b>Policy Schedule</b> on which this <b>Insurance</b> will terminate if the Life Assured survives.
<b>Nominee / Beneficiary</b>	<p>A person named by you who is entitled to receive applicable benefits upon the death of the <b>Life Assured</b>.</p> <p>The procedure on how you can make a nomination or how to change an existing <b>Nominee</b> is given in Section 13.</p>
<b>Policy Anniversary</b>	The annual anniversary of the <b>Date of Commencement</b> .
<b>Policy Document</b>	This document which contains Part I and Part II which provides the terms and conditions applicable to this <b>Insurance</b> .
<b>Policy Owner</b>	<p>You are the <b>Policy Owner</b>.</p> <p>You must be a person who has a contractual capacity.</p> <p>If you are not the <b>Life Assured</b>, you must have an insurable interest in the life of the Life Assured.</p> <p>You own this <b>Insurance</b>.</p>
<b>Policy Schedule</b>	<p>The schedule attached to this <b>Policy Document</b>. It has the details of the insurance covers and benefits you have taken under this <b>Insurance</b>. In other words, the <b>Policy Schedule</b> makes this <b>Insurance</b> personalized for you.</p> <p>There may be endorsements made to <b>Policy Schedule</b>. If there are, then the <b>Policy Schedule</b> include those endorsements as well.</p> <p>There may be several endorsements on the same subject. If so, the endorsement issued latest in time on that subject will be the valid endorsement.</p>
<b>Policy Term</b>	The period between the <b>Date of Commencement</b> and the <b>Maturity Date</b> .
<b>Policy Term for Additional Benefit</b>	<p>The period from the commencement date to the expiry date of the relevant <b>Additional Benefits</b> selected by you.</p> <p>There may be different <b>Policy Terms</b> for different <b>Additional Benefit</b>. <b>Policy Term</b> for each <b>Additional Benefit</b> attached to this <b>Insurance</b> is stated in the <b>Policy Schedule</b>.</p>



<b>Policy Year</b>	The year commencing on the <b>Date of Commencement</b> or on a subsequent <b>Policy Anniversary</b> .
<b>Regular Premium / Premium</b>	<p>Amount that you pay us to receive benefits from this <b>Insurance</b> is called <b>Premium</b>. This is the consideration for the insurance contract.</p> <p>You must pay the <b>Premium</b> at the regular intervals as agreed.</p> <p><b>Premium</b> is also called as <b>Regular Premium</b> as you must pay them on agreed intervals.</p> <p>Your <b>Premium</b> amount is detailed in the <b>Policy Schedule</b>.</p>
<b>Health Fund</b>	The balance of the <b>Investment Account</b> .
<b>Surrender Penalty</b>	<p>This is a penalty charged if you terminate this <b>Insurance</b> before reaching the <b>Maturity Date</b>.</p> <p><b>Surrender Penalty</b> is given as a percentage of the balance of <b>Investment Account</b> at the time of termination of the <b>Insurance</b>. It is charged from the balance of the <b>Investment Account</b> when you terminate the <b>Insurance</b>. The basis of calculating the Surrender Penalty is mentioned in the <b>Policy Schedule</b>.</p> <p>Further information about terminating your <b>Insurance</b> are given in Section 10.6.c and Section 4.</p>
<b>Surrender Value</b>	<p><b>Surrender Value</b> is the amount that you will receive if you terminate this <b>Insurance</b> before reaching <b>Maturity Date</b>.</p> <p>This will be the balance of the <b>Investment Account</b> at the time you <b>Surrender</b> the <b>Insurance</b> after deducting the <b>Surrender Penalty</b>.</p> <p>Further information about terminating your <b>Insurance</b> are given in Section 8.6.c and Section 4.</p>
<b>Top Up Premium</b>	<p>This is a <b>Premium</b> which you can pay at your discretion.</p> <p><b>Top Up Premium</b> is not related to protection benefits of this <b>Insurance</b>. It is used to build your <b>Health Fund</b>.</p> <p>You can pay <b>Top Up Premiums</b> as you wish at any time before reaching the <b>Maturity Date</b>.</p> <p>Further information on <b>Top Up Premiums</b> are given in Section 10.</p>

## PART II

### Additional Benefits

#### Introduction

Terms and Conditions in this Part II of the **Policy Document** will only apply if you have selected any **Additional Benefits** to your **Insurance**.

Section 22 to 24 will apply for all **Additional Benefits** in addition to Terms and Conditions in Part I.

Section 25 to 38 will provide you the specific details of separate **Additional Benefit**. Relevant Section will apply to you depending on whether you have selected that relevant **Additional Benefit** to your **Insurance**. The **Additional Benefits** added to your **Insurance** is mentioned in the **Policy Schedule**. If you have selected any **Additional Benefit** you will be charged the relevant charges for those **Additional Benefits**. **Additional Benefits** will expire at the date mentioned in the **Policy Schedule** for each **Additional Benefit**.

How you may add or remove **Additional Benefits** are explained in Section 11 of this **Policy** and sometimes within the Section in Part II that explains the respective **Additional Benefit**.

## Section 22 Automatic Termination of Additional Benefits

1. Any **Additional Benefit** applicable under this **Policy** will automatically terminate on reaching its respective expiry date as stated in the **Policy Schedule**.
2. Even if we accept any **Premiums** relating to **Additional Benefits** that are terminated, that will not create any liability for us relating to those terminated **Additional Benefit**. However, we will not deduct the **Premium** amount applicable to those terminated **Additional Benefits** from **Investment Account** from the fourth **Policy Year** onwards.
3. If any **Additional Benefit** is terminated or expired, we will calculate and inform you the revised **Premium** that you must pay to continue your **Policy** with available benefits.
4. All the Terms and Conditions in Part I of this **Policy Document** are applicable to all the **Additional Benefits** as they relate to such **Additional Benefits**. Therefore, if your **Policy** is terminated by application of any of the Terms and Conditions stated in Part I of this **Policy Document** then all the **Additional Benefits** will also be terminated at the same time.
5. We will consider any claim that may have been notified to us under an **Additional Benefit** if we received the notification of the claim prior to termination of the relevant **Additional Benefit**.
6. Termination of an **Additional Benefit** will not affect the other **Additional Benefits** if they are also not terminated.

## Section 23 Change of Occupation

1. You must duly notify us about any change in **Life Assured's** occupation or duties performed and we reserve the right to revise the **Premium** paid/payable for **Additional Benefits** of this **Policy**. We also might exclude any or all of the **Additional Benefits** provided by this **Policy** based on the new occupation or new duties performed by the **Life Assured**.
2. We have the right to repudiate any claim arising from any loss or disablement caused directly, wholly or partly by a change of occupation to a more hazardous occupation of which we were not notified.
3. This Section 23 does not apply to Spouse Life Benefit.

## Section 24 Exclusions applicable to all Additional Benefits

1. Exclusions stated in Section 16 are applicable for all the **Additional Benefits**.
2. In addition to those exclusions, following exclusions are also applicable for all **Additional Benefits** available under this **Policy**.
3. We will not consider any claim under any of the **Additional Benefits** available under this **Policy** if the cause for the event that triggered the claim is directly or indirectly related to any of the following;
  - a. Active service of the **Life Assured** in the military, naval, air force, police or similar service.
  - b. Injury or illness of the **Life Assured** is caused by nuclear fusion, nuclear fission or radioactive contamination.
  - c. The **Life Assured** participating in, or training for, any dangerous or hazardous sport or competition or riding or driving in any form of race or competition or any underwater activity.
  - d. The **Life Assured** participating in aviation, gliding or any other form of aerial flight other than as a fare paying passenger of a recognized airline or charter service.
  - e. The **Life Assured** being under the influence of alcohol or drugs otherwise than in accordance with the directions of a registered medical practitioner.

- f. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, riot, terrorism or violence, insurrection, military or usurped power.
4. The exclusions stated in this Section 24 will not apply for Spouse Life Benefit.

## ADDITIONAL BENEFITS AVAILABLE UNDER THIS POLICY

### Section 25 Global Hospital Income Benefit

1. Global Hospital Income Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. You will have following Benefits under Global Hospital Income Benefit.
  - a. Hospital Income Daily Benefit: We will pay the Global Hospital Income Benefit amount per day as specified in the **Policy Schedule**, if the **Life Assured** is hospitalized anywhere in the world for more than two (02) consecutive days for each complete day of such hospitalization. However, we will pay the Hospital Income Daily Benefit amount for one day if the **Life Assured** has undergone any of the Day Care Surgeries specified in Section 30.24.
  - b. Post Hospitalization Benefit – If we decide to pay you the Hospital Income Daily Benefit for a hospitalization of the **Life Assured** for more than two days, we will pay the daily amount for one additional day as Post Hospitalization Benefit. If the **Life Assured** receives surgical operation during the period of hospitalization for which we will pay the Hospital Income Daily Benefit, then we will pay the Post Hospitalization Benefit for two days.
  - c. Ambulance Benefit - If we decide to pay Hospital Income Daily Benefit, we will pay a sum of Rs. 5,000, if you prove us that a licensed ambulance service was used for the hospitalization. We will pay the Ambulance Benefit only once for a **Policy Year**.
3. To receive this Benefit, the **Life Assured** must be admitted to any recognized hospital on the recommendation and approval of a doctor for a surgical operation or the **Life Assured** must be confined to a recognized hospital for treatment other than for surgical purposes.
4. The maximum amount we will pay under Hospital Income Daily Benefit including the amounts paid under any similar benefits provided by all policies we issued covering the same life assured will be limited to an overall amount of Rs. 20,000 per complete day hospitalized.
5. Following definitions are applicable for relevant words used in this Section 25 on Global Hospital Income Benefit.
  - a. "Doctor" shall mean a legally qualified and duly licensed medical physician or surgeon registered with the professional association relevant to the country of his / her practice acting within the scope of that license. However, if you are such a Doctor, we will not consider you as a doctor for the purposes of this Global Hospital Income Benefit. Similarly, we will not consider your spouse or the **Life Assured** or the Spouse of the **Life Assured** or a close relative of either you or the **Life Assured** or the spouse as a doctor for the purposes of Global Hospital Income Benefit.
  - b. "Hospital" shall mean an institution licensed as a hospital (if licensing is required) which is supervised by a doctor and operated for the care and treatment of sick or injured persons. Such institution must provide room and board services and nursing care 24 hours a day. It must have facilities for both diagnosis and, except in the case of a hospital primarily concerned with the treatment of chronic disease, major surgery. In addition the term "Hospital" shall mean those private hospitals we recognized. The list of such recognized private hospitals may be revised from time to time. The list of recognized hospitals will be available for inspection at our Head Office. The term "Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurveda hospitals), convalescent home, place for custodial care, rehabilitation centre, home for the aged or a place used mainly for long term nursing care or for the confinement or treatment of mental and nervous disorders or drug addiction or alcoholism.

- c. "Complete day hospitalized" means a continuous period of 24 hours during which the **Life Assured** is confined to hospital.
  - d. "Hospital confinement" means that a person is registered as a bed patient in a Hospital (as defined above).
  - e. "Surgical operation" means only the following;
    - i. a cutting operation;
    - ii. suturing a wound;
    - iii. treatment of a fracture;
    - iv. reduction of a dislocation;
    - v. radiotherapy (excluding radioactive isotope therapy) if used in lieu of a cutting operation for the removal of tumour;
    - vi. electro cauterisation;
    - vii. diagnostic and therapeutic endoscopic procedures;
    - viii. injection treatment of haemorrhoids and varicose veins.
6. The charges applicable to Global Hospital Income Benefit will be deducted from the **Investment Account** as explained in Section 9.
7. We will not consider any claim under Global Hospital Income Benefit if the cause for such claim is any of the following;
- a. Any situation as explained in Section 16 in Part I of this **Policy Document**.
  - b. Any situation as explained in Section 24 in Part II of this **Policy Document**.
  - c. If the hospitalization of the **Life Assured** has arisen directly or indirectly as a result of any or all of the following :-
    - i. Any disability, abnormality, deformity or illness which existed prior to the date on which Global Hospital Income Benefit was added to the **Policy**. If there are more than one time of such addition of the Global Hospital Income Benefit to the **Policy**, then the date on which the latest addition was made will be considered here.
    - ii. Attempted suicide or self-inflicted injury whilst sane or insane, participation in any criminal or unlawful act.
    - iii. Treatment of chronic alcoholism, drug addiction, allergy or nervous or mental disorders or venereal disease.
    - iv. Convalescence, rest care, rehabilitation centres, sanatorium or custodial care or quarantine or isolation.
    - v. Cosmetic or plastic surgery unless necessitated by an accidental injury occurring on or after the date that the benefits provided by this Article commence.
    - vi. Dental examination, X-rays, extractions, fillings or general dental care, supply or fitting of eye glass, lenses or hearing aids; all dental treatment, or oral surgery, all routine medical examinations and check-ups.
    - vii. Pregnancy, including resulting childbirth, abortion or miscarriage or any complications arising there from.
    - viii. Routine or other medical examinations or vaccinations or inoculations which are not required for the treatment of an illness or injury.
    - ix. Congenital or Hereditary Diseases.

8. Claims requirements for Global Hospital Income Benefit

In addition to the requirements stated in Section 15 of Part I of this **Policy Document** following requirements also must be fulfilled to receive a claim under the Hospital Income Benefit. If there are any inconsistencies in any of the requirements mentioned in Section 15 of Part I of this **Policy Document** and any of the requirements mentioned below in this Section, the requirements mentioned in this Section must prevail.

- a. We may require you to provide additional proof as we may consider satisfactory, before payment of any claim under the Global Hospital Income Benefit. Such proof may include;
  - The hospitalization of the **Life Assured**
  - The times and dates of hospitalization
  - The cause of hospitalization
  - Details of the hospital
- b. We will not make any payment under the Global Hospital Income Benefit if;
  - i. We are not notified of the hospitalization of the **Life Assured** within 30 days from the date of hospitalization. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.
  - ii. The **Life Assured** has been hospitalized for a continuous period of less than 2 complete days.
  - iii. We will not pay any claim under this Benefit if the **Life Assured** resides outside the geographical limits of Sri Lanka for a period over 90 days and make a claim under this Benefit for hospitalization or Day Care Surgery the case may be which occurred after the first 90 days of being outside Sri Lanka. In other words the validity of this Benefit for hospitalization or Day Care Surgeries received outside Sri Lanka will be limited for a period of 90 days. However, the Benefit will be activated once the **Life Assured** returns to Sri Lanka.
- c. We will not make any further payment in respect of any Global Hospital Income Benefit during a Policy Year if:-
  - i. We have paid Global Hospital Income Benefit for 200 days in respect of all periods of hospitalization in the **Policy Year**;
  - ii. We have paid Global Hospital Income Benefit for 200 days in respect of the same sickness, disease or accident during the period from commencement of the Global Hospital Income Benefit until the expiry;
  - iii. We have paid Global Hospital Income Benefit for 200 days in respect of any continuous period of hospitalization. Any period of hospitalization (for any cause) commencing within 30 days of the end of a previous period of hospitalization will be treated as a continuation of that previous period
- d. A claim under Global Hospital Income Benefit will not be entertained unless all of the conditions below are satisfied:-
  - The first complete day of hospitalization occurs after 90 days from the date of commencement of this Global Hospital Income Benefit.
  - If this **Insurance** is backdated, the first complete day of hospitalization is more than 90 days after the **Policy** issue date. **Policy** issue date is stated in the **Policy Schedule**.
  - If after the Global Hospital Income Benefit is reinstated the first complete day of hospitalization occurs after 90 days from the date of reinstatement.

- e. If a claim for Global Hospital Income Benefit is made for a period of hospitalization that commenced less than 90 days after the date of any previous increase in the Global Hospital Income Benefit then the claim amount entertained will be the Global Hospital Income Benefit Amount provided for 90 days before the date of such increase.
  - f. We reserve the right to require the **Life Assured** to be examined by a medical practitioner we appoint or approve. If this is the case, we will not make any payment under the Global Hospital Income Benefit unless such medical practitioner certifies that the hospitalization of the **Life Assured** is or was necessary.
  - g. If there is a default in **Premiums**, then the proof of hospitalization must be submitted to us within one year of the relative **Premium** due date of the first **Premium** in default.
- 9. The **Premium** amount for this Global Hospital Income Benefit is guaranteed for one year only. We reserve the right to revise the **Premium** at the **Policy Anniversary** after due notification to you.
  - 10. An assignee or **Nominee / Beneficiary** shall not have the right to receive any payments arising from a claim under this Global Hospital Income Benefit.
  - 11. All the terms and conditions in Part I of this **Policy Document** will also applicable for the Global Hospital Income Benefit as the context permits for same.

## Section 26 Critical Illness Plus Benefit

- 1. Critical Illness Plus Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
- 2. Critical Illness Plus Benefit is explained in Section 7 of Part I of this **Policy Document**. In addition to other terms and conditions mentioned in this **Policy Document**, all the terms and conditions mentioned in Section 7 of Part I, are applicable if you have selected to add this Benefit as an Additional Benefit to your **Policy**.
- 3. The charges applicable to Critical Illness Plus Benefit will be deducted from the **Investment Account** as explained in Section 9.

## Section 27 Women's Health Benefit

- 1. Women's Health Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
- 2. Women's Health Benefit is explained in Section 8 of Part I of this **Policy Document**. In addition to other terms and conditions mentioned in this **Policy Document**, all the terms and conditions mentioned in Section 8 Part I, are applicable if you have selected to add this Benefit as an Additional Benefit to your **Policy**.
- 3. The charges applicable to Spouse Women's Health Benefit will be deducted from the Investment Account as explained in Section 9.

## Section 28 Premium Protection Benefit

- 1. **Premium** Protection Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
- 2. Benefit Provided: You will not be required to pay the **Regular Premiums** after we accept that the **Life Assured** is totally and permanently disabled and liability for this benefit. We will pay the **Regular Premiums** less the premiums and or charges for Global Hospitalization Care Benefit or Global Family Hospitalization Care Benefit (as applicable) on your behalf and continue your **Insurance** to build the **Health Fund**.

We will continue paying the relevant amount during the continuance of the Total Permanent Disability of the **Life Assured** till the **Maturity Date**. What is meant by Total Permanent Disability is explained in definitions stated in Section 28.4.

3. The first payment that we will pay on your behalf shall be for the **Regular Premium** falling due immediately after the commencement of the total permanent disability of the **Life Assured**. However, if the notice of the claim is delayed, we will not pay any amount that you should have paid more than one year prior to the date we receive the written notice of the claim for **Premium Protection Benefit**.

4. Definitions applicable for **Premium Protection Benefit**.

“Accident” means an event or contiguous series of events, which are violent, unforeseen, involuntary, external and visible in nature, which causes Bodily Injury.

“Bodily Injury” means an injury which must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.

“Total and Permanent Disability” refers to a disability, which:

- a. is caused by Bodily Injury resulting from an accident or due to sickness, and
- b. occurs due to the said bodily injury or sickness, directly and independently of any other causes, and
- c. is certified by a medical practitioner we appoint or approve to be totally incapacitated; and
- d. occurs within 180 days of the occurrence of such accident or from the date of diagnosis of disease/sickness which triggered the disability, but before the expiry of **Policy Term**, and
- e. completely, continuously and permanently prevents the **Life Assured** from engaging in any work, occupation or profession to earn or obtain any wages, compensation or profit, such condition to persist for at least 6 months from the date of commencement of disability, or
- f. the loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability.

“Loss of an arm or a leg” shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which:

- a. is caused by bodily injury resulting from an accident or due to sickness, and
- b. occurs due to the said bodily injury or sickness, directly and independently of any other causes, and
- c. occurs within 180 days of the occurrence of such accident or from the date of diagnosis of disease/sickness but before the expiry of the cover.

“Loss of an eye” shall mean total and irrevocable loss of sight of an eye which:

- a. is caused by bodily injury resulting from an accident or due to sickness, and
- b. occurs due to the said bodily injury or sickness, directly and independently of any other causes, and
- c. occurs within 180 days of the occurrence of such accident or from the date of diagnosis of disease/sickness but before the expiry of the cover.

5. Requirements to make a claim for this benefit.

- a. Relevant requirements as we decide from the requirements stated in Section 15.
- b. You must provide us written notice within three (03) months from the date of death or commencement of such disablement. If you fail to give notice within such time it will not invalidate any claim if you can show that it was not reasonably possible to give such notice and that you have given the notice as soon as was reasonably possible.



- c. If the claim is based on Total Permanent Disability, we will do an assessment of disablement of the **Life Assured** after a period of 26 weeks of continuous disablement. If we accept that the **Life Assured** is totally permanently disabled, then you will not be required to pay relevant **Premiums** from the date of commencement of disablement. We will refund any **Premiums** you paid after the date of commencement of disablement. However, if you have opted for Global Hospitalization Care Benefit or Family Global Hospitalization Care Benefit, you will need to pay the charges for relevant benefit if you want to continue your benefit.
  - d. Even if we may have accepted the disablement, we are entitled to demand at reasonable intervals, from the **Life Assured** for proof of continuance of such disablement. If the **Life Assured** fails to furnish such proof, or if the **Life Assured** becomes able to perform any work or engage in any occupation or profession to earn emoluments, then you must pay all **Premiums** falling due after any such event according to the terms and conditions of this **Policy**.
  - e. We may at our absolute discretion require the **Life Assured** to submit himself for a medical examination to a medical practitioner we specify whenever we may reasonably require.
  - f. You must provide us with Proof of Disablement during the lifetime of the **Life Assured** and within one year of the relative **Premium** due date of the first **Premium** in default, if there is such a default.
6. Exclusions applicable to this benefit
- a. All the exclusions mentioned in Section 16 will be applicable for **Premium** Protection Benefit.
  - b. The disablement of the **Life Assured** was caused or aggravated directly or indirectly, in whole or in part by any one or more of the following :–
    - i. An act or attempted act of suicide, self-inflicted bodily injury, whilst sane or insane.
    - ii. Participation in any criminal or unlawful act.
    - iii. Any disability, abnormality, deformity or illness which existed prior to the **Date of Commencement** of this **Policy**.
    - iv. Active service in the military, naval, air force, police or similar service.
    - v. Nuclear fusion, nuclear fission or radioactive contamination.
    - vi. Participating in, or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition or any underwater activity.
    - vii. Aviation, gliding or any other form of aerial flight other than as a fare paying passenger of a recognized airline or charter service.
    - viii. **Life Assured** being under influence of alcohol or drugs otherwise than in accordance with the directions of a registered medical practitioner.
7. Additional conditions and options.
- a. You must notify us of any change in the occupation of the **Life Assured** or duties performed. We reserve the right to revise charges applicable for this Benefit or exclude this Benefit. We might repudiate any claim arising from any loss of disablement caused or aggravated directly or indirectly by a change of occupation to a more hazardous occupation without notification to us.
  - b. The charges applicable for this benefit is guaranteed for one year only. We reserve the right to revise the charges at the **Policy Anniversary** after due notification to you.
  - c. No changes to any of the benefits provided by this **Policy** or in the mode of **Premium** payment shall be made during the continuance of disablement of the **Life Assured**.
  - d. An assignee or **Nominee** shall not have the right to receive any payments arising from a claim under the **Premium** Protection Benefit.



8. The charges applicable to **Premium** Protection Benefit will be deducted from the **Investment Account** as explained in Section 9.
9. An assignee or **Nominee / Beneficiary** shall not have the right to receive any payments arising from a claim under this **Premium** Protection Benefit.
10. All the terms and conditions in Part I of this **Policy Document** will also applicable for the Premium Protection Benefit as the context permits for same.
11. The **Premium** applicable for Global Hospitalization Care Benefit or Family Global Hospitalization Care Benefit (if opted) shall not be covered under the **Premium** Protection Benefit. This means the **Premium** waived off by application of this benefit shall not include the **Premium** payable with respect to Global Hospitalization Care Benefit or Family Global Hospitalization Care Benefit.

## Section 29 Global Surgery Care Benefit

1. Global Surgery Care Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. We will pay the Global Surgery Care Benefit amount, if the **Life Assured** has undergone any surgery listed in the List of Surgeries stated in Section 41.

The benefit amount we will pay is a percentage of the Global Surgery Care Benefit amount stated in the **Policy Schedule** at the time of the surgery. The percentage applicable for a relevant surgery is the percentage mentioned against the respective surgery in the List of Surgeries in Section 41.

We will not participate in any other expense incurred during or after the surgery and hospitalization. We disclaim any liability for any consequences of treatment administered during hospitalization or due to or as a result of a surgery.

If more than one surgery is performed through the same incision during one surgical session, we shall only pay for that surgery performed in respect of which the largest amount becomes payable. If more than one surgery listed is performed by making different incisions during one surgical session, we shall only pay for that surgery performed in respect of which the largest amount becomes payable.

3. The maximum benefit amount that can be claimed in any **Policy Year** cannot exceed 100% of the Benefit Amount specified in the **Policy Schedule**. You may claim for any number of covered surgeries undergone by the **Life Assured** before the expiry or termination (whichever occurs earlier) of Global Surgery Care Benefit. However, you are not allowed to claim for the same surgery more than once. The total claim amount payable before the expiry or termination (whichever occurs earlier) of Global Surgery Care Benefit shall not exceed two (02) times the Benefit Amount mentioned in the **Policy Schedule** subject to a maximum of Rupees Two Million (Rs.2,000,000). Once the maximum cumulative benefit amount is claimed, no further payments will be made on surgical operations under this **Policy**. The maximum Benefit Amount on all policies taken for an individual under Global Surgery Care Benefit from us is limited to Rupees One Million (Rs.1,000,000).
4. Geographical scope of Coverage – We will consider surgeries listed in the List of Surgeries in Section 41, if they were performed in a Hospital anywhere in the world.
5. The charges applicable to Global Surgery Care Benefit will be deducted from the **Investment Account** as explained in Section 9.
6. We will not consider any claim under Global Surgery Care Benefit if the cause for such claim is any of the following;
  - a. Any situation as explained in Section 16 in Part I of this **Policy Document**.
  - b. Any situation as explained in Section 24 in Part II of this **Policy Document**.
  - c. Any situation as explained in Section 39 in Part II of this **Policy Document**.

7. There are specific definitions given to some terms used in this Section on Global Surgery Care Benefit. Those definitions are explained in Section 40 of this **Policy Document**. You must use those definitions when understanding the terms and conditions applicable for Global Surgery Care Benefit.
8. Claims requirements for Global Surgery Care Benefit
  - a. In addition to the requirements stated in Section 15 of Part I of this **Policy Document** following requirements also must be fulfilled to receive a claim under the Global Surgery Care Benefit. If there are any inconsistencies in any of the requirements mentioned in Section 15 of Part I of this **Policy Document** and any of the requirements mentioned below in this Section, the requirements mentioned in this Section must prevail.
  - b. We may require the **Claimant** to provide additional proof as we may consider satisfactory, before payment of any claim under the Global Surgery Care Benefit, such as;
    - i. The Hospitalization of the **Life Assured**,
    - iii. The cause of hospitalization and the details of surgery that had been performed,
    - iii. Details of the hospital.
  - c. We will not make any payment under the Global Surgery Care Benefit if;
    - i. We are not notified of the Surgery of the **Life Assured** within 30 days from the date of Surgery. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. We shall, upon receipt of such notice, issue to the **Claimant** such forms as are usually required to process a claim.
    - ii. The duly completed forms and documents in respect of proof of claims are not delivered to us within 10 working days from the date we issue them. For this purpose delivery to us shall mean the receipt of such forms and documents at our head office.
  - d. A claim under this Global Surgery Care Benefit will not be applicable unless all of the following conditions are satisfied:-
    - i. The date of surgery occurs after 90 days from the date of commencement of the Global Surgery Care Benefit.
    - ii. If this **Insurance** is backdated, the date of surgery occurs more than 90 days after the **Policy** issue date. **Policy** issue date is stated in the **Policy Schedule**.
    - iii. If after the Global Surgery Care Benefit is reinstated the date of surgery occurs after 90 days from the date of reinstatement.
9. The **Premium** amount for this Global Surgery Care Benefit is guaranteed for one year only. We reserve the right to revise the **Premium** at the **Policy Anniversary** after due notification to you.
10. An assignee or **Nominee / Beneficiary** shall not have the right to receive any payments arising from a claim under this Global Surgery Care Benefit.
11. All the terms and conditions in Part I of this **Policy Document** will also applicable for the Global Surgery Care Benefit as the context permits for same.

## Section 30 Global Hospitalization Care Benefit

1. Global Hospitalization Care Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. This cover will provide you with indemnity for specified reasonable and customary medical expenses you incur towards hospitalization of a Member specified in the **Policy Schedule** as covered under this Benefit during the term of this Benefit for illness, surgery, accidental injury, contracted or sustained.

If you incur any expense specified in the Table of Benefits below with respect to any Member, we will reimburse the actual expenses incurred and not recoverable from any other means. However, we will not pay any amount exceeding the applicable limits depending on the Scheme of the cover you selected. The Scheme you selected is specified in the **Policy Schedule**.

The maximum amount we will pay during a **Policy Year** for all claims with respect to each Member shall not exceed the amounts specified under the applicable Scheme in the Table of Benefits below as you selected with respect to that Member. We will consider the claims made on each Member separately. Once the total amount of all claims paid during a **Policy Year** reaches the Benefit Amount specified in the Table of Benefits under the applicable Scheme no benefit shall be paid under Global Hospitalization Care Benefit for any claim arising due to hospitalization within the same **Policy Year** with respect to such Member whose claims have reached the said Benefit Amount.

### **Table of Benefits**

		Scheme 1	Scheme 2	Scheme 3	Scheme 4	Scheme 5	Scheme 6	Scheme 7	Scheme 8	Scheme 9	Scheme 10	Scheme 11	Scheme 12
Geographical Coverage		Sri Lanka, India, Singapore, Malaysia and Thailand	Sri Lanka, India, Singapore, Malaysia and Thailand	Sri Lanka, India, Singapore, Malaysia and Thailand	Sri Lanka, India, Singapore, Malaysia and Thailand	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada
Benefit Amount (Rs.) (per <b>Policy Year</b> )		250,000	500,000	750,000	1.0mn	2.0mn	3.0mn	4.0mn	5.0mn	7.5mn	10.0mn	15.0mn	20.0mn
1	Room, boarding and nursing expenses per day	Single Private AC room. (If admitted to a higher category room than a single private AC room outside Sri Lanka, then the Company will pay only 75% of the total eligible claim amount under all expense categories)											
2	In the event of treatment in ICU – for boarding and nursing expenses per day	As per actuals											
a)		In the event of hospitalization in a non-paying government hospital the Company will pay a per day benefit of 0.5% of the Benefit Amount for each complete day of hospitalization subject to a maximum of Rs. 2,000/- per each complete day of hospitalization. This benefit shall be limited to a maximum of 15 days per <b>Policy Year</b> per member covered under this Benefit. Payment for hospitalization in a non-paying government hospital shall also be limited to 75 days throughout the <b>Policy Term for Additional Benefit</b> applicable to this cover with respect to each Member.											
The maximum amount payable by the Company during a <b>Policy Year</b> with respect to above 1 and 2 shall not exceed the following amounts.													
Room and ICU maximum annual limit		30% of the Benefit Amount											
3	Doctors fees, Consultations, including surgical fees, operating theatre, etc.	As per actuals subject to a maximum of 30% of the Benefit Amount (Overseas Consultant visits are capped at 2 visits per day)											
4	Medicines, Consumables, etc.	As per actuals subject to a maximum of 40% of the Benefit Amount											
5	Hospitalization of an organ donor	Covered for hospitalisation for organ donation only, within the overall sum insured of the donee, subject to the claim being admissible, upto a maximum of 50% of the Benefit Amount with a room category sublimit applicable											

a)	The Benefit under the hospitalization of an organ donor category covers expenses related to hospitalization of a donor for the purpose of donating of an organ. This benefit is payable only in case the hospitalization claim of the organ recipient (the donee, who is also a Member covered under this Hospital Expense Cover) is admissible under policy terms and conditions and accordingly the benefit with respect to the donor is payable. This Benefit is not payable for any monetary transaction for an organ but pays for expenses incurred by the donor for hospitalization due to surgery for removal of an organ which is being donated to the recipient Member covered under this Hospital Expense Cover. Per day benefit shall not be applicable if the said organ donor is hospitalized in a non-paying government hospital.	
b)	Any payment made under the Hospitalization of an organ donor category shall be considered as a payment made within the Benefit Amount.	
c)	Benefits under 1 and 2 of the Table of Benefits with respect to any claim under Hospitalization of an organ donor shall be the same as specified in the Table of Benefits as per the opted Scheme of Benefit Amount.	
6	Day Care Procedures	
	i)	Day Care Procedures listed under Article 30.24 are also covered under this Benefit and the amount payable by the Company for a claim arising out of any of the listed Day Care Procedures shall be subject to limits specified in this Table of Benefits.
	ii)	The Company reserves the right to add or delete any Day Care Procedure from the said list at its absolute discretion without any prior notice to the <b>Policy Owner</b> .
7	Pre Hospitalisation & Post Hospitalisation benefits	Payable for 30 days prior to date of hospitalisation and 30 days after date of discharge from hospital, upto a combined sub-limit of 5% of the Benefit Amount, subject to the claim being admissible and subject to other terms and conditions of the policy. Pre & Post hospitalisation benefits are payable in case medical expenses are directly linked to the hospitalisation diagnosis.
8	Ambulance Benefit	Payable for RS. 5000, once in a policy year, subject to a licensed Ambulance service being used
9	Geographical Scope of Cover	1. For Sum Insured Bands below Rs. 2 million , treatment will be covered in Sri Lanka, Singapore, India, Malaysia & Thailand.
		2. For Sum Insured bands of Rs. 2 million and above, treatment worldwide (excluding USA & Canada) will be covered. For any overseas treatment, pre-approval is required from Insurer.

3. The charges applicable to Global Hospitalization Care Benefit will be deducted from the **Investment Account** as explained in Section 9.
4. We will not consider any claim under Global Hospitalization Care Benefit if the cause for such claim is any of the following;
  - a. Any situation as explained in Section 16 in Part I of this **Policy Document**. The references made to the Life Assured in that Section should read as references made to any respective Member covered under this Global Hospitalization Care Benefit.
  - b. Any situation as explained in Section 24 in Part II of this **Policy Document**. The references made to the **Life Assured** in that Section should read as references made to any respective Member covered under this Global Hospitalization Care Benefit.
  - c. We will not pay any amount under Global Hospitalization Care Benefit with respect to any Member during the first **Policy Year** from the commencement of this Benefit in relation to such Member for following surgeries / ailments.

	Name of Surgery / Ailment
1	Septum/ Nasal & Para nasal Sinus Disorders (except Malignancy), Treatment for Chronic Suppurative Otitis Media (CSOM) and Serous Otitis Media (Grommet Insertion)
2	Medical or Surgical management of diseases of Tonsils / Adenoids (except Malignancy)
3	Surgery of Thyroid Gland excluding for the reason of Malignancy
4	All types of Hernias
5	Hydrocoele / Varicocoele / Spermatocoele
6	Piles / Fissure / Fistula-in-Ano / Rectal Prolapse / Pilonidal Sinus
7	Benign Prostatic Hypertrophy
8	Treatment of all gynaecological conditions (Such as but not limited to Uterine Fibroid, Dysfunctional Uterine Bleeding, Hysterectomy, Uterine Prolapse, Endometriosis, Adenomyosis Uteri, Ovarian Cyst etc) except those arising from malignancy
9	Prolapsed Intervertebral Disc
10	Skin and all internal cysts/tumors/nodules/ polyps/ganglions/lipomas of any kind unless malignant
11	Calculus Diseases of any etiology
12	Retinopathy / Retinal Detachment
13	Peripheral Vascular Disease due to Diabetes / Diabetic Foot
14	All types of CRF and acute on chronic Renal Failures but not ARF, including Renal Failure due to Diabetes
15	Osteoporosis / Pathological Fracture / Degenerative Joint Diseases
16	Cataract
17	Treatment for degenerative joint conditions including joint replacement surgeries. However, joint surgeries necessitated due to accidents would not be a part of this exclusion.
18	Treatment for benign breast disorders like fibroadenoma, fibrocystic disease etc
19	Treatment for Carpal tunnel syndrome
20	Treatment for Peripheral Vascular disease including varicose veins

- d. We will not pay for or on account of Global Hospitalization Care Benefit if hospitalization and or claims are attributable to or based on or arise out of or are directly or indirectly connected to any or all of the following :-
- Any condition, whether diagnosed or not, ailment or injury or related condition(s) for which any Member has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of such member's first **Policy** with us. It would also mean any direct or indirect complications arising out of pre-existing conditions whether known or unknown to you or such Member covered under this Benefit.
  - Epidemics recognized by WHO or/and Sri Lanka Government.
  - Government screening programs, or similar incidents.
  - Confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
  - Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
  - Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
  - Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury).

- viii. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances, Prosthesis and/or devices, unless specifically we accept.
- ix. Expenses incurred on Items for memberal comfort like television, telephone, etc. incurred during hospitalization and which have been specifically charged for in the hospitalization bills issued by the hospital/nursing home.
- x. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Ambulatory Peritoneal Dialysis (C.A.P.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- xi. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
- xii. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect.
- xiii. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol), attempted suicide and any violation of law or participation in an event/activity that is against law with a criminal intent.
- xiv. Any complications arising out of or ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- xv. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- xvi. Venereal disease or any sexually transmitted disease or sickness.
- xvii. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of this, including pre and post natal expenses.
- xviii. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment and Voluntary Termination of Pregnancy.
- xix. Vaccinations or inoculations of any kind.
- xx. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Medical Practitioner.
- xxi. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury and proved to our satisfaction that the condition is a result of an accidental injury.
- xxii. Treatment for any mental illness or psychiatric or psychological ailment / condition.
- xxiii. Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- xxiv. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to all forms of skiing, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurer.
- xxv. Genetic disorders and stem cell implantation / surgery/storage.
- xxvi. Expenses incurred at Hospital or Nursing Home primarily for diagnosis irrespective of 24 hours hospitalization without diagnosis of any disease which does not require any follow up treatment covered under this **Policy**. This would also include stay in a hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner, which ordinarily can be given without hospitalization.

- xxvii. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities.
- xxviii. Treatment by non allopathic methods (including ayurvedic methods, naturotherapy, acupuncture, aromatherapy, etc).
- xxix. Expenses incurred primarily for diagnostics, x-ray or laboratory examinations, other diagnostics studies not consistent with or incidental to diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a hospital or nursing home.
- xxx. Treatment for obesity, weight reduction or weight management, Costs of donor screening or treatment.
- xxxi. Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- xxxii. Private duty nursing, respite care, long-term nursing care, sanatorium or spa treatment, rehabilitation measures or hospitalization undertaken as a preventive measure.
- xxxiii. Avalanche, earthquake, volcanic eruption or other convulsion of nature.

5. Claims requirements for Global Hospitalization Care Benefit

- a. In addition to the requirements stated in Section 15 of Part I of this **Policy Document** following requirements also must be fulfilled to receive a claim under the Global Hospitalization Care Benefit. If there are any inconsistencies in any of the requirements mentioned in Section 15 of Part I of this **Policy Document** and any of the requirements mentioned below in this Section, the requirements mentioned in this Section must prevail.
- b. We may require the **Claimant** to provide additional proof as we may consider satisfactory, before payment of any claim under the Global Hospitalization Care Benefit. Such proof may include;
  - i. The hospitalization and or treatments of the member covered under this Benefit,
  - ii. The times and dates of hospitalization and or treatments and or procedures carried on,
  - iii. The cause of hospitalization and or treatments and or procedures carried on,
  - iv. Details of the hospital and or treatments or procedures carried on,
  - v. Original bills, invoices and any other relevant documents.
- c. We will not make any payment under the Global Hospitalization Care Benefit if;
  - i. We are not notified of the hospitalization of the covered member within 48 hours from the time of hospitalization;
  - ii. We do not receive the claim documents within 30 days from discharge of the hospital. Claim documents include the completed claim form, original bills, invoices and any other document that we may request to ascertain our liability for the claim.
  - iii. Except for the Day Care Procedures specified, the Member has been hospitalized or treated in an Intensive Care Unit for a period of less than 24 hours.
- d. A claim under this Global Hospitalization Care Benefit will not be applicable unless all of the following conditions are satisfied:-
  - i. The first incident which causes the claim occurs after 90 days from the date of commencement of this Global Hospitalization Care Benefit. However, we will consider a claim if it is directly arising out of an Accident.



- ii. If this **Insurance** is backdated, then the incident which causes the claim occurs after 90 days from the **Policy** issue date. **Policy** issue date is stated in the **Policy Schedule**.
  - iii. If after the Global Hospitalization Care Benefit is reinstated the incident which causes the claim occurs after 90 days from the date of reinstatement.
- 6. We will not pay any claim under this Benefit if the Member resides outside the geographical limits of Sri Lanka for a period over 90 days and make a claim under this Benefit for hospitalization or treatment as the case may be which occurred after the first 90 days of being outside Sri Lanka. In other words the validity of this Benefit for hospitalization or treatments received outside Sri Lanka will be limited for a period of 90 days. However, the Benefit will be activated once the Member returns to Sri Lanka. Table of Benefits explains the countries that are applicable for this Benefit.
- 7. If a claim under Global Hospitalization Care Benefit is made for an incident which occurred during a period of less than 90 days after the date of any increase in the Benefit Amount made on your request then the claim amount entertained for that claim will be the Benefit Amount provided before the date of such increase.
- 8. We reserve the right to require any Member to be examined by a medical practitioner we appoint or approve. In such an event we will not make any payment under the Global Hospitalization Care Benefit unless such medical practitioner certifies that the hospitalization and or the treatments obtained and or the procedures carried out with respect to such Member is or was necessary.
- 9. The maximum amount we will pay shall be the actual cost incurred or an amount up to the limit applicable for the event which resulted the claim whichever is lesser.
- 10. The **Premium** amount for this Global Hospitalization Care Benefit is guaranteed for one year only. We reserve the right to revise the **Premium** at the **Policy Anniversary** after due notification to you.
- 11. An assignee or **Nominee / Beneficiary** shall not have the right to receive any payments arising from a claim under this Global Hospitalization Care Benefit.
- 12. Unless we terminate, this Global Hospitalization Care Benefit shall cease immediately with respect to;
  - a) The **Life Assured** - when he/she reaches the **Age** of 70 years;
  - b) The Spouse of the **Life Assured** - when he/she reaches the **Age** of 70 years;
  - c) Any Children covered under this Benefit - when such child reaches the **Age** of 24 years, or such child gets married or becomes employed whichever occurs earlier;
 or at the expiry of the Benefit as specified in the **Policy Schedule** whichever occurs earlier.
- 13. We reserve the unconditional and irrevocable right to review this Benefit at each **Policy Anniversary**. After review we may change any limit, term, condition, exclusion or any other matter applicable to this Benefit to be applicable from an effective date we specify at our absolute discretion. It is hereby declared and agreed that the changes reserved for our discretion shall include the right to change the **Premium** and or Risk Cover Charge for this Benefit and also removal of the Benefit as well. You will not have any right to demand us to continue the Benefit or continue the Benefit under the same terms and conditions as applied for any time during the existence of this Benefit. In the event we remove this Benefit then the **Premium** and or Risk Cover Charge for this Benefit shall not be charged with effective from the date of such removal of the Benefit.
- 14. If there are any expenses incurred which are covered under this Benefit while being hospitalized in a non-paying government hospital, we will pay such expenses subject to the applicable limits specified in this **Policy** and subject to conditions applicable for a claim.
- 15. In the event we admit liability for any claim, we may at our absolute discretion settle such claim either by payment to you or relevant hospital or any other relevant service provider. Any payment we directly made to a hospital or any relevant service provider shall be treated as a full and final discharge of our liability with respect to the claim for which we accepted liability. It will be considered as a payment made to you for the purposes of this Benefit.



16. The maximum amount we will pay with respect to any claim under any category of this Benefit shall be the actual cost incurred less any amount recovered from any other means or the limit of amount applicable for the category of the claim specified under the Table of Benefits whichever is lesser.
17. Addition of members - You may request us to add your family members as Members to this Benefit. We may accept such request at its absolute discretion. Such addition of members into this Benefit shall be subject to following conditions;
- a) Family shall be defined to include and limited to the **Life Assured**, Spouse and a maximum of five children.
  - b) New Members shall also be governed by the same terms and conditions as applied to the **Life Assured**. Such terms and conditions shall include (but not limited to) the terms with respect to exclusions of claims based on time period from the commencement of this Benefit. This means that in the event of addition of any new Member, the date of commencement of the Benefit wherever referred to herein shall be considered with respect to such new Member as the date of addition of such new Member to this Benefit and such terms and conditions shall be applied to the new Member accordingly.
  - c) We may charge the relevant charges and your **Regular Premium** may get increased due to this.
  - d) Terms and conditions specified in this Section in respect to this Global Hospitalization Care Benefit including but not limited to the terms and conditions on waiting periods, lifetime limits shall be applicable for the new members with effect from the effective date of the Global Hospitalization Care Benefit for the new member.
18. There are specific definitions given to some terms used in this Section on Global Hospitalization Care Benefit. Those definitions are explained below. You must use those definitions when understanding the terms and conditions applicable for Global Surgery Care Benefit.
- "Illness" means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (affliction of the bodily organs having a defined and recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the **Policy Term** for this **Additional Benefit** Period and requires medical Treatment. For the avoidance of doubt, Illness does not mean and this **Policy** does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.
  - "Accident" or "Accidental" means a sudden, unforeseen and unexpected event caused by external, violent and visible means (but does not include any Illness) which results in physical bodily injury.
  - "Surgical Procedure" means an operative procedure for the correction of deformities and defects, repair of injuries, cure of diseases, and relief of suffering and prolongation of life.
  - "Member" means a person whose name appears in the **Policy Schedule** and specified as covered under this Benefit and shall be a member of your family.
  - "Hospital" shall mean an institution licensed as a hospital (if licensing is required) which is supervised by a doctor and operated for the care and treatment of sick or injured persons. Such institution must provide room and board services and nursing care 24 hours a day. It must have facilities for both diagnosis and, except in the case of a hospital primarily concerned with the treatment of chronic disease, major surgery. In addition the term "Hospital" shall mean those private hospitals we recognized. The list of such recognized private hospitals may be revised from time to time. The list of recognized hospitals will be available for inspection at our Head Office. However, we may, at our sole discretion, make payment for claims under this benefit. The term "Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurveda hospitals), convalescent home, place for custodial care, rehabilitation centre, home for the aged or a place used mainly for long term nursing care or for the confinement or treatment of mental and nervous disorders or drug addiction or alcoholism.

- "Doctor" shall mean a legally qualified and duly licensed medical physician or surgeon registered with the professional association relevant to the country of his / her practice acting within the scope of that license. However, if you are such a Doctor, we will not consider you as a doctor for the purposes of this Global Hospitalization Care Benefit. Similarly, we will not consider your spouse or the **Life Assured** or the Spouse of the **Life Assured** or a close relative of either you or the **Life Assured** or the spouse as a doctor for the purposes of Global Hospitalization Care Benefit.
19. If you have selected the 'Self Pay' option, then the first Rs. 50,000 of claims that we will accept to pay should be borne by you. We will only pay the amount over and above the Self Pay amount of Rs. 50,000. Self Pay amount would be applicable for each **Policy Year**. Example: If you make claims to the amount of Rs. 50,000 during a year and we accept the liability for those claims, you will need to bear these expenses as we will not pay them. If you have any other insurance policies to cover these expenses, you may use such other insurance policies to settle them. However, when your claims go above Rs. 50,000 and we accept all those claims, we will pay the amount exceeded the Self Pay amount of Rs. 50,000. If your first claim of a **Policy Year** is Rs. 40,000 and we accepted liability, you will need to bear this amount. In the same **Policy Year**, if you make a further claim of Rs. 20,000, and we accept liability for that, we will pay Rs. 10,000 as you agreed to bear the first Rs. 50,000 of claims we accept liability each year.
  20. **Premium** Protection Benefit will not cover the **Premium** relevant for this Global Hospitalization Care Benefit in any circumstances whatsoever.
  21. You will not be allowed to obtain Global Hospitalization Care Benefit together with Global Family Hospitalization Care Benefit.
  22. All the terms and conditions in Part I of this **Policy Document** will also applicable for the Global Hospitalization Care Benefit as the context permits for same.
  23. No Claim Privileges
    - a. In the event that there are no claims made under this Benefit on a particular Member during a **Policy Year**, the Benefit Amount of such Member will be increased for the following **Policy Year** by 10% of the initial Benefit Amount applied at the commencement of this Benefit on that Member. Such increase of the Benefit Amount will be subject to a maximum total increase of up to 100% of the initial Benefit Amount you selected for that Member at the commencement of this Global Hospitalization Care Benefit.
    - b. In the event the Benefit Amount is increased as explained above, the limits applied for each category of payments stated in the Table of Benefits shall be determined in accordance with the increased Benefit Amount subject to the following condition;
      - Maximum per day amount for hospitalization in a non-paying government hospital shall be limited to Rs. 2,000/-
    - c. In the event there is a claim made under this Benefit during a **Policy Year** which had an increased Benefit Amount under no claim privileges, the Benefit Amount shall be reduced for the following **Policy Year** by 10% of the initial Benefit Amount applied at the commencement of this Benefit. The limits applied for each category of payments specified in the Table of Benefits shall be determined in accordance with the reduced Benefit Amount. However, we will not reduce the Benefit Amount below the initial Benefit Amount applied at the commencement of the Hospital Expense Benefit.
    - d. The change of the Benefit Amount shall be applicable for each Member separately based on claims in relation to such Member.

24. List of Day Care Procedures

Following are the listed Day care procedures and such other Surgical Operations that necessitate less than 24 hours hospitalization due to medical / technological advancement / infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the **Policy**.

**Microsurgical operations on the middle ear**

- 1 Stapedectomy
- 2 Revision of a stapedectomy
- 3 Other operations on the auditory ossicles
- 4 Myringoplasty (Type -I Tympanoplasty)
- 5 Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
- 6 Revision of a tympanoplasty
- 7 Other microsurgical operations on the middle ear

**Other operations on the middle & internal ear**

- 8 Myringotomy
- 9 Removal of a tympanic drain
- 10 Incision of the mastoid process and middle ear
- 11 Mastoidectomy
- 12 Reconstruction of the middle ear
- 13 Other excisions of the middle and inner ear
- 14 Fenestration of the inner ear
- 15 Revision of a fenestration of the inner ear
- 16 Incision (opening) and destruction (elimination) of the inner ear
- 17 Other operations on the middle and inner ear

**Operations on the nose & the nasal sinuses**

- 18 Excision and destruction of diseased tissue of the nose
- 19 Operations on the turbinates (nasal concha)
- 20 Other operations on the nose
- 21 Nasal sinus aspiration

**Operations on the eyes**

- 22 Incision of tear glands
- 23 Other operations on the tear ducts
- 24 Incision of diseased eyelids
- 25 Excision and destruction of diseased tissue of the eyelid
- 26 Incision of diseased eyelids
- 27 Operations on the canthus and epicanthus
- 28 Corrective surgery for entropion and ectropion
- 29 Corrective surgery for blepharoptosis
- 30 Removal of a foreign body from the conjunctiva
- 31 Removal of a foreign body from the cornea
- 32 Incision of the cornea
- 33 Operations for pterygium
- 34 Other operations on the cornea
- 35 Removal of a foreign body from the lens of the eye
- 36 Removal of a foreign body from the posterior chamber of the eye
- 37 Removal of a foreign body from the orbit and eyeball
- 38 Operation of cataract

**Operations on the skin & subcutaneous tissues**

- 39 Incision of a pilonidal sinus
- 40 Other incisions of the skin and subcutaneous tissues
- 41 Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
- 42 Local excision of diseased tissue of the skin and subcutaneous tissues
- 43 Other excisions of the skin and subcutaneous tissues
- 44 Simple restoration of surface continuity of the skin and subcutaneous tissues
- 45 Free skin transplantation, donor site
- 46 Free skin transplantation, recipient site
- 47 Revision of skin plasty
- 48 Other restoration and reconstruction of the skin and subcutaneous tissues
- 49 Chemosurgery to the skin
- 50 Destruction of diseased tissue in the skin and subcutaneous tissues

**Operations on the tongue**

- 51 Incision, excision and destruction of diseased tissue of the tongue
- 52 Partial glossectomy
- 53 Glossectomy
- 54 Reconstruction of the tongue
- 55 Other operations on the tongue

**Operations on the salivary glands & salivary ducts**

- 56 Incision and lancing of a salivary gland and a salivary duct
- 57 Excision of diseased tissue of a salivary gland and a salivary duct
- 58 Resection of a salivary gland
- 59 Reconstruction of a salivary gland and a salivary duct
- 60 Other operations on the salivary glands and salivary ducts

**Other operations on the mouth & face**

- 61 External incision and drainage in the region of the mouth, jaw and face
- 62 Incision of the hard and soft palate
- 63 Excision and destruction of diseased hard and soft palate
- 64 Incision, excision and destruction in the mouth
- 65 Plastic surgery to the floor of the mouth
- 66 Other operations in the mouth

**Operations on the tonsils & adenoids**

- 67 Transoral incision and drainage of a pharyngeal abscess
- 68 Tonsillectomy without adenoidectomy
- 69 Tonsillectomy with adenoidectomy
- 70 Excision and destruction of a lingual tonsil
- 71 Other operations on the tonsils and adenoids
- 72 Trauma surgery and orthopaedics
- 73 Incision on bone, septic and aseptic
- 74 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
- 75 Suture and other operations on tendons and tendon sheath
- 76 Reduction of dislocation under GA
- 77 Arthroscopic knee aspiration

**Operations on the breast**

- 78 Incision of the breast
- 79 Operations on the nipple

**Operations on the digestive tract**

- 80 Incision and excision of tissue in the perianal region
- 81 Surgical treatment of anal fistulas
- 82 Surgical treatment of haemorrhoids
- 83 Division of the anal sphincter (sphincterotomy)
- 84 Other operations on the anus
- 85 Ultrasound guided aspirations
- 86 Sclerotherapy etc.
- 87 Laparoscopic cholecystectomy

**Operations on the female sexual organs**

- 88 Incision of the ovary
- 89 Insufflation of the Fallopian tubes
- 90 Other operations on the Fallopian tube
- 91 Dilatation of the cervical canal
- 92 Conisation of the uterine cervix
- 93 Other operations on the uterine cervix
- 94 Incision of the uterus (hysterotomy)
- 95 Therapeutic curettage
- 96 Culdotomy
- 97 Incision of the vagina
- 98 Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 99 Incision of the vulva
- 100 Operations on Bartholin's glands (cyst)

#### **Operations on the prostate & seminal vesicles**

- 101 Incision of the prostate
- 102 Transurethral excision and destruction of prostate tissue
- 103 Transurethral and percutaneous destruction of prostate tissue
- 104 Open surgical excision and destruction of prostate tissue
- 105 Radical prostatovesiculectomy
- 106 Other excision and destruction of prostate tissue
- 107 Operations on the seminal vesicles
- 108 Incision and excision of periprostatic tissue
- 109 Other operations on the prostate

#### **Operations on the scrotum & tunica vaginalis testis**

- 110 Incision of the scrotum and tunica vaginalis testis
- 111 Operation on a testicular hydrocele
- 112 Excision and destruction of diseased scrotal tissue
- 113 Plastic reconstruction of the scrotum and tunica vaginalis testis
- 114 Other operations on the scrotum and tunica vaginalis testis

#### **Operations on the testes**

- 115 Incision of the testes
- 116 Excision and destruction of diseased tissue of the testes
- 117 Reconstruction of the testis
- 118 Implantation, exchange and removal of a testicular prosthesis
- 119 Other operations on the penis

#### **Operations on the spermatic cord, epididymis und ductus deferens**

- 120 Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 121 Excision in the area of the epididymis
- 122 Epididymectomy
- 123 Reconstruction of the spermatic cord
- 124 Reconstruction of the ductus deferens and epididymis
- 125 Other operations on the spermatic cord, epididymis and ductus deferens

#### **Operations on the penis**

- 126 Operations on the foreskin
- 127 Local excision and destruction of diseased tissue of the penis
- 128 Amputation of the penis
- 129 Plastic reconstruction of the penis
- 130 Other operations on the penis

#### **Operations on the urinary system**

- 131 Cystoscopical removal of stones

#### **Other Operations**

- 132 Lithotripsy
- 133 Coronary angiography
- 134 Haemodialysis
- 135 Radiotherapy for Cancer
- 136 Cancer Chemotherapy

## **Section 31 Global Family Hospitalization Care Benefit**

1. Global Family Hospitalization Care Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. This cover will provide you with indemnity for specified reasonable and customary medical expenses you incur towards hospitalization of a Member specified in the **Policy Schedule** as covered under this Benefit during the term of this Benefit for illness, surgery, accidental injury, contracted or sustained.

If you incur any expense specified in the Table of Benefits below with respect to any Member, we will reimburse the actual expenses incurred and not recoverable from any other means. However, we will not pay any amount exceeding the applicable limits depending on the Scheme of the cover you selected. The Scheme you selected is specified in the **Policy Schedule**.

The maximum amount we will pay during a **Policy Year** for all claims with respect to all Member taken together shall not exceed the amounts specified under the applicable Scheme in the Table of Benefits below as you selected. The Benefit Amount for the selected scheme is stated in the **Policy Schedule**. We will consider the claims made on all the Members in aggregate. Once the total amount of all claims paid during a **Policy Year** reaches the Benefit Amount specified in the Table of Benefits under the applicable Scheme no benefit shall be paid under Global Family Hospitalization Care Benefit for any claim arising due to hospitalization within the same **Policy Year** with respect to any Member.

### **Table of Benefits**

		Scheme 1	Scheme 2	Scheme 3	Scheme 4	Scheme 5	Scheme 6	Scheme 7	Scheme 8	Scheme 9	Scheme 10	Scheme 11	Scheme 12
Geographical Coverage		Sri Lanka, India, Singapore, Malaysia and Thailand	Sri Lanka, India, Singapore, Malaysia and Thailand	Sri Lanka, India, Singapore, Malaysia and Thailand	Sri Lanka, India, Singapore, Malaysia and Thailand	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada	Worldwide excluding US & Canada
Benefit Amount (Rs.) (per <b>Policy Year</b> )		250,000	500,000	750,000	1.0mn	2.0mn	3.0mn	4.0mn	5.0mn	7.5mn	10.0mn	15.0mn	20.0mn
1	Room, boarding and nursing expenses per day	Single Private AC room. (If admitted to a higher category room than a single private AC room outside Sri Lanka, then the Company will pay only 75% of the total eligible claim amount under all expense categories)											
2	In the event of treatment in ICU – for boarding and nursing expenses per day	As per actuals											
a)		In the event of hospitalization in a non-paying government hospital the Company will pay a per day benefit of 0.5% of the Benefit Amount for each complete day of hospitalization subject to a maximum of Rs. 2,000/- per each complete day of hospitalization. This benefit shall be limited to a maximum of 15 days per <b>Policy Year</b> per member covered under this Benefit. Payment for hospitalization in a non-paying government hospital shall also be limited to 75 days throughout the <b>Policy Term for Additional Benefit</b> applicable to this cover with respect to each Member.											
		The maximum amount payable by the Company during a <b>Policy Year</b> with respect to above 1 and 2 shall not exceed the following amounts.											
Room and ICU maximum annual limit		30% of the Benefit Amount											
3	Doctors fees, Consultations, including surgical fees, operating theatre, etc.	As per actuals subject to a maximum of 30% of the Benefit Amount (Overseas Consultant visits are capped at 2 visits per day)											
4	Medicines, Consumables, etc.	As per actuals subject to a maximum of 40% of the Benefit Amount											
5	Hospitalization of an organ donor	Covered for hospitalisation for organ donation only, within the overall sum insured of the donee, subject to the claim being admissible, upto a maximum of 50% of the Benefit Amount with a room category sublimit applicable											

a)	The Benefit under the hospitalization of an organ donor category covers expenses related to hospitalization of a donor for the purpose of donating of an organ. This benefit is payable only in case the hospitalization claim of the organ recipient (the donee, who is also a Member covered under this Hospital Expense Cover) is admissible under policy terms and conditions and accordingly the benefit with respect to the donor is payable. This Benefit is not payable for any monetary transaction for an organ but pays for expenses incurred by the donor for hospitalization due to surgery for removal of an organ which is being donated to the recipient Member covered under this Hospital Expense Cover. Per day benefit shall not be applicable if the said organ donor is hospitalized in a non-paying government hospital.	
b)	Any payment made under the Hospitalization of an organ donor category shall be considered as a payment made within the Benefit Amount.	
c)	Benefits under 1 and 2 of the Table of Benefits with respect to any claim under Hospitalization of an organ donor shall be the same as specified in the Table of Benefits as per the opted Scheme of Benefit Amount.	
6	Day Care Procedures	
	iii)	Day Care Procedures listed under Article 31.24 are also covered under this Benefit and the amount payable by the Company for a claim arising out of any of the listed Day Care Procedures shall be subject to limits specified in this Table of Benefits.
	iv)	The Company reserves the right to add or delete any Day Care Procedure from the said list at its absolute discretion without any prior notice to the <b>Policy Owner</b> .
7	Pre Hospitalisation & Post Hospitalisation benefits	Payable for 30 days prior to date of hospitalisation and 30 days after date of discharge from hospital, upto a combined sub-limit of 5% of the Benefit Amount, subject to the claim being admissible and subject to other terms and conditions of the policy. Pre & Post hospitalisation benefits are payable in case medical expenses are directly linked to the hospitalisation diagnosis.
8	Ambulance Benefit	Payable for RS. 5000, once in a policy year, subject to a licensed Ambulance service being used
9	Geographical Scope of Cover	1. For Sum Insured Bands below Rs. 2 million, treatment will be covered in Sri Lanka, Singapore, India, Malaysia & Thailand.
		2. For Sum Insured bands of Rs. 2 million and above, treatment worldwide (excluding USA & Canada) will be covered. For any overseas treatment, pre-approval is required from Insurer.

3. The charges applicable to Global Family Hospitalization Care Benefit will be deducted from the **Investment Account** as explained in Section 9.
4. We will not consider any claim under Global Family Hospitalization Care Benefit if the cause for such claim is any of the following;
  - a. Any situation as explained in Section 16 in Part I of this **Policy Document**. The references made to the **Life Assured** in that Section should read as references made to any respective Member covered under this Global Family Hospitalization Care Benefit.
  - b. Any situation as explained in Section 24 in Part II of this **Policy Document**. The references made to the **Life Assured** in that Section should read as references made to any respective Member covered under this Global Family Hospitalization Care Benefit.
  - c. We will not pay any amount under Global Family Hospitalization Care Benefit with respect to any Member during the first **Policy Year** from the commencement of this Benefit in relation to such Member for following surgeries / ailments.



	Name of Surgery / Ailment
1	Septum/ Nasal & Para nasal Sinus Disorders (except Malignancy), Treatment for Chronic Suppurative Otitis Media (CSOM) and Serous Otitis Media (Grommet Insertion)
2	Medical or Surgical management of diseases of Tonsils / Adenoids (except Malignancy)
3	Surgery of Thyroid Gland excluding for the reason of Malignancy
4	All types of Hernias
5	Hydrocoele / Varicocoele / Spermatocoele
6	Piles / Fissure / Fistula-in-Ano / Rectal Prolapse / Pilonidal Sinus
7	Benign Prostatic Hypertrophy
8	Treatment of all gynaecological conditions (Such as but not limited to Uterine Fibroid, Dysfunctional Uterine Bleeding, Hysterectomy, Uterine Prolapse, Endometriosis, Adenomyosis Uteri, Ovarian Cyst etc) except those arising from malignancy
9	Prolapsed Intervertebral Disc
10	Skin and all internal cysts/tumors/nodules/ polyps/ganglions/lipomas of any kind unless malignant
11	Calculus Diseases of any etiology
12	Retinopathy / Retinal Detachment
13	Peripheral Vascular Disease due to Diabetes / Diabetic Foot
14	All types of CRF and acute on chronic Renal Failures but not ARF, including Renal Failure due to Diabetes
15	Osteoporosis / Pathological Fracture / Degenerative Joint Diseases
16	Cataract
17	Treatment for degenerative joint conditions including joint replacement surgeries. However, joint surgeries necessitated due to accidents would not be a part of this exclusion.
18	Treatment for benign breast disorders like fibroadenoma, fibrocystic disease etc
19	Treatment for Carpal tunnel syndrome
20	Treatment for Peripheral Vascular disease including varicose veins

- d. We will not pay for or on account of Global Family Hospitalization Care Benefit if hospitalization and or claims are attributable to or based on or arise out of or are directly or indirectly connected to any or all of the following :-
- Any condition, whether diagnosed or not, ailment or injury or related condition(s) for which any Member has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of such member's first **Policy** with us. It would also mean any direct or indirect complications arising out of pre-existing conditions whether known or unknown to you or such Member covered under this Benefit.
  - Epidemics recognized by WHO or/and Sri Lanka Government.
  - Government screening programs, or similar incidents.
  - Confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
  - Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
  - Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
  - Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury).



- viii. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances, Prosthesis and/or devices, unless specifically we accept.
- ix. Expenses incurred on Items for memberal comfort like television, telephone, etc. incurred during hospitalization and which have been specifically charged for in the hospitalization bills issued by the hospital/nursing home.
- x. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Ambulatory Peritoneal Dialysis (C.A.P.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- xi. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
- xii. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect.
- xiii. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol), attempted suicide and any violation of law or participation in an event/activity that is against law with a criminal intent.
- xiv. Any complications arising out of or ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- xv. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- xvi. Venereal disease or any sexually transmitted disease or sickness.
- xvii. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of this, including pre and post natal expenses.
- xviii. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment and Voluntary Termination of Pregnancy.
- xix. Vaccinations or inoculations of any kind.
- xx. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Medical Practitioner.
- xxi. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury and proved to our satisfaction that the condition is a result of an accidental injury.
- xxii. Treatment for any mental illness or psychiatric or psychological ailment / condition.
- xxiii. Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- xxiv. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to all forms of skiing, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurer.
- xxv. Genetic disorders and stem cell implantation / surgery/storage.
- xxvi. Expenses incurred at Hospital or Nursing Home primarily for diagnosis irrespective of 24 hours hospitalization without diagnosis of any disease which does not require any follow up treatment covered under this **Policy**. This would also include stay in a hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner, which ordinarily can be given without hospitalization.

- xxvii. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities.
- xxviii. Treatment by non allopathic methods (including ayurvedic methods, naturotherapy, acupuncture, aromatherapy, etc).
- xxix. Expenses incurred primarily for diagnostics, x-ray or laboratory examinations, other diagnostics studies not consistent with or incidental to diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a hospital or nursing home.
- xxx. Treatment for obesity, weight reduction or weight management, Costs of donor screening or treatment.
- xxxi. Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- xxxii. Private duty nursing, respite care, long-term nursing care, sanatorium or spa treatment, rehabilitation measures or hospitalization undertaken as a preventive measure.
- xxxiii. Avalanche, earthquake, volcanic eruption or other convulsion of nature.

5. Claims requirements for Global Family Hospitalization Care Benefit

- a. In addition to the requirements stated in Section 15 of Part I of this **Policy Document** following requirements also must be fulfilled to receive a claim under the Family Hospital Expense Cover. If there are any inconsistencies in any of the requirements mentioned in Section 15 of Part I of this **Policy Document** and any of the requirements mentioned below in this Section, the requirements mentioned in this Section must prevail.
- b. We may require the **Claimant** to provide additional proof as we may consider satisfactory, before payment of any claim under the Global Family Hospitalization Care Benefit. Such proof may include;
  - i. The hospitalization and or treatments of the member covered under this Benefit,
  - ii. The times and dates of hospitalization and or treatments and or procedures carried on,
  - iii. The cause of hospitalization and or treatments and or procedures carried on,
  - iv. Details of the hospital and or treatments or procedures carried on,
  - v. Original bills, invoices and any other relevant documents.
- c. We will not make any payment under the Global Family Hospitalization Care Benefit if;
  - i. We are not notified of the hospitalization of the covered member within 48 hours from the time of hospitalization;
  - ii. We do not receive the claim documents within 30 days from discharge of the hospital. Claim documents include the completed claim form, original bills, invoices and any other document that we may request to ascertain our liability for the claim.
  - iii. Except for the Day Care Procedures specified, the Member has been hospitalized or treated in an Intensive Care Unit for a period of less than 24 hours.
- d. A claim under this Global Family Hospitalization Care Benefit will not be applicable unless all of the following conditions are satisfied:-
  - i. The first incident which causes the claim occurs after 90 days from the date of commencement of this Global Family Hospitalization Care Benefit. However, we will consider a claim if it is directly arising out of an Accident.

- ii. If this **Insurance** is backdated, then the incident which causes the claim occurs after 90 days from the **Policy** issue date. **Policy** issue date is stated in the **Policy Schedule**.
  - iii. If after the Global Family Hospitalization Care Benefit is reinstated the incident which causes the claim occurs after 90 days from the date of reinstatement.
- 6. We will not pay any claim under this Benefit if the Member resides outside the geographical limits of Sri Lanka for a period over 90 days and make a claim under this Benefit for hospitalization or treatment as the case may be which occurred after the first 90 days of being outside Sri Lanka. In other words the validity of this Benefit for hospitalization or treatments received outside Sri Lanka will be limited for a period of 90 days. However, the Benefit will be activated once the Member returns to Sri Lanka. Table of Benefits explains the countries that are applicable for this Benefit.
- 7. If a claim under Global Family Hospitalization Care Benefit is made for an incident which occurred during a period of less than 90 days after the date of any increase in the Benefit Amount made on your request then the claim amount entertained for that claim will be the Benefit Amount provided before the date of such increase.
- 8. We reserve the right to require any Member to be examined by a medical practitioner we appoint or approve. In such an event we will not make any payment under the Global Family Hospitalization Care Benefit unless such medical practitioner certifies that the hospitalization and or the treatments obtained and or the procedures carried out with respect to such Member is or was necessary.
- 9. The maximum amount we will pay shall be the actual cost incurred or an amount up to the limit applicable for the event which resulted the claim whichever is lesser.
- 10. The **Premium** amount for this Global Family Hospitalization Care Benefit is guaranteed for one year only. We reserve the right to revise the **Premium** at the **Policy Anniversary** after due notification to you.
- 11. An assignee or **Nominee / Beneficiary** shall not have the right to receive any payments arising from a claim under this Global Family Hospitalization Care Benefit.
- 12. Unless we terminate, this Global Family Hospitalization Care Benefit shall cease immediately with respect to;
  - a) The **Life Assured** - when he/she reaches the **Age** of 70 years;
  - b) The Spouse of the **Life Assured** - when he/she reaches the **Age** of 70 years;
  - c) Any Children covered under this Benefit - when such child reaches the **Age** of 24 years, or such child gets married or becomes employed whichever occurs earlier;
 or at the expiry of the Benefit as specified in the **Policy Schedule** whichever occurs earlier.
- 13. We reserve the unconditional and irrevocable right to review this Benefit at each **Policy Anniversary**. After review we may change any limit, term, condition, exclusion or any other matter applicable to this Benefit to be applicable from an effective date we specify at our absolute discretion. It is hereby declared and agreed that the changes reserved for our discretion shall include the right to change the **Premium** and or Risk Cover Charge for this Benefit and also removal of the Benefit as well. You will not have any right to demand us to continue the Benefit or continue the Benefit under the same terms and conditions as applied for any time during the existence of this Benefit. In the event we remove this Benefit then the **Premium** and or Risk Cover Charge for this Benefit shall not be charged with effective from the date of such removal of the Benefit.
- 14. If there are any expenses incurred which are covered under this Benefit while being hospitalized in a non-paying government hospital, we will pay such expenses subject to the applicable limits specified in this **Policy** and subject to conditions applicable for a claim.
- 15. In the event we admit liability for any claim, we may at our absolute discretion settle such claim either by payment to you or relevant hospital or any other relevant service provider. Any payment we directly made to a hospital or any relevant service provider shall be treated as a full and final discharge of our liability with respect to the claim for which we accepted liability. It will be considered as a payment made to you for the purposes of this Benefit.

16. The maximum amount we will pay with respect to any claim under any category of this Benefit shall be the actual cost incurred less any amount recovered from any other means or the limit of amount applicable for the category of the claim specified under the Table of Benefits whichever is lesser.
17. Addition of members - You may request us to add your family members as Members to this Benefit. We may accept such request at its absolute discretion. Such addition of members into this Benefit shall be subject to following conditions;
  - a) The term 'Family' is defined to include and limited to the **Life Assured**, Spouse and a maximum of five children.
  - b) New Members shall also be governed by the same terms and conditions as applied to the **Life Assured** and rest of the covered Members. Such terms and conditions shall include (but not limited to) the terms with respect to exclusions of claims based on time period from the commencement of this Benefit. This means that in the event of addition of any new Member, the date of commencement of the Benefit wherever referred to herein shall be considered with respect to such new Member as the date of addition of such new Member to this Benefit and such terms and conditions shall be applied to the new Member accordingly.
  - c) We may charge the relevant charges and your **Regular Premium** may get increased due to this.
  - d) Terms and conditions specified in this Section in respect to this Global Family Hospitalization Care Benefit including but not limited to the terms and conditions on waiting periods, lifetime limits shall be applicable for the new members with effect from the effective date of the Global Family Hospitalization Care Benefit for the new member.
18. There are specific definitions given to some terms used in this Section on Global Family Hospitalization Care Benefit. Those definitions are explained below. You must use those definitions when understanding the terms and conditions applicable for Global Surgery Care Benefit.
  - "Illness" means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (affliction of the bodily organs having a defined and recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the **Policy Term** for this **Additional Benefit** and requires medical Treatment. For the avoidance of doubt, Illness does not mean and this **Policy** does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.
  - "Accident" or "Accidental" means a sudden, unforeseen and unexpected event caused by external, violent and visible means (but does not include any Illness) which results in physical bodily injury.
  - "Surgical Procedure" means an operative procedure for the correction of deformities and defects, repair of injuries, cure of diseases, and relief of suffering and prolongation of life.
  - "Member" means a person whose name appears in the **Policy Schedule** and specified as covered under this Benefit and shall be a member of your family.
  - "Hospital" shall mean an institution licensed as a hospital (if licensing is required) which is supervised by a doctor and operated for the care and treatment of sick or injured persons. Such institution must provide room and board services and nursing care 24 hours a day. It must have facilities for both diagnosis and, except in the case of a hospital primarily concerned with the treatment of chronic disease, major surgery. In addition the term "Hospital" shall mean those private hospitals we recognized. The list of such recognized private hospitals may be revised from time to time. The list of recognized hospitals will be available for inspection at our Head Office. However, we may, at our sole discretion, make payment for claims under this benefit. The term "Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurveda hospitals), convalescent home, place for custodial care, rehabilitation centre, home for the aged or a place used mainly for long term nursing care or for the confinement or treatment of mental and nervous disorders or drug addiction or alcoholism.

- "Doctor" shall mean a legally qualified and duly licensed medical physician or surgeon registered with the professional association relevant to the country of his / her practice acting within the scope of that license. However, if you are such a Doctor, we will not consider you as a doctor for the purposes of this Global Family Hospitalization Care Benefit. Similarly, we will not consider your spouse or the **Life Assured** or the Spouse of the **Life Assured** or a close relative of either you or the **Life Assured** or the spouse as a doctor for the purposes of Global Family Hospitalization Care Benefit.
19. If you have selected the 'Self Pay' option, then the first Rs. 50,000 of claims that we will accept to pay should be borne by you. We will only pay the amount over and above the Self Pay amount of Rs. 50,000. Self-Pay amount would be applicable for each **Policy Year**. Example: If your family make claims to the amount of Rs. 50,000 during a year and we accept the liability for those claims, you will need to bear these expenses as we will not pay them. If you have any other insurance policies to cover these expenses, you may use such other insurance policies to settle them. However, when your family claims go above Rs. 50,000 and we accept all those claims, we will pay the amount exceeded the Self Pay amount of Rs. 50,000. If your first family claim of a **Policy Year** is RS. 40,000 and we accepted liability, you will need to bear this amount. In the same **Policy Year**, if you make a further family claim of Rs. 20,000, and we accept liability for that, we will pay Rs. 10,000 as you agreed to bear the first Rs. 50,000 of claims we accept liability each year.
  20. **Premium** Protection Benefit will not cover the **Premium** relevant for this Global Family Hospitalization Care Benefit in any circumstances whatsoever.
  21. You will not be allowed to obtain Global Family Hospitalization Care Benefit together with Global Hospitalization Care Benefit.
  22. All the terms and conditions in Part I of this **Policy Document** will also applicable for the Global Family Hospitalization Care Benefit as the context permits for same.
  23. No Claim Privileges
    - a. In the event that there are no claims made under this Benefit on any Member during a **Policy Year**, the Benefit Amount applicable for the family will be increased for the following **Policy Year** by 10% of the initial Benefit Amount applied at the commencement of this Benefit. Such increase of the Benefit Amount will be subject to a maximum total increase of up to 100% of the initial Benefit Amount you selected at the commencement of this Global Family Hospitalization Care Benefit.
    - b. In the event the Benefit Amount is increased as explained above, the limits applied for each category of payments stated in the Table of Benefits shall be determined in accordance with the increased Benefit Amount subject to the following conditions;
      - Maximum per day amount for hospitalization in a non-paying government hospital shall be limited to Rs. 2,000/-
    - c. In the event there is a claim made under this Benefit during a **Policy Year** which had an increased Benefit Amount under no claim privileges, the Benefit Amount shall be reduced for the following **Policy Year** by 10% of the initial Benefit Amount applied at the commencement of this Benefit. The limits applied for each category of payments specified in the Table of Benefits shall be determined in accordance with the reduced Benefit Amount. However, we will not reduce the Benefit Amount below the initial Benefit Amount applied at the commencement of the Family Hospital Expense Benefit.
    - d. The change of the Benefit Amount shall be applicable for all the covered Members collectively.
  24. List of Day Care Procedures

Following are the listed Day care procedures and such other Surgical Operations that necessitate less than 24 hours hospitalization due to medical / technological advancement / infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the **Policy**.

The list of Day Care Procedure in Section 30.24 under Global Hospitalization Care Benefit will be applicable for Global Family Hospitalization Care Benefit.

## Section 32      Spouse Life Benefit

1. Spouse Life Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. We will pay the Spouse Life Benefit upon the death of the Spouse named in the **Policy Schedule**. The amount we will pay is the Spouse Life Benefit Amount as stated in the **Policy Schedule**.
3. The charges applicable to Spouse Life Benefit will be deducted from the **Investment Account** as explained in Section 9.
4. If you want to make claim under this Benefit the terms and conditions stated in Section 15 in Part I of this **Policy Document** will apply. Any references to **Life Assured** must be considered as references to the Spouse named in the **Policy Schedule**.
5. Exclusions mentioned in Section 16 of Part I of this **Policy Document** are applicable to Spouse Life Benefit. Any references to **Life Assured** must be considered as references to the Spouse named in the **Policy Schedule**.
6. The expiry date of the Spouse Life Benefit is stated in the **Policy Schedule**.
7. Other terms and conditions in Part I of this **Policy Document** will also be applicable for the Spouse Life Benefit as the context permits for same. If any such term or condition is applicable to Spouse Life Benefit, any references to **Life Assured** in those terms and conditions must be considered as references to the Spouse named in the **Policy Schedule**.
8. We may allow the spouse named in the **Policy Schedule** to continue this Insurance for applicable benefits, in the event we pay the Life Benefit under this **Policy**. However, the Spouse must agree to the following:
  - a. Continue payment of **Premiums**
  - b. Agree to abide by the terms and conditions of this **Policy** in the capacity of the **Policy Owner**.

## Section 33      Spouse Global Hospital Income Benefit

1. Spouse Global Hospital Income Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. Spouse Global Hospital Income Benefit is similar to the Global Hospital Income Benefit of the **Life Assured** which is explained in Section 25 of Part II of this **Policy Document**.
3. The charges applicable to Spouse Global Hospital Income Benefit will be deducted from the **Investment Account** as explained in Section 9.
4. The terms and conditions applicable to this Spouse Global Hospital Income Benefit are the same as the terms and conditions of the Global Hospital Income Benefit which is explained in Section 25 of Part II of this **Policy Document**. When understanding the terms and conditions applicable to Spouse Global Hospital Income Benefit, you must refer to Section 25 of Part II. However, following changes must be taken into consideration when referring to Section 25 to understand the terms and conditions applicable to Spouse Global Hospital Income Benefit.
  - a. All references to the **Life Assured** in that Section and any other Sections referred to therein must be understood as references to the Spouse as named in the **Policy Schedule**.
  - b. All references to Global Hospital Income Benefit in that Sections and any other Sections referred to therein must be understood as references to Spouse Global Hospital Income Benefit.
  - c. All references to the Global Hospital Income Benefit Amount in that Section and any other Sections referred to therein must be understood as references to the Spouse Global Hospital Income Benefit Amount as stated in the **Policy Schedule**.



- d. All references to the Expiry Date of the Global Hospital Income Benefit in that Section and any other Sections referred to therein must be understood as references to the Expiry Date of the Spouse Global Hospital Income Benefit as stated in the **Policy Schedule**.
- e. The Spouse shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## Section 34 Spouse Critical Illness Plus Benefit

- 1. Spouse Critical Illness Plus Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
- 2. Spouse Critical Illness Plus Benefit is similar to the Critical Illness Plus Benefit of the **Life Assured** which is explained in Section 7 of Part I of this **Policy Document**.
- 3. The charges applicable to Spouse Critical Illness Plus Benefit will be deducted from the **Investment Account** as explained in Section 9.
- 4. The terms and conditions applicable to this Spouse Critical Illness Plus Benefit are the same as the terms and conditions of the Critical Illness Plus Benefit which is explained in Section 7 of Part I of this **Policy Document**. When understanding the terms and conditions applicable to Spouse Critical Illness Plus Benefit, you must refer to Section 7 of Part I. However, following changes must be taken into consideration when referring to Section 7 of Part I to understand the terms and conditions applicable to Spouse Critical Illness Plus Benefit.
  - a. All references to the **Life Assured** in that Section and any other Sections referred to therein must be understood as references to the Spouse as named in the **Policy Schedule**.
  - b. All references to Critical Illness Plus Benefit in that Sections and any other Sections referred to therein must be understood as references to Spouse Critical Illness Plus Benefit.
  - c. All references to the Critical Illness Plus Benefit Amount in that Section and any other Sections referred to therein must be understood as references to the Spouse Critical Illness Plus Benefit Amount as stated in the **Policy Schedule**.
  - d. All references to the Expiry Date of the Critical Illness Plus Benefit in that Section and any other Sections referred to therein must be understood as references to the Expiry Date of the Spouse Critical Illness Plus Benefit as stated in the **Policy Schedule**.
  - e. The Spouse shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## Section 35 Spouse Women's Health Benefit

- 1. Spouse Women's Health Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
- 2. Spouse Women's Health Benefit is similar to the Women's Health Benefit of the **Life Assured** which is explained in Section 8 of Part I of this **Policy Document**.
- 3. The charges applicable to Spouse Women's Health Benefit will be deducted from the **Investment Account** as explained in Section 9.
- 4. The terms and conditions applicable to this Spouse Women's Health Benefit are the same as the terms and conditions of the Women's Health Benefit which is explained in Section 8 of Part I of this **Policy Document**. When understanding the terms and conditions applicable to Spouse Women's Health Benefit, you must refer to Section 8 of Part I. However, following changes must be taken into consideration when referring to Section 8 of Part I to understand the terms and conditions applicable to Spouse Women's Health Benefit.
  - a. All references to the **Life Assured** in that Section and any other Sections referred to therein must be understood as references to the Spouse as named in the **Policy Schedule**.



- b. All references to Women's Health Benefit in that Sections and any other Sections referred to therein must be understood as references to Spouse Women's Health Benefit.
- c. All references to the Women's Health Benefit Amount in that Section and any other Sections referred to therein must be understood as references to the Spouse Women's Health Benefit Amount as stated in the **Policy Schedule**.
- d. All references to the Expiry Date of the Women's Health Benefit in that Section and any other Sections referred to therein must be understood as references to the Expiry Date of the Spouse Women's Health Benefit as stated in the **Policy Schedule**.
- e. The Spouse shall have neither the authority to **nominate** a Nominee to receive this benefit nor assign this benefit to another party.

## Section 36      Spouse Global Surgery Care Benefit

1. Spouse Global Surgery Care Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. Spouse Global Surgery Care Benefit is similar to the Global Surgery Care Benefit of the Life Assured which is explained in Section 27 of Part II of this **Policy Document**.
3. The charges applicable to Spouse Global Surgery Care Benefit will be deducted from the **Investment Account** as explained in Section 9.
4. The terms and conditions applicable to this Spouse Global Surgery Care Benefit are the same as the terms and conditions of the Global Surgery Care Benefit which is explained in Section 29 of Part II of this **Policy Document**. When understanding the terms and conditions applicable to Spouse Global Surgery Care Benefit, you must refer to Section 29 of Part II. However, following changes must be taken into consideration when referring to Section 29 of Part II to understand the terms and conditions applicable to Spouse Global Surgery Care Benefit.
  - a. All references to the **Life Assured** in that Section and any other Sections referred to therein must be understood as references to the Spouse as named in the **Policy Schedule**.
  - b. All references to Global Surgery Care Benefit in that Sections and any other Sections referred to therein must be understood as references to Spouse Global Surgery Care Benefit.
  - c. All references to the Global Surgery Care Benefit Amount in that Section and any other Sections referred to therein must be understood as references to the Spouse Global Surgery Care Benefit Amount as stated in the **Policy Schedule**.
  - d. All references to the Expiry Date of the Global Surgery Care Benefit in that Section and any other Sections referred to therein must be understood as references to the Expiry Date of the Spouse Global Surgery Care Benefit as stated in the **Policy Schedule**.
  - e. The Spouse shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## Section 37      Child Global Hospital Income Benefit

1. Child Global Hospital Income Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. Child Global Hospital Income Benefit is similar to the Global Hospital Income Benefit of the **Life Assured** which is explained in Section 25 of Part II of this **Policy Document**.
3. The charges applicable to Child Global Hospital Income Benefit will be deducted from the **Investment Account** as explained in Section 9.

4. The terms and conditions applicable to this Child Global Hospital Income Benefit are the same as the terms and conditions of the Global Hospital Income Benefit which is explained in Section 25 of Part II of this **Policy Document**. When understanding the terms and conditions applicable to Child Global Hospital Income Benefit, you must refer to Section 25 of Part II. However, following changes must be taken into consideration when referring to Section 25 of Part II to understand the terms and conditions applicable to Child Global Hospital Income Benefit.
  - a. All references to the **Life Assured** in that Section and any other Sections referred to therein must be understood as references to the relevant Child/Children as named in the **Policy Schedule**.
  - b. All references to Global Hospital Income Benefit in that Sections and any other Sections referred to therein must be understood as references to Child Global Hospital Income Benefit.
  - c. All references to the Global Hospital Income Benefit Amount in that Section and any other Sections referred to therein must be understood as references to the Child Global Hospital Income Benefit Amount as stated in the **Policy Schedule**.
  - d. All references to the Expiry Date of the Global Hospital Income Benefit in that Section and any other Sections referred to therein must be understood as references to the Expiry Date of the Child Global Hospital Income Benefit as stated in the **Policy Schedule**.
  - e. The relevant Child/Children shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## Section 38 Child Healthcare Benefit

1. Child Healthcare Benefit is applicable to your **Insurance** only if it is stated in the **Policy Schedule** as applicable.
2. We will provide the following benefits, under Child Healthcare Benefit.
  - a. Surgery Benefit

If the dependent child/children covered under this **Policy** has/have undergone any surgery listed in the list of surgeries in Section 42 then we will pay the benefit amount. The amount we will pay is based on the Benefit Amount as mentioned in the **Policy Schedule** applicable at the time of surgery and the percentages as mentioned against each eligible surgery in the list of surgeries in Section 42.

Names of the child/children who are covered under this Benefit are stated in the **Policy Schedule**.

We will not participate in any other expense incurred during or after the surgery and hospitalization. We disclaim any liability for any consequences of treatment administered during hospitalization or due to or as a result of a surgery.

If more than one surgery is performed through the same incision during one surgical session, we shall only pay for that surgery performed in respect of which the largest amount becomes payable. If more than one surgery listed is performed by making different incisions during one surgical session, we shall only pay for that surgery performed in respect of which the largest amount becomes payable.

The maximum benefit amount that can be claimed in any **Policy Year** cannot exceed 100% of the Benefit Amount specified in the **Policy Schedule**. You may claim for any number of covered surgeries undergone by the dependent child/children before the expiry or termination (whichever occurs earlier) of this Child Healthcare Benefit. However, you are not allowed to claim for the same surgery more than once.

The total claim amount payable before the expiry or termination (whichever occurs earlier) of this Child Healthcare Benefit shall not exceed two (02) times the Benefit Amount mentioned in the **Policy Schedule** subject to a maximum of Rupees Two Million (Rs.2,000,000). Once the maximum cumulative benefit amount is claimed, no further payments will be made on surgical operations under this **Policy**. The maximum Benefit Amount on all policies taken for an individual dependent child under Child Healthcare Benefit from us is limited to Rupees One Million (Rs.1, 000,000).

The **Claimant** must provide proof of surgery to our satisfaction if we are to consider a claim under this Benefit.

b. Hospitalization Benefit

If dependent child/children covered under this **Policy** is/are hospitalized as a result of an illness, surgery or accident, on the recommendation and approval of a Doctor, in a Hospital (as explained in Section 25.5), we will pay one percent of the Child Healthcare Benefit Amount stated in the **Policy Schedule**, for each complete day hospitalized, if hospitalized for more than 3 days. The maximum per day amount payable under this benefit for an individual child on all policies taken from us is limited to Rupees Ten Thousand (Rs.10,000).

If the dependent child/children covered under this **Policy** is/are required to be treated in the Intensive Care Unit for medical conditions warranting such treatment as recommended by a specialist, the per day benefit amount will be doubled for the duration in the Intensive Care Unit.

c. Rooming-in Benefit

Rooming-in benefit will be applicable for dependent child/children covered under this **Policy Aged** 12 years and below at the time of hospitalization. It will be a per day benefit (same as the per day amount payable by Hospitalization Benefit explained in (b) above) which we will pay per overnight stay of an accompanying parent in the hospital along with the dependent child/children.

We will pay this Benefit up to a maximum period of 18 days per **Policy Year**.

If you are to receive any payment under this Benefit, the relevant hospitalization of the dependent child/children must be a result of an illness, surgery, or accident. In addition the relevant hospitalization must have been on recommendation and approval of a Doctor, in a Hospital (as explained in Section 25.5).

3. Geographical scope of Coverage – We will consider only the surgeries listed in the List of Surgeries in Section 42 performed in any Hospital anywhere in the world.
4. The charges applicable to Child Healthcare Benefit will be deducted from the **Investment Account** as explained in Section 9.
5. We will not consider any claim under Child Healthcare Benefit if the cause for such claim is any of the following;
  - a. Any situation as explained in Section 16 in Part I of this **Policy Document**.
  - b. Any situation as explained in Section 24 in Part II of this **Policy Document**.
  - c. Any situation as explained in Section 39 in Part II of this **Policy Document**.
6. There are specific definitions given to some terms used in this Section on Child Healthcare Benefit. Those definitions are explained in Section 40 of this **Policy Document**. You must use those definitions when understanding the terms and conditions applicable for Child Healthcare Benefit.
7. Claims requirements for Child Healthcare Benefit
  - a. In addition to the requirements stated in Section 15 of Part I of this **Policy Document** following requirements also must be fulfilled to receive a claim under the Child Healthcare Benefit. If there are any inconsistencies in any of the requirements mentioned in Section 15 of Part I of this **Policy Document** and any of the requirements mentioned below in this Section, the requirements mentioned in this Section must prevail.
  - b. We may require the **Claimant** to provide additional proof as we may consider satisfactory, before payment of any claim under the Child Healthcare Benefit, such as;
    - i. The Hospitalization of the **Life Assured**,
    - ii. The times and dates of hospitalization,
    - iii. The cause of hospitalization and the details of surgery that had been performed,

- iv. Details of the hospital.
- c. We will not make any payment under the Child Healthcare Benefit if;
  - i. We are not notified of the Surgery and/or Hospitalization of the dependent child/children within 30 days from the date of Surgery and/or Hospitalization. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. We shall, upon receipt of such notice, issue to the **Claimant** such forms as are usually required to process a claim.
  - ii. The duly completed forms and documents in respect of proof of claims are not delivered to us within 10 working days from the date we issue them. For this purpose delivery to us shall mean the receipt of such forms and documents at our head office.
- d. A claim under this Child Healthcare Benefit will not be applicable unless all of the following conditions are satisfied:-
  - i. The date of surgery and/or hospitalization occurs after 90 days from the date of commencement of the Child Healthcare Benefit.
  - ii. If this **Insurance** is backdated, the date of surgery and/or hospitalization occurs more than 90 days after the **Policy** issue date. **Policy** issue date is stated in the **Policy Schedule**.
  - iii. If after the Child Healthcare Benefit is reinstated the date of surgery and/or hospitalization occurs after 90 days from the date of reinstatement.
- 8. Payment of Hospitalization Benefit will be limited to 18 days in the first **Policy Year** from the **Date of Commencement** of the **Policy** or from the date of inclusion of the Benefit whichever is later.
- 9. We will not make any further payment in respect of any Hospitalization Benefit provided for under this Child Healthcare Benefit if:-
  - a. We have paid Hospitalization Benefit for 180 days in respect of all periods of hospitalization in the **Policy Year**;
  - b. We have paid Hospitalization Benefit for 180 days in respect of the same sickness, disease or accident throughout the **Policy Term for Additional Benefit** applicable for this Benefit;
  - c. We have paid Hospitalization Benefit for 180 days in respect of any continuous period of hospitalization. Any period of hospitalization (for any cause) commencing within 30 days of the end of a previous period of hospitalization will be treated as a continuation of that previous period.
- 10. If a claim for Hospitalization Benefit is made for a period of hospitalization that commenced less than 90 days after the date of any previous increase in the Hospitalization Benefit then the claim amount entertained will be the Hospitalization Benefit Amount provided for 90 days before the date of such increase.
- 11. We reserve the right to require the dependent child/children to be examined by a medical practitioner we appoint or approve. In such a situation, we will not make any payment under the Child Healthcare Benefit unless such medical practitioner certifies that the hospitalization and/or surgery of the dependent child/children is or was necessary.
- 12. Hospitalizations or Surgeries performed in Ayurveda Hospitals or any institutions for indigenous, homeopathy or acupuncture treatment is excluded from the Child Healthcare Benefit.
- 13. Child Healthcare Benefit will expire;
  - On the expiry date of this benefit as stated in the **Policy Schedule** or on the **Policy Anniversary**, following the dependent child/children attaining **Age** of 20 years, whichever occurs earlier; and/or
  - If the covered child/children gets/get married or start to earn his/their own living.

14. The **Premium** amount for this Child Healthcare Benefit is guaranteed for one year only. We reserve the right to revise the **Premium** at the **Policy Anniversary** after due notification to you.
15. An assignee or **Nominee / Beneficiary** shall not have the right to receive any payments arising from a claim under this Child Healthcare Benefit.
16. You will not be allowed to obtain Child Healthcare Benefit together with Child Hospitalization Benefit.
17. All the terms and conditions in Part I of this **Policy Document** will also applicable for the Child Healthcare Benefit as the context permits for same.

## Section 39      **Specific Exclusions Applicable for Global Surgery Care Benefit, Spouse Global Surgery Care Benefit and Child Healthcare Benefit**

All Surgeries and Hospitalizations related directly or indirectly to any of the following are excluded from the coverage of Global Surgery Care Benefit (Section 29), Spouse Global Surgery Care Benefit (Section 36) and Child Healthcare Benefit (Section 38).

1. Pre-existing conditions. However, a pre-existing condition may be covered if;
  - a. You have declared the existence of them and/or dependent on the individual application form in the health declaration section; and
  - b. We accepted it in writing to be covered, on or before **Date of Commencement** of the **Policy** as detailed on the **Policy Schedule** or in any subsequent amendment.
2. Pregnancy, miscarriage and abortion (except as a result of an accident), neo-natal procedures, amniocentesis and child birth;
3. Sterilization, insemination (e.g. artificial insemination), reversal of sterilization, sex transformation surgeries or infertility and in-vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT) procedures, zygote intra-fallopian transfer (ZIFT) procedures, embryo transport; donor ovum and related costs;
4. Circumcision unless medically necessary and listed in the applicable surgery list;
5. Dental treatment, dental operation;
6. Opening of inflammations of skin, tissue or joints;
7. Suture of skin;
8. Cosmetic & plastic surgery, unless resulting from an accident covered under this **Policy**. Treatment should be provided within a maximum of 6 months after the accident and subject to our prior written approval unless the primary purpose is to improve physiological functioning of the involved part of the body and the condition is not otherwise excluded (such as but not limited to pre-existing condition, congenital, etc.). Breast reconstruction following mastectomy for cancer is covered. Replacement of an existing breast implant is excluded. Plastic surgery of burns for cosmetic reasons is excluded;
9. Natural perils: such as but not limited to avalanches, earthquake, volcanic eruptions, tsunamis, hurricanes, tornados or any other kind of natural hazard;
10. Any act of terrorism. For the purpose of this Policy an act of terrorism means an act, including but not limited to the force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear;
11. Criminal act of a covered person, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment;
12. Lesions resulting from attempted suicides or self-infliction;

13. Birth defects and congenital diseases/anomalies;
14. Occupational accidents and occupational diseases;
15. Overweight/obesity (e.g. stomach stapling surgery);
16. Correction of eye refraction, except to the extent that such surgery is medically necessary for the repair of damage caused solely by accidental bodily injuries covered under this **Policy**;
17. Organ transplant as a donor for a third party;
18. Removal of material that was implemented in a former surgery before the commencement date of relevant Benefit and/or enrolment date or the date of reinstatement of the relevant Benefit whichever is later;
19. Medically not necessary treatments;
20. Non-invasive cancer in-situ and all skin cancers except invasive malignant melanoma;
21. Officially (WHO and/or national law) recognized epidemics/pandemics;
22. Treatments not carried out by a qualified Doctor or service rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including spouse, brother, sister, parent or child;
23. Experimental treatments and treatments of purely diagnostic nature such as biopsy, endoscopy, laparoscopy and arthroscopy;
24. Procedures related to the treatment of sexually-transmitted diseases;
25. Treatment for idiopathic Epilepsy and Psychiatric conditions;
26. Supply or fitting of eye glasses/lenses or hearing aids;
27. Result from poisoning other than infection occurring simultaneously with, and in consequence of an accidental wound.

## Section 40      **Specific Definitions Applicable for Global Surgery Care Benefit, Spouse Global Surgery Care Benefit and Child Healthcare Benefit**

When understanding the terms and conditions applicable to Global Surgery Care Benefit (Section 29), Spouse Global Surgery Care Benefit (Section 36) and Child Healthcare Benefit (Section 38), the following words appear in the relevant Sections must have the meanings explained below.

1. "Doctor" shall mean a legally qualified and duly licensed medical physician or surgeon registered with the professional association relevant to the country of his / her practice and acting within the scope of that license. Such Doctor shall not be you or the **Life Assured** or a close relative of either of you or the **Life Assured** or the Spouse.
2. "Hospital" shall mean an institution licensed as a hospital (if licensing is required) which is supervised by a doctor and operated for the care and treatment of sick or injured persons. Such institution must provide room and board services and nursing care 24 hours a day. It must have facilities for both diagnosis and, except in the case of a hospital primarily concerned with the treatment of chronic disease, major surgery. In addition the term "Hospital" shall mean those private hospitals we recognized. The list of such recognized private hospitals may be revised from time to time. The list of recognized hospitals will be available for inspection at our Head Office. The term "Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurveda hospitals), convalescent home, place for custodial care, rehabilitation centre, home for the aged or a place used mainly for long term nursing care or for the confinement or treatment of mental and nervous disorders or drug addiction or alcoholism.
3. "Complete day hospitalized" means a continuous period of 24 hours during which the **Life Assured**/Spouse or dependent child/children is confined to hospital.
4. "Surgery list" means the list of all surgeries covered under the **Policy**.



**Section 41****List of Surgeries for Global Surgery Care Benefit and Spouse Global Surgery Care Benefit**

<b>SURGERY</b>	<b>PERCENTAGE (%) OF BENEFIT AMOUNT</b>
<b>SURGERIES ON THE EYES</b>	
1. Corneal Transplantation and keratoprosthesis	25%
2. Dehiscence of lens and capsulotomy	25%
3. Intracapsular extraction of lens	25%
4. Extracapsular extraction of lens (ECCE)	25%
5. Other cataract operations	25%
6. Fixation of the retina by sealing (plombage)	25%
7. Fixation of the retina by cerclage of the eyeball	25%
8. Other operations for fixation of retina	25%
9. Excision and destruction of diseased tissue of the retina	25%
10. Excision and destruction of diseased tissue of the choroid	25%
11. Removal of the eyeball (enucleation)	25%
12. Operations on the optic nerve	25%
13. Removal of foreign body from cornea/ Incision of cornea/other operations of cornea	10%
14. Removal of a foreign body from the anterior chamber of the eye	10%
15. Removal of a foreign body from the lens of the eye	10%
16. Removal of a foreign body from the posterior chamber of the eye	10%
17. Removal of a foreign body from the orbit and eyeball	10%
<b>SURGERIES ON THE BLOOD VESSELS</b>	
18. Repair of blood vessels with prosthetic or venous graft	75%
19. Repair of blood vessels without prosthetic or venous graft	75%
20. Ligature and partial occlusion of vena cava	75%
21. Vascular reconstruction (bypass) procedures to improve circulation of lower limbs	75%
22. Vascular reconstruction (bypass) procedures to improve circulation of upper limbs	75%
23. Stenting of blood vessels	75%
24. Repair of popliteal aneurism	75%
25. Carotid endarterectomy	75%
26. Insertion of an intra-abdominal venous shunt	75%
27. Insertion of an arteriovenous shunt	75%
28. Patchplasty of blood vessels	50%
29. Operations on the carotid body	75%
30. Operations on other paraganglia	75%
<b>SURGERIES ON VEINS</b>	
31. Open removal of thrombus from vein	25%
<b>SURGERIES ON ENDOCRINE GLANDS</b>	
32. Incision in the region of the thyroid	25%
33. Hemithyroidectomy	25%
34. Other partial thyroid resection	25%
35. Thyroidectomy	25%
36. Partial parathyroid gland resection	25%
37. Parathyroidectomy	25%
38. Excision and resection of diseased tissue of the pituitary	75%
39. Partial adrenalectomy	25%
40. Bilateral adrenalectomy	25%
41. Other operations on the adrenals	25%
<b>SURGERIES ON THE PHARYNX, LARYNX AND TRACHEA</b>	
42. Pharyngotomy	75%
43. Excision and destruction of diseased tissue of the pharynx	25%
44. Pharyngoplasty	75%
45. Reconstruction of the pharynx	75%
46. Reconstruction of the larynx	75%
47. Excision and destruction of diseased tissue of the larynx	25%
48. Permanent tracheostomy	25%
49. Excision, resection and destruction of diseased tissue of the trachea (including endoscopic)	25%
50. Reconstruction of the trachea	75%



#### **SURGERIES ON THE RENAL TRACT**

51. Excision and destruction of diseased tissue of the kidney	75%
52. Partial resection of the kidney	75%
53. Nephrectomy	75%
54. Reimplantation of the kidney	75%
55. Percutaneous-transrenal nephrotomy	25%
56. Percutaneous-transrenal nephrostomy	25%
57. Open surgical nephrotomy	25%
58. Open surgical nephrostomy	25%
59. Open surgical pyelotomy	25%
60. Open surgical pyelostomy	25%
61. Uretero-ureterostomy	25%
62. Intubated ureterostomy	25%
63. Ureteric resection and ureterectomy	25%
64. Cutaneous urinary diversion by ureterocutaneostomy (incontinent stoma)	25%
65. Cutaneous urinary diversion with gut conduit (incontinent stoma)	25%
66. Cutaneous urinary diversion with gut reservoir (continent stoma)	25%
67. Internal urinary diversion through the gut	25%
68. Reconstruction of ureter	25%
69. Transurethral incision, excision, destruction and resection of diseased tissue of the urinary bladder	25%
70. Surgical excision and destruction of diseased tissue of the urinary bladder	25%
71. Partial urinary bladder resection	25%
72. Cystectomy	75%
73. Replacement of urinary bladder	75%
74. Open surgical urethrotomy and urethrostomy	25%
75. Excision, destruction & resection of diseased tissue of the urethra	25%
76. Urethrectomy as a separate procedure	25%
77. Reconstruction of the urethra	25%
78. Transurethral incision of diseased tissue of the urethra	25%
79. Incision and excision of retroperitoneal tissue	25%
80. Tightening of the Urethrovesical tissue	25%
81. Therapeutic endoscopic operations on calculus of kidney	25%

#### **SURGERIES ON THE SKIN AND SUBCUTANEOUS TISSUES**

82. Free flap plasty	75%
83. Tissue expander surgery	75%
84. Flap operations to relax contracture of skin	25%
85. Radical and extensive excision of diseased tissue in the skin and subcutaneous tissues	25%

#### **SURGERIES ON THE HEART**

86. Revascularisation of the heart	75%
87. Replacement of heart valves by prosthesis	100%
88. Change of heart valves	100%
89. Pericardiotomy and cardiectomy	50%
90. Excision and destruction of diseased tissue of the pericardium and pericardiectomy	50%
91. Excision and destruction of diseased tissue of the heart	75%
92. Reconstruction of the pericardium and heart	75%
93. Implantation and removal of a cardiac mechanical assist device, open surgery	75%
94. Heart transplantation	100%
95. Heart-lung transplantation	100%

#### **SURGERIES ON THE JAW AND FACIAL BONES**

96. Arthroplasty of mandibular joint	75%
97. Plastic reconstruction of maxilla	75%
98. Plastic reconstruction of mandible	75%
99. Osteotomy to displace lower face	75%
100. Osteotomy to displace the mid-face	75%

#### **SURGERIES ON THE LUNG AND BRONCHUS**

101. Excision and destruction of diseased tissue of a bronchus	25%
102. Atypical lung resection	75%
103. Segmental resection of a lung	75%
104. Simple lobectomy of the lung	75%
105. Simple bilobectomy of the lung	75%
106. Extended lobectomy (unilateral)	75%

107. Extended lobectomy (bilateral)	75%
108. Extended bilobectomy of the lung (unilateral)	75%
109. Extended bilobectomy of the lung (bilateral)	100%
110. Simple pneumonectomy	50%
111. Extended pneumonectomy	75%
112. Release of adhesions in the lung and chest wall	75%
113. Reconstruction of the lungs and bronchi	75%
114. Lung transplantation	100%
115. Excision and destruction of diseased tissue of the mediastinum	25%
116. Excision and destruction of diseased tissue of the chest wall	25%

#### **SURGERIES ON THE BREAST**

117. Partial (breast preserving) excision of the breast and destruction of breast tissue without axillary lymphadenectomy	25%
118. Partial (breast preserving) excision of the breast and destruction of breast tissue with axillary lymphadenectomy	25%
119. Simple Mastectomy without axillary lymphadenectomy	25%
120. Simple Mastectomy with axillary lymphadenectomy	25%
121. Extended mastectomy	25%

#### **SURGERIES ON THE MALE SEXUAL ORGANS**

122. Transurethral resection of prostate	75%
123. Open prostatectomy	75%
124. Radical prostatovesiculectomy	25%
125. Incision of the scrotum and tunica vaginalis testis	25%
126. Operation on a testicular hydrocele	25%
127. Excision and destruction of diseased scrotal tissue	25%
128. Excision and destruction of diseased tissue of the testes	25%
129. Unilateral orchidectomy	25%
130. Bilateral orchidectomy	25%
131. Epididymectomy	25%

#### **SURGERIES ON THE MOUTH AND FACE**

132. Partial glossectomy	25%
133. Glossectomy	75%
134. Resection of a salivary gland	25%
135. Tonsillectomy with adenoidectomy	25%

#### **OPERATIONS ON THE NOSE AND NASAL SINUSES**

136. Reposition of a nasal bone fracture	25%
137. Plastic reconstruction of the internal and external nose (septorhinoplasty)	25%
138. Operation on the maxillary sinus	25%
139. Operation on the ethmoidal sinuses	25%
140. Operations on the frontal sinus	25%
141. Plastic construction of a nasal sinus	25%

#### **SURGERIES ON THE NERVOUS SYSTEM**

142. Incision of the skull bones (craniotomy and craniectomy)	25%
143. Surgery for brain tumors	25%
144. Incision, excision, destruction and occlusion of intracranial blood vessels	75%
145. Reconstruction of intracranial blood vessels	75%
146. Insertion of a bypass & transposition of intracranial blood vessels	100%
147. Operations on intraspinal blood vessels	75%
148. Surgery for intracranial bleeding / haematoma	100%
149. Incision of the cerebrospinal fluid (CSF) system	25%
150. Insertion of CSF shunt (Shunt implantation)	25%
151. Revision and removal of CSF diversions	25%
152. Nerve transplantation	25%
153. Nerve transfer	25%
154. Nerve transposition	25%
155. Repair of injured nerve (primary)	25%
156. Repair of injured nerve (secondary)	25%

## **SURGERIES ON THE EARS**

157. Incision of the mastoid process and middle ear	25%
158. Mastoidectomy	25%
159. Operations on vestibular apparatus	25%
160. Operations on cochlea	25%
161. Plastic reconstruction of parts of the external ear (non-congenital)	10%
162. Myringoplasty (Type 1 tympanoplasty)	25%
163. Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)	25%

## **SURGERIES ON THE DIGESTIVE TRACT**

164. Local excision and destruction of diseased tissue of the oesophagus	25%
165. Partial oesophageal resection without restoration of continuity	50%
166. Partial oesophageal resection with restoration of continuity	75%
167. (Total) oesophagectomy resection without restoration of continuity	100%
168. (Total) oesophagectomy resection with restoration of continuity	100%
169. Reconstruction of the oesophageal passage as a separate procedure	75%
170. Operation on the pylorus	25%
171. Atypical partial gastric resection	50%
172. Partial gastric resection (2/3 resection)	50%
173. Subtotal gastric resection (4/5 resection)	50%
174. (Total) gastrectomy	50%
175. (Total) gastrectomy with subtotal oesophageal resection	100%
176. Extended gastrectomy with systematic lymphadenectomy	75%
177. Local excision and destruction of diseased tissue of the small bowel	25%
178. Endoscopic local excision and destruction of diseased tissue of the small bowel	25%
179. Local excision and destruction of diseased tissue of the large bowel	25%
180. Resection of small bowel	75%
181. (Total) colectomy and proctocolectomy	75%
182. Extended colon resection with resection of small bowel segments without removal of other neighbouring organs	75%
183. Extended colon resection with resection of small bowel segments and removal of other neighbouring organs	75%
184. Bypass anastomosis of bowel	25%
185. Perianal local excision and destruction of diseased tissue of the rectum	25%
186. Rectal resection with preservation of the sphincter	75%
187. Rectal resection without preservation of the sphincter	50%
188. Reconstruction of the rectum	25%
189. Local excision and destruction of diseased tissue of the liver (atypical liver resection)	75%
190. Anatomical (typical) liver resection	75%
191. Partial liver resection	50%
192. Local excision and destruction of diseased tissue of the pancreas	75%
193. Partial resection of the pancreas	75%
194. Liver transplantation	100%
195. (Total) pancreatectomy	100%
196. Transplantation of the pancreas (tissue)	100%
197. Excision of gall bladder	25%
198. Excision of bile duct	50%
199. Open introduction of prosthesis into bile duct	25%
200. Total excision of spleen	50%
201. Local excision and destruction of diseased gastric tissue (including endoscopy)	25%
202. Appendicectomy	25%
203. Surgical treatment of anal fistulas	25%
204. Cholecystotomy	25%
205. Opening of the retroperitoneum	25%
206. Local excision and destruction of ovarian tissue	25%
207. Salpingectomy (total)	25%
208. Reconstruction of the vagina	50%

## **SURGERIES ON THE FEMALE SEXUAL ORGANS**

209. Local excision and destruction of ovarian tissue	25%
210. Bilateral salpingo-oophorectomy and total abdominal hysterectomy	25%
211. Total hysterectomy	25%
212. Radical hysterectomy	50%
213. Exenteration (evisceration) of the lesser pelvis	50%
214. Occlusion and (sub)-total removal of vagina	75%
215. Reconstruction of the vulva and the perineum	75%

## TRAUMATOLOGICAL SURGERIES AND ORTHOPAEDICS

216. Bone graft	75%
217. Bone transport	75%
218. Open reduction on multiple fracture in joint area of a tubular bone with internal fixation	75%
219. Open reduction on multiple fracture of small bones and small joints with internal fixation	75%
220. Open reduction on fracture of the pelvic brim and pelvic girdle with internal fixation	50%
221. Open reduction on fracture of acetabulum and head of femur with internal fixation and open reposition of dislocated hip	75%
222. Total hip replacement	75%
223. Partial hip replacement	75%
224. Knee replacement	75%
225. Shoulder joint replacement	75%
226. Elbow joint replacement	75%
227. Intervertebral discectomy	50%
228. Intervertebral micro discectomy	50%
229. Spinal decompression procedures	50%
230. Closed reposition of spine with external supporters	50%
231. Closed reposition of spine with external fixation	75%
232. Open reposition of spine with internal fixation	75%
233. Spondylodesis	75%
234. Vertebral body prosthesis and complex reconstruction on spine (e.g. kyphosis or scoliosis)	50%
235. Replantation upper limb	75%
236. Replantation lower limb	75%
237. Hind quarter amputation	75%
238. Hemipelvectomy and scapulothoracic disarticulation	75%
239. Osteotomy (corrective osteotomy) for non congenital disorders	25%
240. Operations on hallux valgus for non congenital disorders	25%
241. Open surgical operation on patella and the attachment apparatus	25%
242. Surgical amputation of thumb	25%
243. Surgical amputation of fingers	25%
244. Surgical amputation of upper limb (above elbow)	25%
245. Surgical amputation of upper limb (below elbow)	25%
246. Surgical amputation of a lower limb (above knee)	25%
247. Surgical amputation of a lower limb (below knee)	25%
248. Surgical amputation of a hand	25%
249. Surgical amputation of foot	25%
250. Surgical amputation of toes	25%

## Section 42 List of Surgeries for Child Healthcare Benefit

SURGERY	PERCENTAGE (%) OF BENEFIT AMOUNT
<b>SURGERIES ON THE EYES</b>	
1. Corneal transplantation and keratoprosthesis	25%
2. Discision of lens and capsulotomy	25%
3. Intracapsular extraction of lens	25%
4. Extracapsular extraction of lens (ECCE)	25%
5. Other cataract operations	25%
6. Fixation of the retina by sealing (plombage)	25%
7. Fixation of the retina by cerclage of the eyeball	25%
8. Other operations for fixation of retina	25%
9. Excision and destruction of diseased tissue of the retina	25%
10. Excision and destruction of diseased tissue of the choroid	25%
11. Removal of the eyeball (enucleation)	25%
12. Revision and reconstruction of the orbit and eyeball	25%
13. Operations on the optic nerve	25%
14. Insertion and removal of an orbital implant	25%
15. Removal of a foreign body from the orbit and eyeball	25%
16. Other excision, destruction and exenteration of the orbit and orbital lining	25%
17. Removal of a foreign body from the lens of the eye	25%
18. Operations on the pterygium	25%
19. Dacrocystorhinostomy	25%
20. Conjunctivorhinostomy	25%
21. Iridoplasty	25%
22. Chorioplasty	25%
23. Scleroplasty	25%

## **OPERATIONS ON ENDOCRINE GLANDS**

24. Incision in the region of the thyroid	25%
25. Hemithyroidectomy	25%
26. Other partial thyroid resection	25%
27. Thyroidectomy	25%
28. Partial parathyroid gland resection	25%
29. Parathyroidectomy	25%
30. Partial adrenalectomy	25%
31. Bilateral adrenalectomy	25%
32. Other operations on the adrenals	25%
33. Excision and resection of diseased tissue of the pineal body	25%
34. Excision and resection of diseased tissue of the pituitary	75%
35. Other operations on the pituitary	25%
36. Excision and resection of the thymus	25%

## **OPERATIONS ON THE PHARYNX, LARYNX AND TRACHEA**

37. Pharyngotomy	75%
38. Excision and destruction of diseased tissue of the pharynx	25%
39. Pharyngoplasty	75%
40. Reconstructions of the pharynx	75%
41. Reconstruction of the larynx	75%
42. Excision and destruction of diseased tissue of the larynx	25%
43. Hemilaryngectomy	25%
44. Other partial laryngectomy	25%
45. Laryngectomy	25%
46. Temporary tracheostomy	25%
47. Permanent tracheostomy	25%
48. Excision, resection and destruction of diseased tissue of the trachea (including endoscopic)	25%
49. Reconstruction of the larynx	50%
50. Reconstruction of the trachea	75%

## **OPERATIONS ON THE RENAL TRACT**

51. Excision and destruction of diseased tissue of the kidney	75%
52. Partial resection of the kidney	75%
53. Nephrectomy	75%
54. Reimplantation of the kidney	75%
55. Percutaneous-transrenal nephrotomy	25%
56. Percutaneous-transrenal nephrostomy	25%
57. Open surgical nephrotomy	25%
58. Open surgical nephrostomy	25%
59. Open surgical pyelotomy	25%
60. Open surgical pyelostomy	25%
61. Uretero-ureterostomy	25%
62. Intubated ureterostomy	25%
63. Ureteric resection and ureterectomy	25%
64. Cutaneous urinary diversion by ureterocutaneostomy (incontinent stoma)	25%
65. Cutaneous urinary diversion with gut conduit (incontinent stoma)	25%
66. Cutaneous urinary diversion with gut reservoir (continent stoma)	25%
67. Internal urinary diversion through the gut	25%
68. Reconstruction of ureter	25%
69. Transurethral incision, excision, destruction and resection of diseased tissue of the urinary bladder	25%
70. Open surgical excision and destruction of diseased tissue of the urinary bladder	25%
71. Partial urinary bladder resection	25%
72. Cystectomy	75%
73. Replacement of urinary bladder	75%
74. Open surgical urethrotomy and urethrostomy	25%
75. Excision, destruction and resection of diseased tissue of the urethra	25%
76. Urethrectomy as a separate procedure	25%
77. Reconstruction of the urethra	25%
78. Transurethral incision of diseased tissue of the urethra	25%
79. Incision and excision of retroperitoneal tissue	25%

## **OPERATIONS ON THE SKIN AND SUBCUTANEOUS TISSUES**

80. Radical and extensive excision of diseased tissue in the skin and subcutaneous tissues	25%
81. Free flap plasty	75%
82. Tissue expander surgery	75%
83. Facial reconstructive surgery	25%
84. Excision of a pilonidal sinus	25%

## **OPERATIONS ON THE HEART AND BLOOD VESSELS**

85. Replacement of heart valves by prosthesis	100%
86. Change of heart valve	100%
87. Pericardiotomy and cardiectomy	50%
88. Implantation and removal of a cardiac mechanical assist device, open surgery	75%
89. Heart transplantation	100%
90. Heart-lung transplantation	100%
91. Thoracic vascular procedures involving aorta	100%
92. Repair of inferior vena cava	25%
93. Ligation of inferior vena cava	25%

## **OPERATIONS ON THE JAW AND FACIAL BONES**

94. Arthroplasty of mandibular joint	75%
95. Plastic reconstruction of maxilla	75%
96. Plastic reconstruction of mandible	75%
97. Osteotomy to displace lower face	75%
98. Osteotomy to displace the mid-face	75%

## **OPERATIONS ON THE LUNG AND BRONCHUS**

99. Excision and destruction of diseased tissue of a bronchus	25%
100. Atypical lung resection	75%
101. Segmental resection of a lung	75%
102. Simple lobectomy of the lung	75%
103. Simple bilobectomy of the lung	75%
104. Extended lobectomy (unilateral)	75%
105. Extended lobectomy (bilateral)	75%
106. Extended bilobectomy of the lung (unilateral)	75%
107. Extended bilobectomy of the lung (bilateral)	100%
108. Simple pneumonectomy	50%
109. Extended pneumonectomy	75%
110. Reconstruction of the lungs and bronchi	75%
111. Lung transplantation	100%
112. Excision and destruction of diseased tissue of the mediastinum	25%
113. Excision and destruction of diseased tissue of the chest wall	25%

## **OPERATIONS ON THE BREAST**

114. Partial (breast preserving) excision of the breast and destruction of breast tissue without axillary lymphadenectomy	25%
115. Partial (breast preserving) excision of the breast and destruction of breast tissue with axillary lymphadenectomy	25%

## **OPERATIONS ON THE MALE SEXUAL ORGANS**

116. Incision of the scrotum and tunica vaginalis testis	25%
117. Operation on a testicular hydrocele	25%
118. Excision and destruction of diseased scrotal tissue	25%
119. Excision and destruction of diseased tissue of the testes	25%
120. Unilateral orchidectomy	25%
121. Bilateral orchidectomy	25%
122. Epididymectomy	25%

## **OPERATIONS ON THE NERVOUS SYSTEM**

123. Craniotomy through the calvaria / Burrhole	25%
124. Incision of the skull bones (craniotomy and craniectomy)	25%
125. Surgery for intracranial bleeding / haematoma	100%
126. Excision and destruction of diseased intracranial tissue	25%
127. Excision and destruction of diseased tissue of the skull bones	25%
128. Surgery for brain tumors	25%
129. Access to the craniocervical junction and the cervical spinal column	25%



130. Access to the thoracic spinal column	25%
131. Access to the lumbar spinal column, sacrum and coccyx	25%
132. Incision of the spinal cord and spinal meninges	25%
133. Excision and destruction of diseased tissue of the spinal cord and the spinal meninges	25%
134. Nerve transplantation	25%
135. Nerve transfer	25%
136. Nerve transposition	25%
137. Repair of injured nerve (primary)	25%
138. Repair of injured nerve (secondary)	25%

#### **OPERATIONS ON THE EARS**

139. Plastic reconstruction of the whole external ear	25%
140. Construction and reconstruction of external auditory canal	25%
141. Resection of the external ear	25%
142. Stapedotomy	25%
143. Stapedectomy	25%
144. Revision of a stapedectomy	25%
145. Incision of the mastoid process and middle ear	25%
146. Mastoidectomy	25%
147. Plastic reconstruction of parts of the external ear (non-congenital)	25%
148. Myringoplasty (Type 1 tympanoplasty)	25%
149. Tympanoplasty ( closure of an eardrum perforation and reconstruction of the auditory ossicles)	25%
150. Incision(opening) and destruction (elimination) of the inner ear	25%

#### **OPERATIONS ON THE MOUTH AND FACE**

151. Tonsillectomy with adenoidectomy	25%
152. Excision and destruction of diseased hard and soft palate	25%
153. Plastic surgery to the floor of the mouth	25%
154. Reconstruction of the soft tissues of the face	25%

#### **OPERATIONS ON THE DIGESTIVE TRACT**

155. Oesophagostomy as a separate procedure	25%
156. Local excision and destruction of diseased tissue of the oesophagus	25%
157. Partial oesophageal resection without restoration of continuity	50%
158. Partial oesophageal resection with restoration of continuity	75%
159. (Total) oesophagectomy resection without restoration of continuity	100%
160. (Total) oesophagectomy resection with restoration of continuity	100%
161. Reconstruction of the oesophageal passage as a separate procedure	75%
162. Operation on the pylorus	25%
163. Local excision and destruction of diseased gastric tissue (including endoscopy)	25%
164. Local excision and destruction of diseased tissue of the small bowel	25%
165. Endoscopic Local excision and destruction of diseased tissue of the small bowel	25%
166. Local excision and destruction of diseased tissue of the large bowel	25%
167. Endoscopic Local excision and destruction of diseased tissue of the large bowel	25%
168. Exclusion of a bowel segment as a separate procedure (e.g. with two plastic operations)	25%
169. Resection of small bowel	75%
170. Partial resection of large bowel (excluding appendisectomy)	25%
171. (Total) colectomy and proctocolectomy	75%
172. Extended colon resection with resection of small bowel segments without removal of other neighbouring organs	75%
173. Extended colon resection with resection of small bowel segments and removal of other neighbouring organs	75%
174. Bypass anastomosis of bowel	25%
175. Insertion of an enterostomy, double lumen, as a separate procedure	25%
176. Insertion of an enterostomy, terminal, as a separate procedure	25%
177. Insertion of an enterostomy (protective measure) in the course of another procedure	25%
178. Insertion of other enterostomies	25%
179. Retrodisplacement of a double lumen enterostomy	25%
180. Other reconstruction of the bowel	25%
181. Peranal local excision and destruction of diseased tissue of the rectum	25%
182. Rectal resection with preservation of the sphincter	75%
183. Rectal resection without preservation of the sphincter	50%
184. Reconstruction of the rectum	25%
185. Anatomical (typical) liver resection	75%
186. Partial liver resection	50%



187. Local excision and destruction of diseased tissue of the pancreas	75%
188. Partial resection of the pancreas	75%
189. Liver transplantation	100%
190. (Total) pancreatectomy	100%
191. Anastomosis of the pancreatic duct	25%
192. Transplantation of pancreas (tissue)	100%
193. Opening of the retroperitoneum	25%
194. Local excision and destruction of ovarian tissue	25%
195. Exenteration (evisceration) of the lesser pelvis	50%
196. Excision and destruction of diseased tissue of the parametrium	25%
197. Cholecystectomy (including laparoscopy)	25%
198. Cholecystostomy	25%
199. Biliary bowel anastomosis (of hepatic duct,common bile duct and liver parenchyma)	25%
200. Excision of diseased tissues of the bile duct	25%
201. Other reconstruction of the bile ducts	25%
202. Operations on the sphincter of Oddi and the greater duodenal papilla	25%
203. Appendicectomy	25%

#### **TRAUMATOLOGICAL SURGERY, ORTHOPAEDICS AND SURGERIES ON MUSCLES, TENDONS, FASCIAS**

204. Bone graft	75%
205. Bone transport	75%
206. Open reduction on multiple fracture in joint area of a tubular bone with internal fixation	75%
207. Open reduction on multiple fracture of small bones and small joints with internal fixation	75%
208. Open reduction on fracture of the pelvic brim and pelvic girdle with internal fixation	50%
209. Open reduction on fracture of acetabulum and head of femur with internal fixation and open reposition of dislocated hip	75%
210. Intervertebral discectomy	50%
211. Intervertebral micro discectomy	50%
212. Closed reposition of spine with external supporters	50%
213. Closed reposition of spine with external fixation	50%
214. Open reposition of spine with internal fixation	75%
215. Spondylodesis	75%
216. Vertebral body prosthesis and complex reconstruction on spine (e.g. kyphosis or scoliosis)	50%
217. Replantation upper limb	75%
218. Replantation lower limb	75%
219. Hind quarter amputation	75%
220. Hemipelvectomy and scapulothoracic disarticulation	75%
221. Total hip replacement	50%
222. Knee replacement	50%
223. Elbow joint replacement	50%
224. Surgical amputation of thumb	25%
225. Surgical amputation of fingers	25%
226. Surgical amputation of upper limb (above elbow)	25%
227. Surgical amputation of upper limb (below elbow)	25%
228. Surgical amputation of a lower limb (above knee)	25%
229. Surgical amputation of a lower limb (below knee)	25%
230. Surgical amputation of a hand	25%
231. Surgical amputation of foot	25%
232. Surgical amputation of toes	25%
233. Open surgical operation on patella and the attachment apparatus	25%
234. Operations on tendons/ ligaments on hand (e.g. carpal tunnel syndrome)	25%
235. Operations on muscles of hand	25%
236. Synovialectomy of hand	25%
237. Reconstruction on muscle, tendon and fascia	25%
238. Suture and other operations on tendons and tendon sheath	25%

#### **OPERATIONS ON THE HAEMATOPOIETIC AND LYMPH VESSEL SYSTEMS**

239. Regional lymphadenectomy	25%
240. Removal of bone marrow for transplantation	50%
241. Bone marrow transplantation	50%
242. Splenectomy	25%

#### **OPERATIONS ON THE TONGUE**

243. Incision, excision and destruction of diseased tissue of the tongue	25%
244. Partial glossectomy	25%
245. Glossectomy	50%

#### **OPERATIONS ON THE NOSE AND NASAL SINUSES**

246. Reposition of a nasal bone fracture	25%
247. Plastic reconstruction of the internal and external nose (septorhinoplasty)	25%
248. Operation on the maxillary sinus	25%
249. Operation on the ethmoidal sinuses	25%
250. Operations on the frontal sinus	25%

## **Article 43**

### **Complaints**

If the Policy Owner wishes to make a complaint with respect to this Policy or anything connected to the Policy or any service of the Company, such complaint may be registered in any of the following methods.

- i. By calling the Company's contact center via the telephone number or 011 2310 310;
- ii. By visiting the head office of the Company or any of the branch offices;
- iii. By visiting the website [www.aialife.com.lk](http://www.aialife.com.lk);
- iv. By sending an e mail to the e mail address [lk.info@aia.com](mailto:lk.info@aia.com).

Upon receipt of such complaint, the Company will take necessary steps to address such complaint in line with the Company's Customer Complaint Management Procedure prevailing at that time.

## RISK COVER CHARGE TABLE

### Annexure 1

Attained age at next birthday (Male/Female)	Qx	Attained age at next birthday (Male/Female)	Qx
19	0.001994	46	0.005033
20	0.001883	47	0.005590
21	0.001779	48	0.006306
22	0.001683	49	0.006990
23	0.001595	50	0.007869
24	0.001516	51	0.008847
25	0.001447	52	0.009934
26	0.001390	53	0.011141
27	0.001344	54	0.012479
28	0.001312	55	0.013959
29	0.001294	56	0.015595
30	0.001292	57	0.017401
31	0.001307	58	0.019393
32	0.001342	59	0.021588
33	0.001398	60	0.024005
34	0.001476	61	0.026663
35	0.001580	62	0.029584
36	0.001712	63	0.032791
37	0.001873	64	0.036310
38	0.002068	65	0.040169
39	0.002299	66	0.044396
40	0.002531	67	0.049022
41	0.002841	68	0.054083
42	0.003198	69	0.059614
43	0.003551	70	0.065655
44	0.004009		
45	0.004457		

## Annexure 2

**RISK COVER CHARGE TABLE FOR ADDITIONAL BENEFITS**

Attained Age at next birthday	Charge rates per 1 unit of SA								Fixed charge			
	1	2	3	4	5	6	7	8	9			
									a	b	c	d
1			1.75010	1.75010			0.01056					
5			0.91476	0.66682			0.01056					
10			0.64020	0.47256			0.01056					
15			0.63866	0.45166			0.01056					
20	0.00108	0.00017	0.65384	0.48598	0.00081	0.00100	0.00912	0.00141	0.00184		4,610.40	
25	0.00108	0.00017	0.73392	0.57002	0.00110	0.00124	0.00972	0.00109	0.00313		5,806.80	
30	0.00108	0.00017	0.77792	0.64592	0.00149	0.00161	0.01003	0.00097	0.00389		5,017.20	
35	0.00108	0.00022	0.80520	0.72930	0.00197	0.00219	0.01084	0.00119	0.00464		2,656.80	
40	0.00108	0.00034	0.84018	0.84546	0.00284	0.00314	0.01268	0.00190	0.00543	0.00443	812.40	351.60
45	0.00108	0.00061	0.93280	0.99880	0.00450	0.00475	0.01416	0.00334	0.00642	0.00616	493.20	459.60
50	0.00108	0.00121	1.09604	1.17194	0.00760	0.00754	0.01661	0.00590	0.00960	0.00960	590.40	590.40
55	0.00108	0.00244	1.38908	1.41614	0.01208	0.01154	0.01951	0.01047	0.01486	0.01486	733.20	733.20
60	0.00108	0.00484	1.82314	1.78200	0.01853	0.01725	0.02474	0.01800	0.02184	0.02184	891.60	891.60
65	0.00108	0.00869	2.41054	2.26798	0.02829	0.02565	0.03920	0.03013				
70	0.00108	0.00971	3.13610	2.84504	0.04557	0.04063	0.03920	0.04924				

Attained Age at next birthday	Charge rates per 1 unit of SA											
	10											
	A	B	C	D	E	F	G	H	I	J	K	L
1	0.03117	0.02578	0.02222	0.02019	0.01706	0.01342	0.01163	0.01040	0.00847	0.00700	0.00555	0.00458
5	0.02608	0.02157	0.01859	0.01689	0.01427	0.01123	0.00973	0.00870	0.00709	0.00586	0.00465	0.00383
10	0.01972	0.01631	0.01406	0.01277	0.01079	0.00849	0.00736	0.00658	0.00536	0.00443	0.00351	0.00290
15	0.01792	0.01481	0.01277	0.01160	0.00981	0.00772	0.00668	0.00597	0.00487	0.00402	0.00319	0.00263
20	0.02250	0.01860	0.01604	0.01457	0.01231	0.00969	0.00839	0.00750	0.00611	0.00505	0.00401	0.00331
25	0.02574	0.02128	0.01835	0.01667	0.01409	0.01108	0.00960	0.00858	0.00699	0.00578	0.00459	0.00378
30	0.02692	0.02226	0.01919	0.01743	0.01473	0.01159	0.01004	0.00898	0.00732	0.00605	0.00480	0.00396
35	0.02840	0.02348	0.02024	0.01839	0.01554	0.01223	0.01059	0.00947	0.00772	0.00638	0.00506	0.00417
40	0.03506	0.02900	0.02499	0.02271	0.01919	0.01510	0.01308	0.01169	0.00953	0.00788	0.00625	0.00515
45	0.05495	0.04545	0.03917	0.03559	0.03008	0.02367	0.02051	0.01833	0.01493	0.01235	0.00979	0.00808
50	0.07317	0.06051	0.05216	0.04739	0.04005	0.03152	0.02730	0.02441	0.01989	0.01644	0.01304	0.01076
55	0.08879	0.07343	0.06330	0.05751	0.04860	0.03824	0.03313	0.02962	0.02413	0.01995	0.01582	0.01305
60	0.10935	0.09043	0.07795	0.07082	0.05986	0.04710	0.04080	0.03647	0.02972	0.02457	0.01949	0.01608
65	0.14465	0.11963	0.10312	0.09368	0.07918	0.06230	0.05398	0.04825	0.03931	0.03250	0.02578	0.02127
70	0.22300	0.18441	0.15897	0.14442	0.12207	0.09605	0.08321	0.07438	0.06060	0.05011	0.03974	0.03278

Attained Age at next birthday	Charge rates per 1 unit of SA											
	10											
	M	N	O	P	Q	R	S	T	U	V	W	X
1	0.03117	0.02578	0.02222	0.02019	0.01706	0.01342	0.01163	0.01040	0.00847	0.00700	0.00555	0.00458
5	0.02608	0.02157	0.01859	0.01689	0.01427	0.01123	0.00973	0.00870	0.00709	0.00586	0.00465	0.00383
10	0.01972	0.01631	0.01406	0.01277	0.01079	0.00849	0.00736	0.00658	0.00536	0.00443	0.00351	0.00290
15	0.01940	0.01605	0.01383	0.01257	0.01062	0.00836	0.00724	0.00647	0.00527	0.00436	0.00346	0.00285
20	0.02514	0.02079	0.01792	0.01628	0.01376	0.01083	0.00938	0.00838	0.00683	0.00565	0.00448	0.00370
25	0.03038	0.02512	0.02166	0.01968	0.01663	0.01308	0.01134	0.01013	0.00826	0.00683	0.00541	0.00447
30	0.03415	0.02824	0.02434	0.02211	0.01869	0.01471	0.01274	0.01139	0.00928	0.00767	0.00608	0.00502
35	0.03628	0.03000	0.02586	0.02350	0.01986	0.01563	0.01354	0.01210	0.00986	0.00815	0.00647	0.00533
40	0.04641	0.03838	0.03308	0.03005	0.02540	0.01999	0.01732	0.01548	0.01261	0.01043	0.00827	0.00682
45	0.07226	0.05975	0.05151	0.04680	0.03955	0.03112	0.02696	0.02410	0.01964	0.01624	0.01288	0.01062
50	0.09683	0.08008	0.06903	0.06271	0.05300	0.04171	0.03613	0.03230	0.02632	0.02176	0.01726	0.01424
55	0.11393	0.09422	0.08121	0.07378	0.06236	0.04907	0.04251	0.03800	0.03096	0.02560	0.02030	0.01675
60	0.13738	0.11361	0.09794	0.08898	0.07520	0.05917	0.05126	0.04583	0.03734	0.03087	0.02448	0.02020
65	0.16276	0.13460	0.11603	0.10541	0.08909	0.07010	0.06073	0.05429	0.04423	0.03657	0.02900	0.02393
70	0.20689	0.17109	0.14748	0.13399	0.11325	0.08911	0.07720	0.06901	0.05623	0.04649	0.03687	0.03041

## Additional Benefits

- 1 Accident Benefit/ Spouse Accident Benefit
- 2 Premium Protection Benefit
- 3 Global Hospital Income Benefit/ Spouse Global Hospital Income Benefit/Child Global Hospital Income Benefit – Male
- 4 Global Hospital Income Benefit/ Spouse Global Hospital Income Benefit/Child Global Hospital Income Benefit – Female
- 5 Critical Illness Plus Benefit/ Spouse Critical Illness Plus Benefit - Male
- 6 Critical Illness Plus Benefit/ Spouse Critical Illness Plus Benefit - Female
- 7 Global Surgery Care Benefit/ Spouse Global Surgery Care Benefit/Child Healthcare Benefit
- 8 Spouse Life Benefit
- 9 Women's Health Benefit/ Spouse Women's Health Benefit
  - a Charge rate for entry age 19 - 35 next birthday
  - b Charge rate for entry age 36 - 50 next birthday
  - c Fixed charge amount for entry age 19 - 35 next birthday
  - d Fixed charge amount for entry age 36 - 50 next birthday
- 10 Global Hospitalisation Care Benefit/ Spouse Global Hospitalisation Care Benefit/Child Global Hospitalisation Care Benefit/Global Family Hospitalisation Care Benefit
  - a Male - SA 250,000
  - b Male - SA 500,000
  - c Male - SA 7500,000
  - d Male - SA 1,000,000
  - e Male - SA 2,000,000

f	Male - SA 3,000,000
g	Male - SA 4,000,000
h	Male - SA 5,000,000
l	Male - SA 7,500,000
j	Male - SA 10,000,000
k	Male - SA 15,000,000
l	Male - SA 20,000,000
m	Female - SA 250,000
n	Female - SA 500,000
o	Female - SA 7500,000
p	Female - SA 1,000,000
q	Female - SA 2,000,000
r	Female - SA 3,000,000
s	Female - SA 4,000,000
t	Female - SA 5,000,000
u	Female - SA 7,500,000
v	Female - SA 10,000,000
w	Female - SA 15,000,000
x	Female - SA 20,000,000

For coverages other than Women's Health Protector/ Spouse Women's Health Protector

Monthly risk charge = cover SA\*Risk charge rate for attained age/12

For Women's Health Protector/ Spouse Women's Health Protector

Monthly risk charge = cover SA\*Risk charge rate for attained age/12 + Fixed charge amount for attained age/12

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