

**SAVINGS**

AIA SAVINGS PLUS GOLD



## POLICY DOCUMENT

[aialife.com.lk](http://aialife.com.lk)





**AIA Insurance Lanka PLC** (Co, No, PQ 18)

AIA Tower  
P O Box 2088  
92, Dharmapala Mawatha,  
Colombo 07, Sri Lanka  
T : (+94 11) 231 0310  
F : (+94 11) 244 7620  
E : lk.info@aia.com

AIALIFE.COM.LK

**By this policy AIA Insurance Lanka PLC ("The Company") grants the benefits described in the attached schedule:**

**PROVIDED ALWAYS THAT**

- (a) The commencement and continuation of the benefits are conditional upon the payment of premiums relating thereto as described in the Policy Schedule.

**AND**

- (b) The Proposal submitted, together with all declarations and statements made and signed by the Policy Owner or by any Life Assured in connection with the benefits granted by this policy, forms the basis of the benefits so granted.

It is understood that this contract has been entered into in utmost good faith. In the event of fraud or misrepresentation by the Policy Owner or the Life Assured "The Company" may declare the policy null and void.

The schedules, endorsements attached hereto, or issued with respect to this policy from time to time including the Policy Schedule, shall form part of this policy and shall be read and construed as such.

Signed on the Date of Commencement of the policy stated in the Policy Schedule for and on behalf of

AIA Insurance Lanka PLC

**Director - Operations**

**Chief Executive Officer**

**This document is valuable please keep it in a safe place. The maximum benefit will be gained from this policy by ensuring that premiums are paid when they are due.**



## **Table of Contents**

STANDARD TERMS & CONDITIONS.....	5
Article 1 Scope of the contract.....	5
Article 2 Definitions.....	5
Article 3 Benefits.....	6
Article 4 Loyalty Reward.....	7
Article 5 Guaranteed and Annual Dividend Rate.....	7
Article 6 Settlement options.....	7
Article 7 Regular Premium, Top Up & Forfeiture.....	8
Article 8 Inflation Guard.....	9
Article 9 Surrender Value.....	9
Article 10 Emergency Withdrawal.....	9
Article 11 Reinstatement of Lapsed or Paid Up Policy.....	10
Article 12 Payment of Benefits and Dealings with the Insurance.....	10
Article 13 Nomination.....	11
Article 14 Assignment of Policy.....	11
Article 15 Exclusions.....	11
Article 16 Loss of the Policy Document.....	12
Article 17 Events which may affect the Policy.....	12
Article 18 Investment Account and Charges.....	12
Article 19 Cooling off period.....	13
Article 20 Rounding Rules for currency values.....	13
Article 21 Taxation.....	13
Article 22 Correspondence.....	13
Article 23 Notices.....	13
Article 24 Loan.....	13
Article 25 Currency.....	14
Article 26 Law.....	14
Article 27 Contract.....	14
Article 28 Due Observance.....	14
Article 29 Fraud.....	14
Article 30 Application of Foreign Account Tax Compliance Act of United States of America.....	14
RIDER BENEFITS (OPTIONAL).....	15
Article 31 Automatic Termination of Benefits.....	15
Article 32 Notification of Change of Occupation.....	15
Article 33 Exclusions applicable to Rider Benefits.....	16
RIDER BENEFITS AVAILABLE UNDER THIS POLICY.....	16
Article 34 Accident Benefit.....	16
Article 35 Premium Protection Benefit.....	19
Article 36 Income Protection Benefit.....	21

Article 37	Hospitalization Benefit.....	23
Article 38	Critical Illness Benefit.....	26
Article 39	Adult Surgery Benefit.....	31
Article 40	Hospital Expense Cover.....	33
Article 41	Spouse Life Benefit.....	43
Article 42	Spouse Hospitalization Benefit.....	44
Article 43	Spouse Critical Illness Benefit.....	44
Article 44	Spouse Adult Surgery Benefit.....	45
Article 45	Child Hospitalization Benefit.....	45
Article 46	Child Health Care Benefit.....	46
Article 47	List of Surgeries for Adult Surgery Benefit and Spouse Adult Surgery Benefit.....	49
Article 48	List of Surgeries for Child Healthcare Benefit.....	54
Article 49	Lists of Approved Hospitals for Adult Surgery Benefit, Spouse Adult Surgery Benefit and Child Healthcare Benefit.....	59
Article 50	Specific Exclusions Applicable for Adult Surgery Benefit, Spouse Adult Surgery Benefit and Child Health Care Benefit.....	62
Article 51	Specific Definitions Applicable for Adult Surgery Benefit, Spouse Adult Surgery Benefit and Child Health Care Benefit.....	63
Annexure 1	RISK COVER CHARGE TABLE.....	64

## STANDARD TERMS & CONDITIONS

### Article 1 Scope of the contract

This is a non-participating long term insurance policy with inbuilt savings benefits.

### Article 2 Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document and, where appropriate, references to the singular include references to the plural; references to one gender include the other, and references to any statutory enactment include references to amendments to the same.

<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>Age</b>	Age at next birthday.
<b>Allocation Charge</b>	A percentage of <b>Basic Premiums</b> and <b>Top Up Premiums</b> apportioned towards charges from the premium received with the balance credited to the <b>Investment Account</b> . This is a charge at the time of receipt of premium.
<b>Allocation Rate</b>	The percentage of <b>Basic Premiums</b> and <b>Top Up Premiums</b> credited to <b>Investment Account</b> . Where this is lower than 100% there is therefore a charge (the <b>Allocation Charge</b> ) at the time of receipt of premium.
<b>Annual Dividend Rate</b>	A rate declared by the Company for each year that will be used as the basis to credit dividend to the <b>Investment Account</b> . The <b>Annual Dividend Rate</b> applicable for the previous year will be declared during the first six (6) months of the current year
<b>Basic Premium</b>	Premium payable by the <b>Policy Owner</b> , in the manner, at the intervals and in the method specified in the <b>Policy Schedule</b> which relates to the <b>Basic Sum Assured</b> and is credited to the <b>Investment Account</b> after adjusting for <b>Allocation Charge</b> . <b>Basic Premium</b> will be maintained or increased annually by the <b>Inflation Guard</b> . <b>Basic Premium</b> applicable at the <b>Date of Commencement</b> is specified in the <b>Policy Schedule</b> .
<b>Basic Sum Assured</b>	The amount as specified in the <b>Policy Schedule</b> payable upon the death of the <b>Life Assured</b> during the <b>Policy Term</b> , subject to the applicable terms and conditions.
<b>Claimant</b>	The <b>Policy Owner</b> , <b>Nominee</b> or any other legally interested person (for example, the heir or administrator or executor of a deceased <b>Policy Owner</b> ) who wishes to make a claim for payment of any benefits under the <b>Insurance</b> .
<b>Date of Commencement</b>	The date of commencement of the <b>Insurance</b> as specified in the <b>Policy Schedule</b> .
<b>Guaranteed Dividend Rate</b>	A rate declared by the Company that will be used as the basis for any benefit calculated based on the <b>Investment Account</b> balance until the <b>Annual Dividend Rate</b> for the following year is declared. The <b>Guaranteed Dividend Rate</b> for the following year will be declared during the last three (3) months of the current year.
<b>Inflation Guard</b>	<b>Inflation Guard</b> is the maintenance or annual increase of the <b>Basic Premium</b> to safeguard the savings benefits of this policy from adverse impact of inflation. <b>Inflation Guard</b> will be applicable for the Premium for Premium Protection Benefit, if Premium Protection Benefit is opted by the <b>Policy Owner</b> . Applicable rate for <b>Inflation Guard</b> is specified in the <b>Policy Schedule</b> .
<b>Insurance</b>	The arrangements established by this Policy Document.
<b>Investment Account</b>	A notional account which is created for this insurance policy to which the <b>Basic Premiums</b> and <b>Top Up Premiums</b> paid are credited at the time of receipt of such Premium and after adjusting for <b>Allocation Charge</b> . Charges from the <b>Investment Account</b> are specified in Article 18.



<b>Life Assured</b>	The person named in the <b>Policy Schedule</b> and whose life is the object of the <b>Insurance</b> and, if no person is specifically named, shall mean the <b>Policy Owner</b> .
<b>Maturity Date</b>	The date specified in the <b>Policy Schedule</b> on which benefits (as per Article 3.2 become payable provided the <b>Life Assured</b> is still living.
<b>Modal Charge</b>	A percentage of <b>Basic Premiums</b> apportioned towards charges based on premium paying frequency or premium paying mode from the <b>Premium</b> received. This is a charge at the time of receipt of <b>Premium</b> and the applicable charge is specified in the <b>Policy Schedule</b> .
<b>Nominee/Beneficiary</b>	A person whose name has been nominated by the <b>Policy Owner</b> and such nomination is notified in writing to the Company in accordance with section 43 of the Regulation of Insurance Industry Act No.43 of 2000 (as amended) and who is entitled to receive the applicable benefits upon the death of the <b>Life Assured</b> subject to the applicable terms and conditions.
<b>Policy Anniversary</b>	The annual anniversary of the <b>Date of Commencement</b> .
<b>Policy Owner</b>	A person who has a contractual capacity as named in the <b>Policy Schedule</b> , having an insurable interest in the life of the <b>Life Assured</b> , who has entered in to the contract of the <b>Insurance</b> with the Company, and owns the <b>Insurance</b> .
<b>Policy Schedule</b>	The schedule and any endorsements thereto issued by the Company to evidence the <b>Insurance</b> , and, if more than one on the same subject, then the latest in time with respect to such particular subject.
<b>Policy Term</b>	The period between the <b>Date of Commencement</b> and the <b>Maturity Date</b> .
<b>Policy Term for Rider Benefit</b>	The period from the Commencement date to the Expiry date of the relevant <b>Rider Benefits</b> as stated in the <b>Policy Schedule</b> .
<b>Policy Year</b>	The year commencing on the <b>Date of Commencement</b> or on a <b>Policy Anniversary</b> thereof.
<b>Regular Premium</b>	Premium payable by the <b>Policy Owner</b> in regular intervals in the amounts, in the manner, and in the method specified in the <b>Policy Schedule</b> .
<b>Rider Benefit</b>	An add-on benefit attached to and forming part of the policy if specified in the <b>Policy Schedule</b> .
<b>Rider Premium</b>	Premium payable by the <b>Policy Owner</b> in regular intervals in the amounts, in the manner and in the method specified in the <b>Policy Schedule</b> which relates to the <b>Rider Benefits</b> (if any).
<b>Surrender Penalty</b>	A charge levied by the Company which is debited to the <b>Investment Account</b> on the termination of the <b>Insurance</b> prior to Maturity.
<b>Surrender Value</b>	The <b>Investment Account</b> balance less the <b>Surrender Penalty</b> applicable, if any, available only after the payment of <b>Regular Premiums</b> for consecutive three <b>Policy Years</b> according to the applicable terms and conditions.
<b>Top Up Premium</b>	A premium which is not forming part of <b>Regular Premium</b> and paid at irregular intervals during <b>Policy Term</b> .

## Article 3 Benefits

- 3.1 Upon the death of the **Life Assured**, during the **Policy Term**, subject to the admission of a claim by the Company and to Article 12, the Company will pay the **Basic Sum Assured** or the balance of the **Investment Account** (as at the date of receipt of notification of death by the Company at its address specified on the **Policy Schedule**), whichever is higher.
- 3.2 Subject to Article 12, if the **Life Assured** is surviving on the **Maturity Date**, the Company will pay the balance of the **Investment Account** as at the date of payment of the Maturity Benefit.
- 3.3 The **Insurance** will immediately terminate on the benefits outlined in Articles 3.1 or 3.2 becoming payable.
- 3.4 The **Policy Owner** will have the option of making one Emergency Withdrawal from the **Investment Account**, subject to Article 10.

- 3.5 The fund management charge will continue to be deducted from the **Investment Account** after the **Maturity Date** in accordance with Article 18.3.

## Article 4 Loyalty Reward

- 4.1 The Company shall notionally credit to the **Investment Account** the Loyalty Reward at the tenth **Policy Anniversary** subject to Article 4.2 and 4.3. The applicable amount will be a percentage of annual **Basic Premium** and the relevant percentage is based on the premium paying frequency / mode as specified in the **Policy Schedule**.
- 4.2 The Policy will be entitled to the Loyalty Reward only if the **Premiums** payable during the first ten **Policy Years** are paid by the **Policy Owner** before or on the due date or at most within a period of 180 days from the due date of each **Premium**. For avoidance of doubt, it is declared and agreed that this Policy will not be entitled for the Loyalty Reward if any payment of **Premium** had been delayed beyond 180 days from the respective due date of such delayed **Premium**.
- 4.3 In the event of a change of premium paying frequency / mode during the first ten **Policy Years**, the lowest amount of Loyalty Reward will be applied corresponding to the premium payment frequencies / modes chosen by the **Policy Owner** after the third **Policy Anniversary** but before the Loyalty Reward is credited. Applicable percentage amounts for Loyalty Reward corresponding to the available premium paying frequencies / modes are specified in the **Policy Schedule**.

## Article 5 Guaranteed and Annual Dividend Rate

During the last three (3) months of each year the Company 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 following 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** of the life fund is calculated as the maximum of  $80\% \times C / D$  and the **Guaranteed Dividend Rate** with:

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

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

B is the accounted 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

The resulting **Annual Dividend Rate** is applied to the Individual **Investment Accounts** for the previous year, thereby replacing the **Guaranteed Dividend Rate**.

## Article 6 Settlement options

- 6.1 On the **Maturity Date**, provided the policy is not considered as lapsed or terminated, the **Policy Owner** shall have the following settlement options :-

- (i) Lump Sum Payment

Upon survival of the **Life Assured** the **Policy Owner** may elect to receive the whole of the balance of the **Investment Account** in a Lump Sum.

- (ii) Extended Investment Option

As an alternative to receiving payment in lump sum, the **Policy Owner** may elect to leave the policy proceeds with the Company on the following terms :

- (a) The Company will continue to declare dividends on the **Investment Account** and debit the charges.



- (b) The Guaranteed Annual Dividend will not be applicable for the **Investment Account** after the **Maturity Date**.
- (c) The amount payable upon death will be the balance in the **Investment Account**.

If the **Policy Owner** fails to select a Maturity Settlement Option then the Company, after informing the **Policy Owner** in writing at his last known address that his policy has matured, shall apply the Extended Investment Option detailed above.

- 6.2 No **Regular Premiums** or **Top Up Premiums** can be paid by the **Policy Owner** after the **Maturity Date**.
- 6.3 The balance of the **Investment Account**, after the **Maturity Date**, will be paid to the **Policy Owner** or **Nominee** or legal heir as applicable:
  - 6.3.1 If the **Policy Owner** requests for the final settlement.
  - 6.3.2 On the death of the **Policy Owner**.
  - 6.3.3 If the balance in the **Investment Account** falls below LKR 100,000.

## Article 7 Regular Premium, Top Up & Forfeiture

- 7.1 It is a condition precedent to the Company's liability to make any payment under this **Insurance** that there has been payment of **Regular Premium** by the **Policy Owner**. If the **Regular Premium** is not paid in the manner or amount or at or within the time provided for, then the Company will allow a period of grace of thirty days from the date upon which the **Regular Premium** should have been paid within which the default shall be rectified.
- 7.2 The **Policy Owner** may opt to pay the **Total Premiums** monthly, quarterly, bi-annually or annually (Premium Paying Frequency / mode). The relevant premium paying frequency also referred to as the premium paying mode or mode is specified in the **Policy Schedule**. The **Policy Owner** may request the Company in writing to change the premium paying frequency / mode any time during the **Policy Term** and such change will be effective from a date specified by the Company. Such change will affect the Loyalty Reward and attract **Modal Charge** and increase of premiums for any **Additional Benefits** as applicable.
- 7.3 **Policy Owner** may pay **Regular Premiums** in advance and the Company will accept such advance **Regular Premiums** that are due up to a maximum of 36 months from the date the payments are made. Any **Regular Premiums** paid in advance for any period which exceeds 36 months or the **Maturity Date** will not create any liability on the Company and the Company will refund such money paid as premium.
- 7.4 If **Regular Premium** is not paid within the period of grace, and:
  - 7.4.1 If the due date is less than 36 months from the **Date of Commencement**, then the **Insurance** will lapse with effect from the due date of the first premium in default and the Company shall not be liable to make any payment under this **Insurance**. The payment or acceptance of any premium subsequent to the application of the condition in this Article shall not create any liability (unless the policy has been subsequently reinstated under the provisions of Article 11) but the Company shall refund any such premium.
  - 7.4.2 If the due date of the **Regular Premium** is 36 months or more from the **Date of Commencement**, then the **Insurance** 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) The **Investment Account** will continue to be debited with charges specified in Article 18. However the mortality charge which is the charge for the risk cover specified in Article 18.4 will cease to be deducted from the completion of six months from the date of conversion.
    - b) In the event of death of the **Life Assured** the amount payable will be the **Investment Account** balance as at the date of receipt of notification of death by the Company at its address specified on the **Policy Schedule**. However, if the date of death is less than six months after the due date of the first premium in default then the Sum Assured specified in the **Policy Schedule** or the **Investment Account** balance whichever is greater shall be paid after recovery of defaulted premiums.

- c) All **Rider Benefits** provided under the policy will automatically terminate six months after the due date of the first premium in default and no further benefits shall be paid in respect of any claims arising after the date of such termination.
- d) Subject to above the Sum Assured specified in the **Policy Schedule** shall not be applicable.

7.5 **Allocation Rate** applicable for **Top Up Premium** is specified in the **Policy Schedule**.

7.6 While the policy is considered as Paid Up or lapsed as per Article 7.4 no **Top Up Premium** shall be paid. The payment or acceptance by the Company of any **Top Up Premium** during a period where the policy is considered as Paid Up or lapsed, shall not create any liability but the Company shall refund any such **Top Up Premium** after deducting any reasonable expenses.

7.7 Any **Top Up Premiums** paid during a period of which the policy is not considered as Paid Up or lapsed shall not be refunded.

7.8 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.

## Article 8 Inflation Guard

8.1 The **Policy Owner** may opt for **Inflation Guard** where the **Basic Premium** will be increased by the selected percentage at each subsequent **Policy Anniversary**. If Premium Protection Benefit is opted, then the premium for Premium Protection Benefit will also be increased accordingly.

Example: If the **Inflation Guard** is opted for 5% and if there are no other **Rider Benefits** obtained, the **Basic Premium** and Premium for Premium Protection Benefit, if opted, for the second **Policy Year** will be 105% of the premium payable in first **Policy Year**. The **Basic Premium** and Premium for Premium Protection Benefit, if opted, for the third **Policy Year** will be 105% of the premium payable in second **Policy Year** etc.

8.2 The **Policy Owner** will have the option of adjusting/continuing the **Inflation Guard** percentage at 0%, 5%, 10% or 15% at any time before the beginning of the last **Policy Year**. Any such change will be applicable from the next **Policy Anniversary**.

## Article 9 Surrender Value

9.1 After the payment of premiums for three consecutive **Policy Years**, the **Policy Owner** shall, upon the termination of this **Insurance** for any reason (other than the death of the **Life Assured** not excluded under Article 15), be entitled to a **Surrender Value** calculated as the balance of the **Investment Account**, less the **Surrender Penalty**. The basis of **Surrender Penalty** is given in the **Policy Schedule**.

9.2 The **Policy Owner** shall not be entitled to any benefit, upon the termination of this **Insurance** for any reason (other than the death of the **Life Assured**), before this Insurance acquires a **Surrender Value**.

9.3 The Company has a right to charge a fee to cover the administrative costs of processing the surrender.

9.4 The payment or acceptance by the Company of any premium subsequent to the payment of **Surrender Value** to the **Policy Owner** shall not create any liability but the Company shall refund any such premium.

## Article 10 Emergency Withdrawal

After the completion of third **Policy Year**, the **Policy Owner** may make a single withdrawal for an emergency from the **Investment Account**, up to a maximum value of fifteen per centum of the **Investment Account** balance at the date of such withdrawal. This option will be available only once throughout the **Policy Term** regardless of the percentage withdrawn. The Company has the right to charge a fee as specified in the **Policy Schedule** towards the administrative costs of processing the same.

## Article 11 Reinstatement of Lapsed or Paid Up Policy

- 11.1 The **Policy Owner** may apply to reinstate the Lapsed or Paid Up **Insurance** within two years from the due date of the first unpaid **Regular Premium** (the failure to pay which resulted in the **Insurance** lapsing or the **Insurance** becoming paid up), provided that the **Policy Owner**:
- 11.1.1 Informs the Company in writing of his intention to do so before the proposed date of reinstatement, subject to the right of the Company to obtain additional information (medical or otherwise) before considering any request for reinstatement;
  - 11.1.2 Pays in advance all **Regular Premiums** that would have been payable from the date of default to the proposed date of reinstatement;
  - 11.1.3 Agrees that, if the Company confirms its willingness to reinstate the **Insurance**, the Company shall be entitled to charge the **Policy Owner** a fee specified in the **Policy Schedule**, towards the costs of dealing with the reinstatement; and
  - 11.1.4 Acknowledges that nothing herein shall oblige the Company to reinstate the **Insurance** or restrict the terms upon which the Company may agree to reinstate the **Insurance**, which decision shall be at the sole and absolute discretion of the Company.

## Article 12 Payment of Benefits and Dealings with the Insurance

- 12.1 It is a condition precedent to the Company's liability to make payment of any benefits in respect of the death of the **Life Assured** that it receives immediate written notice and in any event within three (03) months of such death, and is provided with the opportunity of establishing to its satisfaction the date, circumstances and cause of the **Life Assured's** death.
- 12.2 The Company shall be entitled to call for and the **Claimant** shall be obliged to provide the Company with such evidence, medical, legal or otherwise, as it may request in order to admit any claim, surrender or emergency withdrawal under Articles 3, 9, or 10.
- 12.3 At the request of the Company, the **Claimant** shall provide such evidence in support of the claim to the Company at the expense of the **Claimant**.
- 12.4 The Company shall be 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 **Insurance** and shall be entitled to receive all cooperation and assistance from the **Claimant**.
- 12.5 The Company shall be under no obligation to make any payment under this **Insurance** until such time as the **Claimant** shall have provided it with all information and documentation requested by the Company in relation to both the claim and the **Claimant's** entitlement.
- 12.6 In particular, before any benefits under the **Insurance** are paid, the following (where applicable) must be submitted to the Company:
- The Policy Document
  - Remittance details such as Bank account details of the **Policy Owner** or **Nominee** as applicable.
  - Proof of **Age** of the **Life Assured** (unless previously admitted). The Company reserves the right to require proof of **Age** of the **Life Assured** before making any payment. If **Age** has been inadvertently misstated, this alone shall not invalidate the policy but an equitable adjustment will be made to the premium and or benefits under this policy.
  - 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 of the **Life Assured**.
  - The Company's claim form duly completed.
  - Any other document required by the Company in order to admit the claim and/or prove the entitlement of the **Claimant**.

- 12.7 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.
- 12.8 The requirements specified in Articles 12.1 to 12.7 shall apply in addition to other specific claim requirements specified in other Articles.

## Article 13 Nomination

- 13.1 If the **Life Assured** is the **Policy Owner**, then he may, when effecting the policy or at any time before the **Maturity Date**, nominate a person or persons to whom the money secured by the policy shall be paid in the event of his death.
- 13.2 The nominated **Nominees** may be changed at any time until the **Maturity Date**.
- 13.3 A nomination or a change to the nomination of a **Nominee** must be communicated in writing to the Company and be incorporated by endorsement duly approved and signed by an authorized officer of the Company. Such nomination or change of nomination will only become effective when it has been communicated to and registered with and acknowledged by the Company.
- 13.4 Where a **Nominee** dies prior to the **Basic Sum Assured** becoming payable then the benefits under Article 3.1 shall be paid to the other **Nominees** (in proportion to their designated shares of the **Basic Sum Assured**) or if no other **Nominees** have been designated, to the **Policy Owner's** legal heirs in accordance with applicable Sri Lankan law.
- 13.5 Assignment of the **Insurance** shall automatically cancel all nominations.
- 13.6 Payment of benefits made before the Company receives written notice of a valid claim by another person releases the Company from further obligation.

## Article 14 Assignment of Policy

Any assignment of this policy shall be in accordance with the laws of Sri Lanka as applicable for the time being and shall not be binding upon the Company unless written notice of such assignment is received and acknowledged by the Company and the assignment is recorded by the Company. Upon receipt of any written notice of assignment the Company shall be entitled to require the production of all original documents for examination to the Company's satisfaction before recording such assignment. The Company assumes no responsibility for the invalidity of any assignment due to operation of law.

## Article 15 Exclusions

- 15.1 If the **Life Assured** commits suicide (whether of sound mind or otherwise at the time) within one (1) year from the **Date of Commencement** or reinstatement (whichever shall be the later) the amount payable under this policy shall not exceed the aggregate of the **Regular Premiums** paid to date, and after deduction of expenses incurred on stamp duty (if any), or such greater sum (not exceeding the amount which would otherwise be payable upon the death of the **Life Assured**) as may be represented by the interest of a third party acquired in good faith for valuable consideration and proved to the satisfaction of the Company not to be recoverable in any other way.
- 15.2 Only the **Surrender Value** (if available) as at the date of receipt of notification of the death at the Company's address specified in the **Policy Schedule**, shall be payable in the event of death of the **Life Assured** 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.

- 15.3 Only the **Surrender Value** (if available) as at the date of receipt of notification of the death at the Company's address specified in the **Policy Schedule**, is payable where in the opinion of the Company 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).

## Article 16 Loss of the Policy Document

- 16.1 If the Policy Document is lost or destroyed, then subject to Article 16.3 at the request of the **Policy Owner**, the Company will issue a duplicate Policy Document duly endorsed to show that it is issued following the loss or destruction of the original document. The Company has the right to charge a fee for the issue of a duplicate Policy Document.
- 16.2 Upon the issue of a duplicate Policy Document the original Policy Document will cease to have any legal effect.
- 16.3 The Company reserves the right to make such investigations and to call for such evidence of the loss of the Policy Document at the expense of the **Policy Owner**, as it considers necessary before issuing a duplicate Policy Document. The Company also reserves the right to ask the **Policy Owner** to comply with further requirements such as signing of an indemnity bond.

## Article 17 Events which may affect the Policy

- 17.1 This **Insurance** policy shall not, after the expiry of two years from the date of the issue of the policy, be called into question by the Company on the grounds that a statement made in the proposal or other document on the faith of which the policy was issued or reinstated, or in any report of a medical officer or referee, was inaccurate or false, unless the Company shows 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 **Policy Owner** and that the **Policy Owner** knew at the time of making it that the statement was false or that it suppressed facts it was material to disclose.

Provided that, nothing in this Article shall prevent the Company from calling for proof of **Age** at any time, if it is entitled to do so under the policy conditions, and no policy shall be deemed to have been called into question merely because the terms of the policy are adjusted on subsequent proof that the **Age** of the **Life Assured** was incorrectly stated in the proposal.

- 17.2 The privileges and conditions of this policy cannot be waived or changed except by a policy endorsement duly approved and signed by an authorized officer of the Company.
- 17.3 Payment of **Basic Sum Assured** 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**.

## Article 18 Investment Account and Charges

- 18.1 On the **Date of Commencement**, the Company shall open the **Investment Account** and on receipt of each Premium shall notionally credit such Premium after adjusting for the **Allocation Charge** and **Modal Charge** to the **Investment Account**. The **Allocation Charges** and **Modal Charges** are given in the **Policy Schedule**.
- 18.2 Each month the Investment Account will be debited with monthly administration charges to meet the Company's administration expenses. The starting amount and subsequent escalation rate and timing of the administration charge is mentioned in the Policy Schedule.
- 18.3 A daily charge will be debited to the Investment Account as a fund management charge towards the charge for the management of the investments. This charge will be subject to review and change at any time having regard to any changes experienced by the Company in the cost of the administration of investments. The fund management charge is given in the Policy Schedule.
- 18.4 Each month the charge for the risk cover under the Insurance as determined by the Company in accordance with the Company's table of charges as mentioned in Annexure 1 will be charged from the Investment Account.

## Article 19 Cooling off period

Within twenty one (21) days from the date of receipt of this **Insurance** policy, the **Policy Owner** may cancel it by returning it to the Company whereupon the Company will refund the **Regular Premiums** paid to date, after deduction of expenses incurred on stamp duty (if any) and any medical examinations the Company may have organized for the **Life Assured**.

## Article 20 Rounding Rules for currency values

All Premiums paid by the **Policy Owner** to the Company and all benefits paid by the Company are expressed in whole currency units, after being rounded to the nearest whole currency unit.

## Article 21 Taxation

The Company is entitled to make such deductions which, in its 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**.

## Article 22 Correspondence

- 22.1 All instructions and notifications in respect of the **Insurance** must be given in writing, signed by the **Policy Owner** and sent to the Company's address specified in the **Policy Schedule**. The Company will not act upon any such instruction, notification or request until it is received at the said address.
- 22.2 The **Policy Owner** should notify the Company of any change of address also involving that of the **Nominee** under the **Insurance**. In the event that a change of address is not notified to the Company then correspondence sent to the last recorded address shall be legally effective and valid.

## Article 23 Notices

- 23.1 All notices of assignments or of any other legal transactions affecting ownership of the **Insurance** or entitlement to benefits under the **Insurance** must be given in writing to the Company at its address specified in the **Policy Schedule**. The Company will not act upon any such notice until it is received at the said address.
- 23.2 All notices of nominations under Article 13 must be given in writing to the Company at its address specified in the **Policy Schedule**. The Company shall, at its discretion request the production of original documents as may be required for examination before recording the change as requested by Article 23.1.
- 23.3 Any assignment, nomination or other transaction affecting ownership of the Insurance or entitlement to benefits under the **Insurance** shall be ineffectual and void against the Company unless and until notice is served in accordance with Articles 23.1 and 23.2 before the Company becomes liable for the payment of benefits.
- 23.4 In registering any notice pursuant to Articles 23.1 and 23.2 the Company does not accept any responsibility or express any opinion as to its validity or legal effect.

## Article 24 Loan

The Company shall not advance any funds by way of a loan or otherwise to the **Policy Owner** on the security of this Policy, whether in whole or in part.



## Article 25    **Currency**

All premiums and benefits under this **Insurance** are payable in the lawful currency of Sri Lanka.

## Article 26    **Law**

This **Insurance** and the applicable terms and conditions are governed by Sri Lankan law.

## Article 27    **Contract**

This Policy Document read together with its Annexure(s), Endorsements, Schedules Proposal Form and other statements and declarations evidences the contract between the **Policy Owner** and the Company. No change or alteration to this Policy Document shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by the Company's endorsement duly approved and signed by an authorized officer of the Company.

The Company reserves the right to amend the terms of the policy document to be in compliance with regulatory requirements and/or to make such amendments which are not detrimental to the **Policy Owner**.

## Article 28    **Due Observance**

The due observance of and compliance with the terms, provisions and conditions of the Policy insofar as they relate to anything to be done or complied with by the **Policy Owner** and/or the **Nominee** and/or **Claimant** and/or the legal heirs shall be a condition precedent to the liability of the Company.

## Article 29    **Fraud**

If the **Policy Owner** and/or the **Nominee** and/or **Claimant** and/or the legal heirs shall make or advance any claim under or in respect of this **Insurance** knowing the same to be false or fraudulent as regards to amount or otherwise, this **Insurance** shall be void and any benefits hereunder shall be forfeited.

## Article 30    **Application of Foreign Account Tax Compliance Act of United States of America**

30.1 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).

30.2 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.

30.3 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.

## **RIDER BENEFITS (OPTIONAL)**

The **Rider Benefits** are described as optional and can be added on at the commencement of the Policy. If a **Rider Benefit** is taken a **Rider Premium** will be payable along with the **Basic Premium**. The **Rider Premium** will not be credited to the **Investment Account**. The **Policy Term** for the **Rider Benefit** is described under Article 2.

### **Special conditions applicable to Rider Benefits;**

Following special conditions will be applicable for the **Rider Benefits** described in Articles 34 to 46 only if the Article which describes the specific **Rider Benefit** stipulates as applicable.

## **Article 31 Automatic Termination of Benefits**

Any **Rider Benefit** applicable under this policy will automatically terminate on reaching its expiry date as stated in the **Policy Schedule**.

The payment or acceptance of any premium in respect of the benefit terminated thereunder subsequent to the application of the conditions in this Article shall not create any liability in respect of that benefit but the Company shall refund any such premium.

If the expiry date of any benefit is before the expiry of the **Policy Term** then the Company will calculate and advise the **Policy Owner** of any revised, reduced premium payable for this policy.

Other events which lead to the termination of benefits as detailed in Article 7, Article 9, Article 11 and Article 19 will apply for termination of any **Rider Benefits**.

Termination of any benefit shall be without prejudice to any claim arising prior to such termination in respect of the benefit terminated or to any claim on another benefit which has not been terminated.

## **Article 32 Notification of Change of Occupation**

This section does not apply to the **Basic Sum Assured** and benefits provided under Article 41.

The **Policy Owner** shall duly notify the Company of any change in **Life Assured's** occupation or duties performed and the Company reserves the right to revise the premium paid/payable for or exclude any or all of the benefits provided by this policy.

The Company reserves 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 the Company has not been notified.

## Article 33 Exclusions applicable to Rider Benefits

- (i) No benefit shall be payable under any of the Articles forming part of this policy from any claim which arises, indirectly or directly, as a result of active service of the **Life Assured** in the military, naval, air force, police or similar service.
- (ii) With the exception of the Spouse Life Benefit (Article 41) no benefit shall be payable under any of the Articles forming part of this policy in respect of any claim which arises, directly or indirectly from injury or illness caused by nuclear fusion, nuclear fission or radioactive contamination.
- (iii) With the exception of the Spouse Life Benefit (Article 41) no benefit shall be payable under any of the Articles forming part of this policy in respect of any claim which arises, directly or indirectly, from 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.
- (iv) With the exception of the Spouse Life Benefit (Article 41) no benefit shall be payable under any of the Articles forming part of this policy in respect of any claim on the **Life Assured** which arises directly or indirectly from aviation, gliding or any other form of aerial flight other than as a fare paying passenger of a recognized airline or charter service.
- (v) With the exception of the Spouse Life Benefit (Article 41) no benefit shall be payable under any of the Articles forming part of this policy in respect of any claim arising, indirectly or directly, as a result of the **Life Assured** being under the influence of alcohol or drugs otherwise than in accordance with the directions of a registered medical practitioner.
- (vi) With the exception of the Spouse Life Benefit (Article 41) no benefit shall be payable under any of the Articles forming part of this policy in respect of any claim arising from 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.

## RIDER BENEFITS AVAILABLE UNDER THIS POLICY

### Article 34 Accident Benefit

#### 34.1 Eligibility for Benefit

Accident Benefit and the conditions in this Article will apply only if the benefit stated in the **Policy Schedule** as applicable.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely the "Accident Benefit" which is issued in conjunction with, but does not necessarily form part of such other Benefit.

#### 34.2 Benefits Provided

For the purposes of this Article the term "Injury" shall mean any bodily injury sustained by the **Life Assured** caused solely and directly by violent, accidental, external and visible means.

The following benefits are provided under this Article:

- (i) **DEATH BY ACCIDENT**  
Upon the death of the **Life Assured** occurring as a sole result of injury prior to the Expiry Date of the Accident Benefit, and provided such death occurs within 90 days of sustaining such injury, the Company subject to the terms and conditions of this policy, will pay to the **Policy Owner** or his **Nominee** or legal heirs as the case may be, the Accident Benefit Amount stated in the **Policy Schedule**, reduced by the amount of any payments made in respect of any other claims under this Article.
- (ii) **TOTAL PERMANENT DISABILITY**  
Upon the **Life Assured** sustaining injury prior to the Expiry Date of the Accident Benefit, which shall solely and independently of any other cause result in the Life Assured's Total Permanent Disability (as defined hereinafter), and proves such disablement to the satisfaction of the Company, the Company will subject to the terms and conditions of this policy, pay to the **Policy Owner** an advance payment equal to 60% of the Accident Benefit Amount specified in the **Policy Schedule** and the balance 40% in nine equal installments on each **Policy Anniversary** from the date of commencement of Total Permanent Disability. Such Advance Payments will only be made during the continuance of the Total Permanent Disability and upon production of the policy for endorsement.

For the purposes of this Article "Total Permanent Disability" is defined as disablement such that there is neither at the time Disablement commences 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, provided however, that such Disablement must last for not less than 26 weeks in duration, and if it is thereafter admitted as Permanent and Total for the purposes of this Article, liability of the Company 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.

(iii) **PERMANENT PARTIAL DISABLEMENT**

Upon the **Life Assured** sustaining any injury prior to the Expiry Date of the Accident Benefit, which shall solely and independently of any other cause result in the **Life Assured's** Permanent Partial Disablement (as hereinafter defined), and proves such disablement to the satisfaction of the Company, the Company shall subject to the terms and conditions of this policy pay to the **Policy Owner**, a payment 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**.

For the purposes of this Article "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

NATURE OF DISABILITY	Benefit as a percentage of the Accident Benefit Amount
<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. Where the injury is not specified the Company will adopt a percentage of disablement which in the opinion of the Company is not inconsistent 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 schedule for all claims taken together or for any single claim shall not exceed the Accident Benefit Amount stated in the **Policy Schedule**.

#### 34.3 **Additional Claims Requirements**

In addition to the requirements specified in Article 12 the following requirements shall also apply in respect of the benefits provided under this Article:

- (i) The Company should be served with written notice of any injury to the **Life Assured** upon which a claim may be based. Such notice must be given to the Company 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 thereof must be given to the Company. Such notice given by or on behalf of the **Policy Owner** or **Nominee** or any other person entitled to a claim under this benefit, as the case may be, to the Company with particulars sufficient to identify the **Policy Owner/Life Assured** shall be deemed to be notice to the Company. 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) Proof of Disablement must be furnished to the Company during the lifetime of the **Life Assured** and within one year of the relative Premium Date of the first premium in default, if there is such a default.
- (iii) Though proof of Total Permanent Disability may have been accepted as satisfactory by the Company, the Company shall be entitled to demand, at reasonable intervals from the **Policy Owner** proof of the continuance of such Disability, but after such Disablement has continued for two full years the Company shall not demand such proof more than once in each year. If the **Policy Owner** 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 or obtain any wages, compensation or profit, Advance Payments shall cease.
- (iv) The Company may at its absolute discretion require the **Life Assured** to submit himself for a medical examination to a medical practitioner specified by the Company whenever it may reasonably require and in case of **Accidental Death** shall be entitled to require an autopsy to be conducted where it is not forbidden by law. The **Policy Owner** or the **Claimant** as the case may be, shall be obliged to comply with such request.

#### 34.4 **Specific Exclusions Applicable To This Benefit**

The general policy exclusions given in Article 15 and exclusions applicable to **Rider Benefits** given in Article 33 will be applicable to this benefit.

In addition, the benefits provided herein this Article do not cover 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.

#### 34.5 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28 and 29 and special conditions applicable to **Rider Benefits** specified in Article 31, 32 and 33 will be applicable to this benefit.

- 34.6 The market limit for Accident Benefit is LKR 30,000,000. This means the Company will consider the maximum sum payable by all insurance companies for a claim on Accident Benefit will be limited to the aggregate sum of LKR 30,000,000. The Company will consider the policies in chronological order for this purpose.

## **Article 35 Premium Protection Benefit**

#### 35.1 **Eligibility for Benefit**

Premium Protection Benefit and the conditions in this Article will apply only if the benefit is stated in the **Policy Schedule** as applicable.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, the "Premium Protection Benefit" which is issued in conjunction with, but does not form part of such other Benefit.

#### 35.2 **Benefits Provided**

- 35.2.1 If at any time during the **Policy Term** provided the **Regular Premium** have been duly paid, the Life Assured becomes Totally and Permanently Disabled (as defined within this



Article), then subject to the applicable terms and conditions all future **Regular Premiums** payable under the policy in respect of applicable covers specified in the **Policy Schedule** shall be waived. In event of disablement, the future premiums shall be waived during the continuance of such Total and Permanent Disablement. The first premium so waived shall be the one falling due immediately after the date of commencement of the disablement provided, however, that there shall be no waiver of any premium where the due date of which is more than one year prior to the date of receipt by the Company of written notice of claim.

- 35.2.2 If the **Inflation Guard** percentage is increased and if the disability as defined in Article 35.3 of the **Life Assured** occurs before the completion of 365 days from the date of such increase then the Premium Protection Benefit amount applicable, will be based on the **Inflation Guard** percentage that was applicable prior to 365 days from the date of disability.

**35.3 Definitions applicable for this benefit**

“Accident” shall mean 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 appointed or approved by the Company 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 the cover, 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 disability, OR 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.

**35.4 Additional Claims Requirements**

In addition to the requirements specified in Article 12 the following requirements shall also apply in respect of the benefits provided under this Article :

- (i) Written notice of claim shall be given to the Company within three (3) months from the date of commencement of such disablement. 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) Assessment of disablement of the **Life Assured** will be made after a period of 26 weeks of continuous disablement. If admitted, premiums will be waived from the date of commencement of disablement. Premiums paid after the date of commencement of disablement will be refunded.
- (iii) Though proof of Disablement may have been accepted as satisfactory by the Company, the Company shall be entitled to demand at reasonable intervals, from the **Policy Owner** proof of the continuance of such disablement. If the **Policy Owner** 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 all premiums falling due after any such event shall be payable according to the terms of this policy.
- (iv) The Company may at its absolute discretion require the **Life Assured** to submit himself for a medical examination to a medical practitioner specified by the Company whenever it may reasonably require and the **Policy Owner** is obliged to present the **Life Assured** for such medical examination.
- (v) Proof of Disablement must be furnished to the Company 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.

### 35.5 **Specific Exclusions Applicable to this Benefit**

The general policy exclusions given in Article 15 and exclusions applicable to **Rider Benefits** given in Article 33 will be applicable to this benefit.

No benefits shall be payable for or on account of any disablement of the **Life Assured** 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 or participation in any criminal or unlawful act.
- (ii) Any disability, abnormality, deformity or illness which existed prior to the date on which this additional benefit is added to the policy.

### 35.6 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28 and 29 and special conditions applicable to **Rider Benefits** specified in Articles 31, 32 and 33 will be applicable to this benefit. In addition, the following conditions also apply to this benefit :-

- (i) The premium applicable for this benefit is guaranteed for one year only. The Company reserves the right to revise the premium at the **Policy Anniversary** after due notification to the **Policy Owner**.
- (ii) 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.
- (iii) An assignee or **Beneficiary** shall not have the right to receive any payments arising from a claim under the benefits provided in this Article.
- (iv) The premium applicable for Hospital Expense Cover (if opted) shall not be covered under the benefit provided under this Premium Protection Benefit. This means the total premium waived off by application of this benefit shall not include the premium payable with respect to Hospital Expense Cover.

## **Article 36 Income Protection Benefit**

### 36.1 **Eligibility for Benefit**

Income Protection Benefit and the conditions in this Article will apply only if the benefit is stated in the **Policy Schedule**.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely the "Income Protection Benefit", which is issued in conjunction with, but does not form part of such other Benefit.

**36.2 Benefits Provided**

If at any time during the **Policy Term** provided the **Regular Premiums** have been duly paid, the death of the **Life Assured** occurs or the **Life Assured** becomes Totally and Permanently Disabled (as defined within Article 36.3), then subject to the applicable terms and conditions, the Company shall pay to the **Policy Owner** or the **Nominee** (as the case may be), a monthly income equal to the Income Protection Benefit specified in the **Policy Schedule** commencing from the date of death of the **Life Assured** or the date of commencement of the disablement of **Life Assured** until the completion of the **Policy Term** subject to a maximum period of ten years.

**36.3 Definitions applicable for this benefit**

"Accident" shall mean 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 appointed or approved by the Company 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 the cover, 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 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.

**36.4 Additional Claims Requirements**

In addition to the requirements specified in Article 12 the following requirements shall also apply in respect of the benefits provided under this Article :

- (i) Written notice of claim shall be given to the Company within three (3) months from the date of death or commencement of such disablement. 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) Assessment of disablement of the **Life Assured** will be made after a period of 26 weeks of continuous disablement. If admitted, premiums will be waived from the date of commencement

of disablement. Premiums paid after the date of commencement of disablement will be refunded.

- (iii) Though proof of Disablement may have been accepted as satisfactory by the Company, the Company shall be entitled to demand at reasonable intervals, from the **Policy Owner** proof of the continuance of such disablement. If the **Policy Owner** 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 all premiums falling due after any such event shall be payable by the **Policy Owner** according to the terms of this policy and the payment of monthly income by the Company shall be seized. If the Company has paid any monthly income after such event, the **Policy Owner** shall refund the said amounts paid by the Company.
- (iv) The Company may at its absolute discretion require the **Life Assured** to submit himself for a medical examination to a medical practitioner specified by the Company whenever it may reasonably require and the **Policy Owner** is obliged to present the **Life Assured** for such medical examination.
- (v) Proof of Disablement must be furnished to the Company 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.

#### 36.5 **Specific Exclusions Applicable to this Benefit**

The general policy exclusions given in Article 15 and exclusions applicable to **Rider Benefits** given in Article 33 will be applicable to this benefit.

No benefits shall be payable for or on account of death or any disablement of the **Life Assured** 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 or participation in any criminal or unlawful act.
- (ii) Any disability, abnormality, deformity or illness which existed prior to the date on which this additional benefit is added to the policy.

#### 36.6 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28 and 29 and special conditions applicable to **Rider Benefits** specified in Article 31, 32 and 33 will be applicable to this benefit. In addition, the following conditions also apply to this benefit :-

- (i) The premium applicable for this benefit is guaranteed for one year only. The Company reserves the right to revise the premium at the **Policy Anniversary** after due notification to the **Policy Owner**.
- (ii) 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.
- (iii) Unless in case of a death of the **Life Assured**, an assignee or **Nominee** shall not have the right to receive any payments arising from a claim under the benefits provided in this Article.
- (iv) The market limit for Income Protection Benefit or any other benefit covering Total and Permanent Disability is LKR 30,000,000. This means the Company will consider the maximum sum payable by all insurance companies for a claim on Total and Permanent Disability Benefit will be limited to the aggregate sum of LKR 30,000,000. The Company will consider the policies in chronological order for this purpose.

## **Article 37 Hospitalization Benefit**

#### 37.1 **Eligibility for Benefit**

Hospitalization Benefit and the conditions of this Article will apply only if the benefit is stated in the **Policy Schedule** as applicable.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely the "Hospitalization Benefit", which is issued in conjunction with, but does not necessarily form part of any such other Benefit.

### 37.2 **Benefits Provided**

This benefit provides a Hospitalization Benefit amount per day (as stated in the **Policy Schedule**) payable on the hospitalization of the **Life Assured** and twice the such Hospitalization Benefit Amount per day payable for hospitalization in an Intensive Care Unit, subject to the conditions set out in this Article.

If the **Life Assured**, on the recommendation and approval of a doctor is admitted for a surgical operation to any recognized hospital or confined to a hospital for treatment other than for surgical purposes, the Company will pay the Hospitalization Benefit Amount for each complete day hospitalized, if hospitalized for more than three days.

The amount payable will be the Hospitalization Benefit Amount, as stated in the **Policy Schedule**, for the number of complete days hospitalized. However, the hospitalization benefit provided by all policies issued by the Company upon the same life will be taken into account and the maximum cover will be limited to an overall maximum limit of Rs. 10,000 per complete day hospitalized.

For the purpose of this Article :

- (i) "Doctor" shall mean a legally qualified and duly licensed medical physician or surgeon registered with the Sri Lanka Medical Council acting within the scope of that license, who is not the **Policy Owner**, the **Life Assured**, Spouse of the **Life Assured** or **Policy Owner** or a close relative of either the **Policy Owner** or **Life Assured** or the spouse
- (ii) "Hospital" shall mean a government 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, which institution provides room and board services and nursing care 24 hours a day and has 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 in Sri Lanka recognised by The Company. The list of such recognized private hospitals may be revised from time to time but will be available for inspection at the Head Office of The Company. Notwithstanding this condition, the Company will, at its sole discretion, make payment for claims under this benefit which satisfy all the other conditions of this Article.

The term "Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurvedic hospitals), convalescent home, place for custodial care, home for the aged, rehabilitation centers 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.

- (iii) "Complete day hospitalized" means a continuous period of 24 hours during which the **Life Assured** is confined to hospital.
- (iv) "Hospital confinement" means that a person is registered as a bed patient in a hospital (as defined above).
- (v) "Surgical operation" means only the following (1) a cutting operation; (2) suturing a wound; (3) treatment of a fracture; (4) reduction of a dislocation (5) radiotherapy (excluding radioactive isotope therapy) if used in lieu of a cutting operation for the removal of tumour; (6) electrocauterisation ; (7) diagnostic and therapeutic endoscopic procedures; (8) injection treatment of hemorrhoids and varicose veins.

### 37.3 **Additional Claims Requirements**

In addition to the requirements specified in Article 12 following requirements shall also apply in respect of the benefits provided under this Article :

- (i) The Company may require the **Policy Owner** to provide additional proof as the Company may consider satisfactory, before payment of any claim under the Hospitalization Benefit, such as;
  - (a) The Hospitalization of the **Life Assured**
  - (b) The times and dates of hospitalization
  - (c) The cause of hospitalization
  - (d) Details of the hospital (whether it falls within the definition given in Article 37.2 (ii))

- (ii) The Company will not make any payment under the hospitalization benefit if ;
  - (a) The Company is 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.
  - (b) The **Life Assured** has been hospitalized for a continuous period of less than 3 complete days.
- (iii) Payment of Hospitalization Benefit will be limited to 18 days in the first **Policy Year** from the date of commencement (or reinstatement of the Policy whichever is later) of the policy or from the date of inclusion of the benefit.
- (iv) The company will not make any further payment in respect of any Hospitalization Benefit provided for by this Article if :-
  - (a) The Company has paid hospitalization benefit for 180 days in respect of all periods of hospitalization in the **Policy Year**;
  - (b) The Company has paid hospitalization benefit for 180 days in respect of the same sickness, disease or accident throughout the term of the policy;
  - (c) The Company has 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.
- (v) A claim under this Article will not be entertained unless all of the conditions below are satisfied :-
  - (a) The first complete day of hospitalization occurs after 90 days from the date of commencement of the benefits provided under this Article.
  - (b) If the policy is backdated the first complete day of hospitalization is more than 90 days after the Policy issue date as specified in the **Policy Schedule**.
  - (c) If after the Hospitalization benefit is reinstated (under the conditions given in Article 11) the first complete day of hospitalization occurs after 90 days from the date of reinstatement.
- (vi) 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.
- (vii) The Company reserves the right to require the **Life Assured** to be examined by a medical practitioner appointed or approved by the Company in which event the Company will not make any payment under the hospitalization benefit unless such medical practitioner certifies that the hospitalization of the **Life Assured** is or was necessary.
- (viii) Proof of hospitalization must be furnished to the Company within one year of the relative Premium due date of the first premium in default, if there is such a default.

#### 37.4 **Specific Exclusions Applicable to this Benefit**

The general policy exclusions given in Article 15 and exclusions applicable to **Rider Benefits** given in Article 33 will be applicable to this benefit.

No benefits shall be payable for or on account of any period of hospitalization of the **Life Assured** arising 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 this additional benefit was most recently added to the policy.
- (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 centers, 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 therefrom.
- (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.

#### 37.5 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28 and 29 and special conditions applicable to **Rider Benefits** specified in Article 31, 32 and 33 will be applicable to this benefit. In addition, the following conditions also apply to this benefit:-

- (i) The premium appropriate for this benefit is guaranteed for one year only. The Company reserves the right to revise the premium at the **Policy Anniversary** after due notification to the **Policy Owner**.
- (ii) An assignee or **Nominee** shall not have the right to receive any payments arising from a claim under the benefits provided in this Article.

## **Article 38 Critical Illness Benefit**

### 38.1 **Eligibility for Benefit**

Critical Illness Benefit and the conditions of this schedule will apply only if the benefit is stated in the **Policy Schedule**.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely the "Critical Illness Benefit" which is issued in conjunction with, but does not form part of such other Benefit.

### 38.2 **Benefits Provided**

This benefit provides the Critical Illness Benefit Amount, as stated in the **Policy Schedule**, in the event of the **Life Assured** being diagnosed for the first time as suffering from a "critical illness" as defined below, subject to the conditions specified in this Article.

The benefits provided under the Article will not be payable if the **Life Assured** dies within 30 days from the date of first diagnosis of the critical illness.

For the purpose of this Article "critical illness" is defined as any one or more of the following illnesses :-

#### 1. Angioplasty\* (PTCA)

\*Important -

This critical illness is covered only if the **Life Assured's Age** is 55 years or below as at the commencement of the Critical Illness Benefit.

The undergoing of any of the following catheter-based interventions

- balloon angioplasty with or without stent insertion,
- rotational or directional atherectomy or
- transluminal laser treatment

to treat narrowing or blockage in two or more main coronary arteries. There must be at least 70% narrowing of the diameter in each vessel and the interventions must be carried out within 4 weeks.

For the purposes of this definition main coronary arteries are described as one or more of the following:

- Left main stem
- Left anterior descending (including its diagonal branches)
- Left circumflex artery (including its obtuse marginal branches)
- Right coronary artery (including its distal branches)

The procedure must be confirmed by a Consultant Cardiologist and supported by coronary angiogram findings.

For the above definition, the following are not covered:

- One or more procedures in one main coronary artery only (including its branches)
- Interval of more than 4 weeks between two procedures in two or more coronary arteries

2. **Apallic Syndrome**  
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 (eg. CT Scan, MRI of the brain). The condition has to be medically documented at least for one month.
3. **Blindness (Loss of Sight)**  
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.
4. **Cancer**  
A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and invasion of tissue. Diagnosis has to be confirmed by a specialist and evidenced by definite histology. The term cancer also includes leukaemia and malignant diseases of the lymphatic system such as Hodgkin's Disease.

Excluded are

- Any CIN stage (cervical intraepithelial neoplasia)
- Any pre-malignant tumour
- Any non-invasive cancer (cancer in situ)
- Prostate cancer stage 1 (T1a, 1b, 1c)
- Basal cell carcinoma and squamous cell carcinoma
- Malignant melanoma stage IA (T1a, N0, M0)
- Any malignant tumour in the presence of any Human Immunodeficiency Virus.

5. **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

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

6. **Deafness (loss of hearing)**  
Total, permanent and irreversible loss of hearing in both ears as a result of sickness or accident. The diagnosis has to be confirmed by a specialist (best by an ear, nose and throat specialist) and evidenced by means of audiometry.

7. 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 (billirubin > 2 micromol/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.
8. 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
9. Fulminant Viral Hepatitis  
Submissive 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
10. Heart Attack (Myocardial Infarction)  
The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis has to be confirmed by a specialist and evidenced by all of the following criteria:
- a) a history of typical chest pain
  - b) new characteristic electrocardiogram changes
  - c) elevation of infarction specific enzymes. Troponins or other biochemical markets
- 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
11. Heart Valve Replacement  
Surgical replacement of one or more heart valves with prosthetic valves. This includes the replacement of aortic, mitral, pulmonary or tricuspid valves with prosthetic valves due to stenosis or incompetence or a combination of these factors. Realisation of the heart valve replacement has to be confirmed by a specialist.
- Excluded are
- Heart valve repair
  - Valvulotomy
  - Valvuloplasty

12. **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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist.
13. **Loss of Speech**  
Total and irreversible loss of the ability to speak due to injury or disease of the vocal cords. The condition has to be confirmed and medically documented by a specialist (best by an otorhinolaryngologist) for at least 6 months. Psychogenic loss of speech is excluded from cover.
14. **Major Burns**  
Third degree burns covering at least 20% of the surface area of the Life Assured's body. Diagnosis has to be confirmed by a specialist and evidenced by specific results eg. the Lund Browder Chart or equivalent burn area calculators.
15. **Major Organ Transplantation**  
The actual undergoing of transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.
16. **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 **Life Assured** 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.
17. **Muscular Dystrophy**  
Unequivocal diagnosis of either Duchenne, Becker or Limb Girdle Muscular Dystrophy (all other 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.
18. **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-Barre-Syndrome
19. **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.
20. **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 a 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

21. Surgery for a 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.

22. Total & Permanent Disability

Total and permanent disability shall mean disability, whether caused by bodily injury or disease, which causes permanent inability to ever perform any occupation for remuneration or profit. The loss of both arms and both legs or of one arm and one leg, or both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability. Diagnosis has to be confirmed by a specialist and evidenced by specific test results re the underlying impairment.

38.3 **Additional Claim Requirements**

In addition to the claim requirements specified in Article 12 the following requirements shall also apply in respect of the Critical Illness Benefit provided under this Article.

- (i) A claim under this Article will not be applicable unless all of the following conditions are satisfied:-
  - (a) The first date of diagnosis occurs after 90 days (180 days if it is an Angioplasty) from the date of commencement of the benefits provided under this Article.
  - (b) If the policy is backdated the first date of diagnosis is more than 90 days (180 days on Angioplasty) after the Policy issue date specified in the **Policy Schedule**.
  - (c) If the Critical Illness Benefit is reinstated (under the conditions given in Article 11 the first date of diagnosis occurs after 90 days (180 days for Angioplasty) from the date of reinstatement.

For the critical illnesses listed below, the conditions a), b) and c) above will be deemed to 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 Article “accidental injury” shall mean any bodily injury sustained by the **Life Assured** caused suddenly and directly by violent, accidental, external and visible means.

- (ii) If the Critical Illness 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 Benefit amount payable will be the amount that would have been payable prior to such increase.
- (iii) The Company must receive satisfactory medical evidence from an appropriate medical practitioner that the **Life Assured** is diagnosed of suffering from a critical illness specified herein.
- (iv) The Company reserves the right to require the **Life Assured** to be examined by a medical consultant nominated or approved by the Company to confirm eligibility for the benefit provided for in this Article.
- (v) The Company will not make any payment under the Critical Illness Benefit provided for by this Article if the Company is not notified of the diagnosis of the 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.

- (vi) Amount payable on any Angioplasty claim would be 50% of the Critical Illness Benefit amount specified in the **Policy Schedule** subject to a maximum of Rs. 1,000,000. The cover Limit of Rs. 1,000,000 is the maximum amount that any individual can avail from all his / her policies, either with the same Company or any other Company. The Company will consider the policies in chronological order for this purpose.

#### 38.4 **Specific Exclusions Applicable to this Benefit**

The exclusions given in Article 15 and exclusions applicable to **Rider Benefits** given in Article 33 will be applicable to this benefit.

No benefit shall be payable for or on account of critical illness of the **Life Assured** 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. the 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.)

#### 38.5 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28, 29 and 33 and special conditions applicable to **Rider Benefits** specified in Article 31, 32 and 33 will be applicable to this benefit.

In addition, the following conditions also apply to this benefit :-

- (i) The Critical Illness Benefit provided by all policies issued by the Company upon the same life will be taken into account and the maximum cover will be limited to Rs. 3,000,000 in total.
- (ii) The Market limit for Critical Illness Benefit or any other benefit covering the critical illness stated herein is Rs. 6,000,000. This means the Company will consider the maximum sum payable by all insurance companies for a claim of critical illness will be limited to the aggregate sum of Rs. 6,000,000. The Company will consider the policies in chronological order for this purpose.
- (iii) The premium applicable for this benefit is guaranteed for one year only. The Company reserves the right to revise the premium applicable to this benefit at the **Policy Anniversary** after due notification to the **Policy Owner**.
- (iv) An Assignee or **Nominee** shall not have the right to receive any payments arising from a claim under the benefits provided in this Article.
- (v) The benefits provided by this Article are only payable once during the **Policy Term for Rider Benefit**. On admission of any claim under this Article the benefit will automatically terminate. The Company will calculate and advise the **Policy Owner** of any revised premium applicable thereafter.

## **Article 39 Adult Surgery Benefit**

#### 39.1 **Eligibility for Benefit**

Adult Surgery Benefit and the conditions of this Article will apply only if the benefit is stated in the **Policy Schedule**.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely "Adult Surgery Benefit", which is issued in conjunction with, but not necessarily form part of such other Benefit.

#### 39.2 **Benefits Provided**

While this benefit is in force, and subject always to the Conditions and Exclusions mentioned in the specific sections given below, the Company will provide the following:



In the event the **Life Assured** covered under this policy as stated in the **Policy Schedule** has undergone any surgery listed in the list of surgeries in Article 47, subject to the terms and conditions of this policy, the benefit amount shall be payable subject to providing proof of surgery to the satisfaction of the Company. The benefit amount payable is based on the Benefit Amount mentioned in the **Policy Schedule** applicable at the time of the surgery and the percentages as mentioned against each eligible surgery in the list of surgeries in Article 47.

The Company will not participate in any other expense incurred during or after surgery and hospitalization. The Company disclaims 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, the Company 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, the Company shall only pay for that surgery performed in respect of which the largest amount becomes payable.

The maximum benefit that can be claimed in any **Policy Year** cannot exceed 100% of the Benefit Amount specified in the **Policy Schedule**. The **Policy Owner** may claim for any number of covered surgeries undergone by the **Life Assured** during the **Policy Term** but cannot claim for the same surgery more than once during the **Policy Term**. The total claim amount payable during the **Policy Term** of the Basic Cover 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 Adult Surgery Benefit from the Company is limited to Rupees One Million (Rs.1, 000,000).

### 39.3 **Geographical scope of Coverage**

This benefit shall cover surgeries performed within Sri Lanka, India and Singapore. In India and Singapore only the surgeries performed in the approved list of hospitals as stated in Article 49 shall be covered.

### 39.4 **Additional Claims Requirements**

In addition to the requirements specified in Article 12 the following requirements shall also apply in respect of the benefits provided under this Article:

- i. The Company may require the **Policy Owner** to provide additional proof as the Company may consider satisfactory, before payment of any claim under the Adult Surgery Benefit, such as;
  - a. The Hospitalization of the **Life Assured**
  - b. The cause of hospitalization and the details of surgery that had been performed
  - c. Details of the hospital
- ii. The Company will not make any payment under the Adult Surgery benefit if ;
  - a. The Company is 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. The Company shall, upon receipt of such notice, issue to the **Policy Owner** such forms as are usually required to process a claim.
  - b. The duly completed forms and documents in respect of proof of claims are not delivered to the Company within 10 working days from the date of issue. For this purpose delivery to the Company shall mean the receipt of such forms and documents at the office of the company for which the address is specified in the **Policy Schedule**.
- iii. A claim under this Article will not be entertained unless all of the conditions below are satisfied:-
  - a. The date of surgery occurs after 90 days from the date of commencement of the benefits provided under this Article.
  - b. If the policy is backdated, the date of surgery occurs more than 90 days after the Policy issue date as specified in the **Policy Schedule**.
  - c. If after the Adult Surgery benefit is reinstated (under the conditions given in Article 11) the date of surgery occurs after 90 days from the date of reinstatement.

39.5 **Specific Definitions and Exclusions Applicable to this Benefit**

In addition to the policy exclusions listed under Article 15 and 33, all specific exclusions listed under Article 50 and definitions specified in Article 51 shall be applicable to this benefit.

39.6 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28 and 29 and special conditions applicable to **Rider Benefits** specified in Article 31, 32 and 33 will be applicable to this benefit. In addition, the following conditions also apply to this benefit :-

- (a) The premium appropriate for this benefit is guaranteed for one year only. The company reserves the right to revise the premium at the **Policy Anniversary** after due notification to the **Policy Owner**.
- (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.
- (c) Adult Surgery Benefit shall not be provided in conjunction with the Hospital Expense Cover.

## **Article 40 Hospital Expense Cover**

40.1 **Eligibility for Benefit**

Hospital Expense Cover and the conditions of this Article will apply only if this benefit is stated in the **Policy Schedule** as applicable.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an **Additional Benefit**, namely the "Hospital Expense Cover", which is issued in conjunction with, but does not necessarily form part of any such other Benefit.

40.2 **Benefits Provided**

This benefit provides indemnity for specified reasonable and customary medical expenses 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 by or incurred by the **Policy Owner**, subject to the conditions set out in this Article.

If the **Policy Owner** incur any expense specified in the Table of Benefits below with respect to any Member, the Company will reimburse the actual expenses incurred and not recoverable from any other means, not exceeding the applicable limits depending on the Scheme of the cover opted by the **Policy Owner** and specified in the **Policy Schedule** subject to the following terms, conditions and exclusions.

The maximum amount payable by the Company 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 opted by the **Policy Owner** with respect to that Member which is specified in the **Policy Schedule**. The Company shall consider the claims made on each Member separately and 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 Hospital Expense Cover 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
Benefit Amount (LKR) (per Policy Year)		100,000/-	200,000/-	300,000/-	400,000/-	500,000/-	750,000/-	1,000,000/-
Limits applicable for different categories of expenses								
1	Room, boarding and nursing expenses per day	2% of Benefit Amount (LKR 2,000/-)	2% of Benefit Amount (LKR 4,000/-)	2% of Benefit Amount (LKR 6,000/-)	2% of Benefit Amount (LKR 8,000/-)	2% of Benefit Amount (LKR 10,000/-)	LKR 10,000/-	LKR 10,000/-
2	In the event of treatment in ICU – for boarding and nursing expenses per day	4% of Benefit Amount (LKR 4,000/-)	4% of Benefit Amount (LKR 8,000/-)	4% of Benefit Amount (LKR 12,000/-)	4% of Benefit Amount (LKR 16,000/-)	4% of Benefit Amount (LKR 20,000/-)	LKR 20,000/-	LKR 20,000/-
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 LKR 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</b> 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 Benefit Amount (LKR 30,000/-)	30% of Benefit Amount (LKR 60,000/-)	30% of Benefit Amount (LKR 90,000/-)	30% of Benefit Amount (LKR 120,000/-)	30% of Benefit Amount (LKR 150,000/-)	30% of Benefit Amount (LKR 225,000/-)	30% of Benefit Amount (LKR 300,000/-)
3	Surgeon, Anesthetists, Medical Practitioner, Consultants, Specialists fee annual limit	30% of Benefit Amount (LKR 30,000/-)	30% of Benefit Amount (LKR 60,000/-)	30% of Benefit Amount (LKR 90,000/-)	30% of Benefit Amount (LKR 120,000/-)	30% of Benefit Amount (LKR 150,000/-)	30% of Benefit Amount (LKR 225,000/-)	30% of Benefit Amount (LKR 300,000/-)
4	Operation theatre, Anesthesia, blood, oxygen, medicines and drugs etc, Diagnostics and laboratory tests annual limit	40% of Benefit Amount (LKR 40,000/-)	40% of Benefit Amount (LKR 80,000/-)	40% of Benefit Amount (LKR 120,000/-)	40% of LKR (LKR 160,000/-)	40% of Benefit Amount (LKR 200,000/-)	40% of Benefit Amount (LKR 300,000/-)	40% of Benefit Amount (LKR 400,000/-)
5	Hospitalization of an organ donor	50% of the Benefit Amount	50% of the Benefit Amount	50% of the Benefit Amount	50% of the Benefit Amount	50% of the Benefit Amount	50% of the Benefit Amount	50% of the Benefit Amount
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 to a Member. This benefit is payable only in case the hospitalization claim of the organ recipient (the donee, who the 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	Benefits for selected medical procedures	
	<p>(i) In the event a Member covered under this Benefit undergoes any medical procedure listed below, the Company will reimburse the incurred actual amounts for the expenses specified in the Table of Benefits subject to a maximum amount specified against the procedure. The limits specified above shall not be applicable for the below listed medical procedures.</p> <p>(ii) In the opinion of the Company, if the medical procedure claimed for falls within one of the below mentioned procedures then such claim shall not be considered under any other benefit provided under the Hospital Expense Cover and the <b>Claimant</b> shall only be entitled to the reimbursement of incurred actual amounts for the expenses specified in the Table of Benefits subject to the maximum amounts specified below.</p>	
A	Cataract Surgery	50% of Benefit Amount subject to maximum of Rs 60,000
B	Hernias	50% of Benefit Amount subject to maximum of Rs 80,000
C	Hysterectomy/ Calculus Diseases of any etiology	50% of Benefit Amount subject to maximum of Rs 150,000
D	Joint Replacement Surgeries	100% of Benefit Amount subject to maximum of Rs 250,000
E	Cancer surgeries including radio/chemotherapy	100% of Benefit Amount subject to maximum of Rs 300,000
F	Cardiac surgeries including pacemaker implantation and sick sinus syndrome	100% of Benefit Amount subject to maximum of Rs 400,000
7	Day Care Procedures	
	<p>i) Day Care Procedures listed under Article 40.7 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.</p> <p>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>.</p>	

#### 40.3 Additional Claims Requirements

In addition to the requirements specified in Article 12 following requirements shall also apply in respect of the benefits provided under this Article :

- (i) The Company may require the **Policy Owner** to provide additional proof as the Company may consider satisfactory, before payment of any claim under the Hospital Expense Cover, such as;
  - (a) The hospitalization and or treatments of the member covered under this Benefit.
  - (b) The times and dates of hospitalization and or treatments and or procedures carried on.
  - (c) The cause of hospitalization and or treatments and or procedures carried on.
  - (d) Details of the hospital and or treatments or procedures carried on.
  - (e) Original bills, invoices and any other relevant documents
- (ii) The Company will not make any payment under the Hospital Expense Cover if;
  - (a) The Company is not notified of the hospitalization of the covered member within 48 hours from the hospitalization; and
  - (b) The Company does not receive the claim documents within 30 days from discharge of the hospital. Claim documents shall include the completed claim form, original bills, invoices and any other document the Company may request to ascertain its liability for the claim.
  - (c) 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.
- (iii) A claim under this Benefit will not be entertained unless all of the conditions below are satisfied:-
  - (a) Subject to specific exclusions in Article 40.4, the first incident which causes the claim occurs after 90 days from the date of commencement of the benefits provided under this Article unless such claim is directly arising out of an Accident.

- (b) If the policy is backdated the incident which causes the claim occurs after 90 days from the Policy issue date as specified in the **Policy Schedule**.
- (c) If after the Hospital Expense Cover is reinstated (under the conditions given in Article 11) the incident which causes the claim occurs after 90 days from the date of reinstatement.
- (iv) If a claim under this 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 the request of the **Policy Owner** then the claim amount entertained will be the Benefit Amount provided before the date of such increase.
- (v) The Company reserves the right to require any Member to be examined by a medical practitioner appointed or approved by the Company in which event the Company will not make any payment under the Hospital Expense Cover 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.

#### 40.4 Specific Exclusions Applicable to this Benefit

- a) The general policy exclusions given in Article 15 and exclusions applicable to **Additional Benefits** given in Article 33 will be applicable to this benefit except that any reference to **Life Assured** in such exclusions and any other Articles referred therein shall be construed as references to any respective Member covered under this Benefit.
- b) No benefit shall be payable under Hospital Expense Cover with respect to any Member during the first ensuing 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

- c) No benefits shall be payable for or on account of Hospital Expense Cover 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 :-
- (i) 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 the Company. It would also mean any direct or indirect complications arising out of pre-existing conditions whether known or unknown to such Member covered under this Benefit or the **Policy Owner**.
  - (ii) Any treatment received outside the geographical limits of Sri Lanka.
  - (iii) Epidemics recognized by WHO or/and Sri Lanka Government.
  - (iv) Government screening programs, or similar incidents..
  - (v) Confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
  - (vi) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
  - (vii) Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
  - (viii) 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).
  - (ix) 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 accepted by the company.
  - (x) 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.
  - (xi) 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 (S.A.S), Continuous Ambulatory Peritoneal Dialysis (C.A.P.D) and Oxygen concentrator for Bronchial Asthmatic condition.
  - (xii) Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
  - (xiii) Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect.
  - (xiv) 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.
  - (xv) 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.
  - (xvi) 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.
  - (xvii) Venereal disease or any sexually transmitted disease or sickness.
  - (xviii) Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of this, including pre and post natal expenses.
  - (xix) Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment and Voluntary Termination of Pregnancy.



- (xx) Vaccinations or inoculations of any kind.
- (xxi) Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Medical Practitioner.
- (xxii) 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.
- (xxiii) Treatment for any mental illness or psychiatric or psychological ailment / condition.
- (xxiv) 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.
- (xxv) 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.
- (xxvi) Genetic disorders and stem cell implantation / surgery/storage.
- (xxvii) 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.
- (xxviii) 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.
- (xxix) Treatment by non allopathic methods (including ayurvedic methods, naturotherapy, acupuncture, aromatherapy, etc).
- (xxx) 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.
- (xxxi) Treatment for obesity, weight reduction or weight management, Costs of donor screening or treatment.
- (xxxii) Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- (xxxiii) Private duty nursing, respite care, long-term nursing care, sanatorium or spa treatment, rehabilitation measures or hospitalization undertaken as a preventive measure.
- (xxxiv) Avalanche, earthquake, volcanic eruption or other convulsion of nature.

#### 40.5 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28 and 29 and special conditions applicable to **Additional Benefits** specified in Article 31, 32 and 33 will be applicable to this benefit. In addition, the following conditions also apply to this benefit:-

- (i) The maximum amount payable by the Company shall be the actual cost incurred or an amount up to the limit applicable for the event which resulted the claim whichever is lesser.
- (ii) The **Premium** appropriate for this benefit is guaranteed for one year only. The Company reserves the right to revise the **Premium** at the **Policy Anniversary** after due notification to the **Policy Owner**.
- (iii) An assignee or **Nominee** shall not have the right to receive any payments arising from a claim under the benefits provided in this Article.

- (iv) Unless terminated by the Company, this Benefit shall cease immediately with respect to;
  - a) The **Life Assured** - when he/she reaches the **Age** of 65 years
  - b) The Spouse of the **Life Assured** - when he/she reaches the **Age** of 65 years
  - c) Any Children covered under this Benefit - when such child reaches the **Age** of 23 years, or such child gets married or becomes employed whichever occurs earlier

or at the end of the term of the Benefit as specified in the **Policy Schedule** whichever occurs earlier.
- (v) The Company reserves the unconditional and irrevocable right to review this Benefit at each **Policy Anniversary** and change any limit, term, condition, exclusion or any other matter applicable to this Benefit to be applicable from an effective date specified by the Company at its absolute discretion. It is hereby declared and agreed that the changes reserved for the Company's discretion shall include the right to change the premium charged for this Benefit and also removal of the Benefit as well. The **Policy Owner** shall not have any right to demand the Company 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 the Company removes this Benefit then the premium charged for this Benefit shall not be charged with effective from the date of such removal of the Benefit.
- (vi) If there are any expenses incurred which are covered under this Benefit while being hospitalized in a non-paying government hospital, such expenses will be paid by the Company subject to the applicable limits specified in this Policy and subject to conditions applicable for a claim.
- (vii) In the event the Company admits liability for any claim, the Company may at its absolute discretion settle such claim either by payment to the **Policy Owner** or relevant hospital or any other relevant service provider. Any payment directly made to a hospital or any relevant service provider by the Company shall be treated as a full and final discharge of liability of the Company with respect to the claim for which the liability was admitted by the Company and be construed as a payment made to the **Policy Owner** for the purposes of this Benefit.
- (viii) The maximum amount payable by the Company 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.
- (ix) This Benefit shall immediately cease for any Member once the total amount paid from the commencement of the Benefit reaches the amount equal to five times the initial Benefit Amount applied for such Member at the commencement of this Benefit.
- (x) Addition of members - The **Policy Owner** may request the Company to add Family members as Members to this Benefit and the Company 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. For the avoidance of any doubts it is further explained 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 be new Member accordingly.
  - c) The Company may charge additional Premium and the **Policy Owner** shall pay such additional Premium.
  - d) Terms and conditions specified in this Article 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 Hospital Expense Cover for the new member.
- (xi) For the purpose of this Hospital Expense Cover following definitions shall apply.

- 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 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, 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 family member of the **Policy Owner**.
- "Hospital" shall mean a government institution licensed as a hospital in Sri Lanka (if licensing is required) which is supervised by a doctor and operated for the care and treatment of sick or injured persons, which institution provides room and board services and nursing care 24 hours a day and has 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 recognized by the Company in Sri Lanka. The list of such recognized private hospitals may be revised from time to time but will be available for inspection at the Head Office of the Company. Notwithstanding this condition, the Company may, at its sole discretion, make payment for claims under this benefit which satisfy all the other conditions specified in this Article. The term "Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurvedic hospitals), convalescent home, place for custodial care, rehabilitation center, 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 Sri Lanka Medical Council or equivalent and acting within the scope of that license, who is not the **Life Assured** or the **Policy Owner** or a close relative of either the **Life Assured** or the **Policy Owner** or the Spouse.

- (xii) Waiver of Premium Benefit (if made applicable for this insurance policy) shall not cover the premium relevant for this Hospital Expense Cover in any circumstances whatsoever.
- (xiii) Hospital Expense Cover shall not be provided in conjunction with Adult Surgery Benefit.

#### 40.6 No Claim Privileges

- (i) 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 shall be increased for the following **Policy Year** by 5% of the initial Benefit Amount applied at the commencement of this Benefit on that Member. Such increase of the Benefit Amount shall be subject to a maximum total increase up to 50% of the initial Benefit Amount opted on that Member at the commencement of this Benefit.
- (ii) In the event the Benefit Amount is increased as per Article 40.6 (i) above, the limits applied for each category of payments specified in the Table of Benefits shall be determined in accordance with the increased Benefit Amount subject to the following conditions.
  - a) Maximum per day amount under benefits 1 of the Table of Benefits shall be limited to LKR 10,000/-.
  - b) Maximum per day amount under benefits 2 of the Table of Benefits shall be limited to LKR 20,000/-.
  - c) Maximum per day amount for hospitalization in a non-paying government hospital shall be limited to LKR 2,000/-.
- (iii) In the event there is a claim made under this Benefit during a **Policy Year** which had an increased Benefit Amount under Article 40.6 (i), 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, the reduction of the Benefit Amount under this Article shall not allow the Company to reduce the Benefit Amount below the initial Benefit Amount applied at the commencement of the Benefit.

- (iv) The change of the Benefit Amount shall be applicable for each Member separately based on claims in relation to such Member.

#### 40.7 **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. Cystoscopic removal of stones

#### **Other Operations**

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

## **Article 41 Spouse Life Benefit**

### **41.1 Eligibility for Benefit**

Spouse Life Benefit and the conditions in this Article will apply, if the benefit is stated in the **Policy Schedule** as applicable.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit namely the "Spouse Life Benefit", which is issued in conjunction with, but does not form part of such other Benefit.



- 41.2 **Benefits Provided**  
Upon the death of the Spouse identified in the **Policy Schedule** prior to the expiry date of the Spouse Life Benefit the Company will, on receipt of satisfactory proofs, pay to the proper **Claimant(s)** the Spouse Life Benefit Amount specified in the **Policy Schedule**.
- 41.3 **Additional Claims Requirements**  
The claim requirements specified in Article 12 apply to this benefit.
- 41.4 **Specific Exclusions Applicable To This Benefit**  
The general policy exclusions specified in Article 15 apply to this benefit.
- 41.5 **Additional Conditions & Options**
- (i) Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29 and special conditions applicable to **Rider Benefits** specified in Article 31 and 33 will be applicable to this benefit.
  - (ii) The Spouse shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## **Article 42 Spouse Hospitalization Benefit**

- 42.1 **Eligibility for Benefit**  
Spouse Hospitalization Benefit and the conditions in this Article will apply, only if the benefit is stated in the **Policy Schedule** as applicable.
- This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely the "Spouse Hospitalization Benefit", which is issued in conjunction with, but does not form part of such other Benefit.
- 42.2 **Conditions Applying To This Benefit**  
The terms and conditions applicable to this benefit are the same as the terms and conditions of the Hospitalization Benefit detailed in Article 37 except that :—
- (i) All references to the **Life Assured** in that Article and any other Articles referred to therein shall be construed as references to the Spouse as named in the **Policy Schedule**.
  - (ii) All references to Hospitalization Benefit in that Article and any other Articles referred to therein shall be construed as references to Spouse Hospitalization Benefit.
  - (iii) All references to the Hospitalization Benefit Amount in that Article and any other Articles referred to therein shall be construed as references to the Spouse Hospitalization Benefit Amount as stated in the **Policy Schedule**.
  - (iv) All references to the Expiry Date of the Hospitalization Benefit in that Article and any other Articles referred to therein shall be construed as references to the Expiry Date of the Spouse Hospitalization Benefit as stated in the **Policy Schedule**.
  - (v) The Spouse shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## **Article 43 Spouse Critical Illness Benefit**

- 43.1 **Eligibility for Benefit**  
Spouse Critical Illness Benefit and the conditions in this Article shall apply only if the benefit is stated in the **Policy Schedule** as applicable.
- This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, the "Spouse Critical Illness Benefit", which is issued in conjunction with, but does not form part of such other Benefit.
- 43.2 **Conditions Applying to this Benefit**  
The terms and conditions applicable to this benefit are the same as the terms and conditions of the Critical Illness Benefit detailed in Article 38 except that :—

- (i) All references to the **Life Assured** in that Article and any other Articles referred to therein shall be construed as references to the Spouse as named in the **Policy Schedule**.
- (ii) All references to Critical Illness Benefit in that Article and any other Articles referred to therein shall be construed as references to Spouse Critical Illness Benefit.
- (iii) All references to the Critical Illness Benefit Amount in that Article and any other Articles referred to therein shall be construed as references to the Spouse Critical Illness Benefit Amount as stated in the **Policy Schedule**.
- (iv) All references to the Expiry Date of the Critical Illness Benefit in that Article and any other Articles referred to therein shall be construed as references to the Expiry Date of the Spouse Critical Illness Benefit as stated in the **Policy Schedule**.
- (v) The Spouse shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## **Article 44 Spouse Adult Surgery Benefit**

### **44.1 Eligibility for Benefit**

Spouse Adult Surgery Benefit and the conditions in this Article will apply only if the benefit is stated in the **Policy Schedule**.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit namely the "Spouse Adult Surgery Benefit", which is issued in conjunction with, but does not form part of such other Benefit.

### **44.2 Conditions Applying to this Benefit**

The terms and conditions applicable to this benefit are the same as the terms and conditions of the Adult Surgery Benefit detailed in Article 39 except that:–

- (i) All references to the **Life Assured** in that Article and any other Articles referred to therein shall be construed as references to the Spouse as stated in the **Policy Schedule**.
- (ii) All references to Adult Surgery Benefit in that Article and any other Articles referred to therein shall be construed as references to Spouse Adult Surgery Benefit.
- (iii) All references to the Adult Surgery Benefit Amount in that Article and any other Articles referred to therein shall be construed as references to the Spouse Adult Surgery Benefit Amount as stated in the **Policy Schedule**.
- (iv) All references to the Expiry Date of the Adult Surgery Benefit in that Article and any other Articles referred to therein shall be construed as references to the Expiry Date of the Spouse Adult Surgery Benefit as stated in the **Policy Schedule**.
- (v) The Spouse shall have neither the authority to nominate a **Nominee** to receive this benefit nor assign this benefit to another party.

## **Article 45 Child Hospitalization Benefit**

### **45.1 Eligibility for Benefit**

Child Hospitalization Benefit and the conditions in this Article will apply only if the benefit is stated in the **Policy Schedule**.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely the "Child Hospitalization Benefit", which is issued in conjunction with, but does not form part of such other Benefit.

### **45.2 Conditions Applying to this Benefit**

The terms and conditions applicable to this benefit are the same as the terms and conditions of the Hospitalization Benefit detailed in Article 37 except that :–

- (i) All references to the **Life Assured** in that Article and any other Articles referred to therein shall be construed as references to the Child/Children as named in the **Policy Schedule**.
- (ii) All references to Hospitalization Benefit in that Article and any other Articles referred to therein shall be construed as references to Child Hospitalization Benefit.
- (iii) All references to the Hospitalization Benefit Amount in that Article and any other Articles referred to therein shall be construed as references to the Child Hospitalization Benefit Amount as stated in the **Policy Schedule**.
- (iv) All references to the Expiry Date of the Hospitalization Benefit in that Article and any other Articles referred to therein shall be construed as references to the Expiry Date of the Child Hospitalization Benefit as stated in the **Policy Schedule**.

## Article 46 Child Health Care Benefit

### 46.1 Eligibility for Benefit

Child Health Care Benefit and the conditions of this Article will apply only if the benefit is stated in the **Policy Schedule**.

This Article records that in addition to any other Benefit provided under the policy the Company has granted an additional benefit, namely "Child Health Care Benefit", which is issued in conjunction with, but not necessarily form part of such other Benefit.

### 46.2 Benefits Provided

While this benefit is in force, and subject always to the Conditions and Exclusions mentioned in the specific sections given below, the Company will provide the following:

#### (a) Surgery Benefit

In the event the dependent child/children covered under this policy as stated in the **Policy Schedule** has/have undergone any surgery listed in the list of surgeries in Article 48 then subject to the terms and conditions of this policy, the benefit amount shall be payable subject to providing proof of surgery to the satisfaction of the Company. The benefit amount 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 Article 48.

The Company will not participate in any other expense incurred during or after surgery and hospitalization. The Company disclaims 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, the Company 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, the Company shall only pay for that surgery performed in respect of which the largest amount becomes payable.

The maximum benefit that can be claimed in any **Policy Year** cannot exceed 100% of the Benefit Amount as stated in the **Policy Schedule**. The **Policy Owner** may claim for any number of covered surgeries undergone by the dependent child/children during the **Policy Term** but cannot claim for the same surgery more than once during the Policy Term.

The total claim amount payable during the **Policy Term** 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 for Surgery Benefit from the Company is limited to Rupees One Million (Rs.1,000,000).

#### (b) Hospitalization Benefit

In the event the 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 private hospital, government hospital or an approved hospital (as stated in Article 49), the Company shall pay one percent of the Child Health Care Benefit 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 the company is limited to Rupees Ten Thousand (Rs.10, 000).

In the event that 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 and it will be a per day benefit (same as the per day amount payable by Hospitalization benefit explained in (b) above) which is payable per overnight stay of an accompanying parent in the hospital along with the dependent child/children subject to a maximum period of 18 days per **Policy Year**, provided that such hospitalization of the dependent child/children was as a result of an illness, surgery, or accident, on the recommendation and approval of a doctor, in a private hospital, government hospital or an approved hospital (as stated in Article 49).

**46.3 Geographical Scope of Coverage**

This benefit shall cover surgeries performed and/or hospitalizations within Sri Lanka, India and Singapore. In India and Singapore only the surgeries performed and/or hospitalizations in the approved list of hospitals (as stated in Article 49) shall be covered.

**46.4 Additional Claims Requirements**

In addition to the requirements specified in Article 12 the following requirements shall also apply in respect of the benefits provided under this Article:

- (i) The Company may require the **Policy Owner** to provide additional proof as the Company may consider satisfactory, before payment of any claim under the Child Health Care Benefit, such as;
- The hospitalization of the dependent child/children
  - The times and dates of hospitalization
  - The cause of hospitalization and the details of surgery that had been performed
  - Details of the hospital
- (ii) The Company will not make any payment under the Child Health Care benefit if ;
- The Company is 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. The company shall, upon receipt of such notice, issue to the **Policy Owner** such forms as are usually required to process a claim.
  - The duly completed forms and documents in respect of proof of claims are not delivered to the Company within 10 working days from the date of issue. For this purpose delivery to the Company shall mean the receipt of such forms and documents at the office of the company for which the address is specified in the **Policy Schedule**.
  - The dependent child/children has/have been hospitalized for a continuous period of less than 3 complete days (72 hours) (This is applicable only for the Hospitalization benefit and Rooming-in benefit).
- (iii) A claim under this Article will not be entertained unless all of the conditions below are satisfied:-
- The date of surgery and/or hospitalization occurs after 90 days from the date of commencement of the benefits provided under this Article.
  - If the policy is backdated the date of surgery and/or hospitalization occurs more than 90 days after the Policy issue date as specified in the **Policy Schedule**.
  - If after the Child Health Care benefit is reinstated (under the conditions given in Article 11) the date of surgery and/or hospitalization occurs after 90 days from the date of reinstatement.
- (iv) 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.

- (v) The company will not make any further payment in respect of any Hospitalization Benefit provided for by this Article if:-
  - a. The Company has paid Hospitalization Benefit for 180 days in respect of all periods of hospitalization in the **Policy Year**;
  - b. The Company has paid Hospitalization Benefit for 180 days in respect of the same sickness, disease or accident throughout the **Policy Term**;
  - c. The Company has 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.
- (vi) 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.
- (vii) The Company reserves the right to require the dependent child/children to be examined by a medical practitioner appointed or approved by the Company in which event the Company will not make any payment under the Child Health Care benefit unless such medical practitioner certifies that the hospitalization and/or surgery of the dependent child/children is or was necessary.
- (viii) Hospitalizations or Surgeries performed in Ayurvedic Hospitals or any institutions for indigenous, homeopathy or acupuncture treatment is excluded from the Child Health Care benefit.

#### 46.5 **Specific Exclusions and Definitions**

In addition to the policy exclusions listed under Article 15, all specific exclusions listed under Article 50 and definitions specified in Article 51 shall be applicable to this Benefit.

#### 46.6 **Additional Conditions & Options**

Unless otherwise stated the general conditions specified in Articles 1, 6, 7, 10, 11, 12, 13, 14, 17, 19, 20, 21, 22, 23, 25, 26, 27, 28 and 29 and special conditions applicable to **Rider Benefits** specified in Article 31, 32 and 33 will be applicable to this benefit. In addition, the following conditions also apply to this benefit :-

- (a) The premium appropriate for this benefit is guaranteed for one year only. The company reserves the right to revise the premium at the **Policy Anniversary** after due notification to the **Policy Owner**.
- (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.
- (c) This Benefit shall expire,
  - On the expiry date of this benefit as stipulated 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.
- (d) Adult Surgery Benefit shall not be provided in conjunction with the Hospital Expense Cover.

## Article 47 List of Surgeries for Adult Surgery Benefit and Spouse Adult Surgery Benefit

SURGERY	PERCENTAGE (%) OF BENEFIT AMOUNT
<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. Ligation 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 aneurysm	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%
<b>SURGERIES ON THE RENAL TRACT</b>	
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%
<b>SURGERIES ON THE SKIN AND SUBCUTANEOUS TISSUES</b>	
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%
<b>SURGERIES ON THE HEART</b>	
86. Revascularisation of the heart	75%
87. Replacement of heart valves by prosthesis	100%
88. Change of heart valves	100%
89. Pericardiotomy and cardiotomy	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%
<b>SURGERIES ON THE JAW AND FACIAL BONES</b>	
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. Appendectomy	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%

## Article 48 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. Scleraplasty	25%
<b>OPERATIONS ON ENDOCRINE GLANDS</b>	
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%
<b>OPERATIONS ON THE PHARYNX, LARYNX AND TRACHEA</b>	
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 cardiomy	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 49 Lists of Approved Hospitals

### LIST OF HOSPITALS IN SINGAPORE

1. KK WOMEN'S AND CHILDREN'S HOSPITAL, BLK 100 BUKIT TIMAH ROAD, Singapore 229899
2. TAN TOCK SENG HOSPITAL, 11 JALAN TAN TOCK SENG, Singapore 308433
3. CHANGI GENERAL HOSPITAL, 2 SIMEI STREET 3, Singapore 529889
4. SINGAPORE GENERAL HOSPITAL, OUTRAM ROAD, Singapore 169608
5. NATIONAL CANCER CENTRE SINGAPORE, 11 HOSPITAL DRIVE, Singapore 169610
6. NATIONAL HEART CENTRE OF SINGAPORE, 17 THIRD HOSPITAL AVENUE NATIONAL HEART CENTRE, MISTRI WING, Singapore 168752
7. ALEXANDRA HOSPITAL, 378 ALEXANDRA ROAD, Singapore 159964
8. NATIONAL UNIVERSITY HOSPITAL, BLK 5 LOWER KENT RIDGE ROAD, Singapore 119074
9. INSTITUTE OF MENTAL HEALTH/WOODBRIDGE HOSPITAL, 10 BUANGKOK VIEW, Singapore 539747
10. JOHNS HOPKINS SINGAPORE INTERNATIONAL MEDICAL CENTRE, 11 JALAN TAN TOCK SENG, Singapore 308433
11. EAST SHORE HOSPITAL, 321 JOO CHIAT PLACE, Singapore 427990
12. GLENEAGLES HOSPITAL, BLK 6A NAPIER ROAD , Singapore 258500
13. MOUNT ELIZABETH HOSPITAL, BLK 3 MT ELIZABETH, Singapore 228510
14. THOMSON MEDICAL CENTRE LIMITED, 339 THOMSON ROAD, Singapore 307677
15. RAFFLES HOSPITAL, 585 NORTH BRIDGE ROAD, Singapore 188770
16. MOUNT ALVERNIA HOSPITAL, 820 THOMSON ROAD, Singapore 574623
17. ST ANDREW'S COMMUNITY HOSPITAL, 8 SIMEI STREET 3, Singapore 529895
18. ST. LUKE'S HOSPITAL, 2 BUKIT BATOK STREET 11, Singapore 659674
19. WEST POINT HOSPITAL, 235 CORPORATION DRIVE, Singapore 619771
20. ANG MO KIO - THYE HUA KWAN HOSPITAL, 17 ANG MO KIO AVE 9, Singapore 569766
21. BRIGHT VISION HOSPITAL, 5 LORONG NAPIRI, Singapore 547530
22. KWONG WAI SHIU HOSPITAL AND NURSING HOME, 705 SERANGOON RD, Singapore 328127
23. REN CI COMMUNITY HOSPITAL, 71 IRRAWADDY ROAD, Singapore 329562

### LIST OF HOSPITALS IN INDIA

1. FATHIMA HOSPITAL, Calicut
2. NATIONAL HOSPITAL (CALICUT), Calicut
3. MALABAR INSTITUTE OF MEDICAL SCIENCES LTD, Calicut
4. IQRAA INTERNATIONAL HOSPITAL & RESEARCH CENTRE, Calicut
5. VASANS EYE CARE HOSPITAL, Calicut
6. MALBAR HOSPITAL & UROLOGY CENTRE, Calicut
7. KERALA INSTITUTE OF MEDICAL SCIENCES, Thiruvananthapuram
8. ST JUDE HOSPITAL, Thiruvananthapuram
9. CHELSA MEDICAL CARE PVT LTD, Thiruvananthapuram
10. AL ARIF HOSPITAL, Thiruvananthapuram
11. ANANTHAPURI HOSPITALS & RESEARCH INSTITUTE, Thiruvananthapuram
12. SARASWATHI HOSPITAL, Thiruvananthapuram
13. COCHIN HOSPITAL, Kochi
14. SPECIALIST'S HOSPITAL, Kochi
15. ERNAKULAM MEDICAL CENTRE, Kochi
16. WELCARE HOSPITAL (LAKESHOREHOSPITAL CITY CENTRE), Kochi
17. MEDICAL TRUST HOSPITAL, Kochi
18. AMRITA INSTITUTE OF MEDICAL SCIENCES, Kochi
19. LAXMI HOSPITAL (KOCHI), Kochi
20. SHANMUGA HOSPITALS & SALEM CANCER INSTITUTE, Salem
21. SKS HOSPITAL INDIA (PVT) LIMITED, Salem
22. SRI GOKULAM HOSPITAL (PVT) LTD, Salem
23. SEAHORSE HOSPITAL LIMITED, Trichy
24. MARUTI HOSPITAL (PVT) LTD, Trichy
25. CHRISTIAN MEDICAL COLLEGE & HOSPITAL (VELLORE), Vellore
26. APOLLO KH HOSPITAL, Vellore
27. MALAR HOSPITALS LTD, Chennai
28. SRI RAMACHANDRA MEDICAL CENTRE, Chennai
29. CHENNAI MEENAKSHI MULTI SPECIALITY HOSPITAL LTD., Chennai
30. SANKARA NETHRALAYA (A UNIT OF MEDICAL RESEARCH FOUNDATION), Chennai

31. K.K.R.ENT HOSPITAL AND RESEARCH INSTITUTE, Chennai
32. HARVEY HEART HOSPITAL LIMITED (HARVEY HEALTHCARE LTD.), Chennai
33. MIOT HOSPITALS LIMITED, Chennai
34. KUMARAN HOSPITAL (PVT) LTD., Chennai
35. SAKTHI HOSPITAL & RESEARCH CENTRE, Chennai
36. ST JOSEPH HOSPITAL, Chennai
37. ADYAR P.M. HOSPITALS & RESEARCH CENTRE, Chennai
38. AVM MEDICAL, ENT RESEARCH FOUNDATION (PVT) LTD, Chennai
39. PADMAPRIYA HOSPITAL (PVT) LTD, Chennai
40. APOLLO HOSPITALS & GROUP HOSPITAL, Chennai
41. LOTUS HOSPITALS AND RESEARCH CENTRE LIMITED, Chennai
42. DURGABAI DESHMUKH GENERAL HOSPITAL AND RESEARCH CENTRE, Chennai
43. FRONTIER LIFE LINE (PVT) LTD., Chennai
44. ABHIJAY HOSPITAL (PVT) LTD, Chennai
45. VENKATAESWARA HOSPITALS, Chennai
46. APOLLO FIRST MED HOSPITALS, Chennai
47. APOLLO HOSPITALS (TONDIARPET), Chennai
48. PRASHANTH MULTISPECIALITY HOSPITAL, Chennai
49. LIFELINE MULTI SPECIALITY HOSPITAL, Chennai
50. THE MADRAS MEDICAL MISSION (CHENNAI), Chennai
51. APOLLO HOSPITALS- CITY CENTRE, Chennai
52. APOLLO SPECIALTY HOSPITALS, Chennai
53. GLOBAL HOSPITAL & HEALTH CITY, Chennai
54. K.GOVIND SWAMY NAIDU MEDICAL TRUST (K.G HOSPITAL), Coimbatore
55. SRI RAMAKRISHNA HOSPITAL (COIMBATORE), Coimbatore
56. KTVR GROUP HOSPITAL, Coimbatore
57. RASI HOSPITAL, Coimbatore
58. LALITHAA HOSPITAL, Coimbatore
59. SREE ABIRAMI HOSPITAL (PVT) LTD, Coimbatore
60. KONGUNAD HOSPITALS (PVT) LTD, Coimbatore
61. SARASWATHI HOSPITAL, Coimbatore
62. SRI BALAJI HOSPITAL - COIMBATORE, Coimbatore
63. APOLLO HOSPITAL(JUBILEE HILLS), Hyderabad
64. HYDERABAD EYE INSTITUTE (L.V. PRASAD EYE INSTITUTE), Hyderabad
65. KAMINENI HOSPITALS LTD, Hyderabad
66. YASHODA SUPER SPECIALITY HOSPITAL(SOMAJIGUDA), Hyderabad
67. YASHODA SUPER SPECIALITY HOSPITAL (MALAKPET), Hyderabad
68. VASAVI ENT & CANCER INSTITUTE/VASAVI MEDICAL AND RESEARCH CENTRE, Hyderabad
69. SATHYA KIDNEY CENTRE & SUPER SPECIALITY HOSPITALS, Hyderabad
70. KRISHNA INSTITUTE OF MEDICAL SCIENCES, Hyderabad
71. ASIAN INSTITUTE OF GASTROENTEROLOGY, Hyderabad
72. WOCKHARDT HOSPITAL (KING KOTI), Hyderabad
73. INDRAPRASTHA APOLLO HOSPITAL, New Delhi
74. SIR GANGA RAM HOSPITAL, New Delhi
75. SITARAM BHARTIA INSTITUTE OF SCIENCE & RESEARCH, New Delhi
76. BATRA HOSPITAL AND MEDICALRESEARCH CENTRE, New Delhi
77. ESCORTS HEART INSTITUTE AND RESEARCH CENTRE, New Delhi
78. MOOLCHAND HOSPITAL (DELHI), New Delhi
79. MAX DEVKI DEVI FOUNDATION, New Delhi
80. MAX BALAJI MEDICAL & DIAGNOSTIC RESEARCH CENTRE, New Delhi
81. SUNDER LAL JAIN HOSPITAL (DELHI), New Delhi
82. KHANDELWAL HOSPITAL & UROLOGY CENTRE, New Delhi
83. MAX SUPER SPECIALITY HOSPITAL (SAKET), New Delhi
84. FORTIS FLT. LT. RAJAN DHALL HOSPITAL, New Delhi
85. M. S. RAMAIAH MEMORIAL HOSPITAL, Bengaluru
86. ST. JOHN'S MEDICAL COLLEGE HOSPITAL, Bengaluru
87. MALLYA HOSPITAL, Bengaluru
88. CHINMAYA MISSION HOSPITAL, Bengaluru
89. WOCKHARDT HOSPITAL LIMITED (BANGALORE), Bengaluru
90. NARAYANA HRUDAYALAYA (BANGALORE), Bengaluru
91. MANIPAL HOSPITAL (BANGALORE), Bengaluru

92. WOCKHARDT HOSPITALS (BANNERGHATTA), Bengaluru
93. COLUMBIA ASIA HOSPITAL PVT. LTD., Bengaluru
94. APOLLO HOSPITAL-BANGALORE, Bengaluru
95. FORTIS RM HOSPITAL, Bengaluru
96. PEERLESS HOSPITAL & B.K. ROY RESEASRCH CENTRE, Kolkatta
97. WOODLANDS HOSPITAL & MEDICAL RESEARCH CENTRE LTD., Kolkatta
98. WOCKHARDT HOSPITAL LIMITED (KOLKATA), Kolkatta
99. THE CALCUTTA MEDICAL RESEARCH INSTITUTE (CMRI), Kolkatta
100. KOTHARI MEDICAL CENTRE, Kolkatta
101. BELLE VUE CLINIC, Kolkatta
102. APOLLO GLENEAGLE HOSPITAL LIMITED, Kolkatta
103. COLUMBIA ASIA HOSPITAL(KOLKATA), Kolkatta
104. BINAYAK HEALTH WORLD MULTI SPECIALITY HOSPITAL, Kolkatta
105. BOMBAY HOSPITAL AND MEDICAL RESEARCH CENTRE, Mumbai
106. D. S. KOTHARI HOSPITAL, Mumbai
107. P. D. HINDUJA NATIONAL HOSPITAL & RESEARCH CENTRE, Mumbai
108. HOLY SPIRIT HOSPITAL, Mumbai
109. JASLOK HOSPITAL AND MEDICAL RESEARCH INSTITUTE, Mumbai
110. LILAVATI HOSPITAL & RESEARCH CENTRE, Mumbai
111. GURU NANAK HOSPITAL (BANDRA), Mumbai
112. HOLY FAMILY HOSPITAL (BANDRA), Mumbai
113. WOCKHARDT HOSPITAL LIMITED (MULUND), Mumbai
114. ASIAN HEART INSTITUTE AND RESEARCH CENTER, Mumbai
115. KOKILABEN DHIRUBAI AMBANI HOSPITAL AND MEDICAL RESEARCH INSTITUTE, Mumbai



## Article 50    **Specific Exclusions Applicable for Adult Surgery Benefit, Spouse Adult Surgery Benefit and Child Health Care Benefit**

Excluded from coverage are all Surgeries and Hospitalizations related directly or indirectly to:

- (i) Pre-existing conditions unless they have been declared by the **Policy Owner** and/or dependent on the individual application form in the health declaration section and accepted by the company in writing, on or before to the Policy Commencement Date as detailed on the **Policy Schedule** or in any subsequent amendment.
- (ii) Pregnancy, miscarriage and abortion (except as a result of an accident), neo-natal procedures, amniocentesis and child birth;
- (iii) 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;
- (iv) Circumcision unless medically necessary and listed in the applicable surgery list;
- (v) Dental treatment, dental operation,
- (vi) Opening of inflammations of skin, tissue or joints
- (vii) Suture of skin
- (viii) 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 the prior written approval of the company 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;
- (ix) Natural perils: such as but not limited to avalanches, earthquake, volcanic eruptions, tsunamis, hurricanes, tornados or any other kind of natural hazard;
- (x) 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;
- (xi) Criminal act of a covered person, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment;
- (xii) Lesions resulting from attempted suicides or self-infliction;
- (xiii) Birth defects and congenital diseases/anomalies;
- (xiv) Occupational accidents and occupational diseases;
- (xv) Overweight/obesity (e.g. stomach stapling surgery);
- (xvi) 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;
- (xvii) Organ transplant as a donor for a third party;
- (xviii) Removal of material that was implemented in a former surgery before policy inception date and/or enrolment date;
- (xix) Medically not necessary treatments;
- (xx) Non-invasive cancer in-situ and all skin cancers except invasive malignant melanoma;
- (xxi) Officially (WHO and/or national law) recognized epidemics/pandemics;

- (xxii) 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;
- (xxiii) Experimental treatments and treatments of purely diagnostic nature such as biopsy, endoscopy, laparoscopy and arthroscopy.
- (xxiv) Procedures related to the treatment of sexually-transmitted diseases;
- (xxv) Treatment for idiopathic Epilepsy and Psychiatric conditions;
- (xxvi) Supply or fitting of eye glasses/lenses or hearing aids;
- (xxvii) Result from poisoning other than infection occurring simultaneously with, and in consequence of an accidental wound.

## **Article 51      Specific Definitions Applicable for Adult Surgery Benefit, Spouse Adult Surgery Benefit and Child Health Care Benefit**

- (i) "Doctor" shall mean a legally qualified and duly licensed medical physician or surgeon registered with the Sri Lanka Medical Council or equivalent and acting within the scope of that license, who is not the **Life Assured** or the **Policy Owner** or a close relative of either the **Life Assured** or the **Policy Owner** or the Spouse.
- (ii) "Hospital" shall mean a government institution licensed as a hospital in Sri Lanka (if licensing is required) which is supervised by a doctor and operated for the care and treatment of sick or injured persons, which institution provides room and board services and nursing care 24 hours a day and has 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 recognized by the Company in Sri Lanka, India and Singapore. The list of such recognized private hospitals may be revised from time to time but will be available for inspection at the Head Office of the Company. Notwithstanding this condition, the Company will, at its sole discretion, make payment for claims under this benefit which satisfy all the other conditions of Articles 39 or 44 or 46 as applicable. The term "Hospital" shall not be construed to include a hotel, rest room, centre providing indigenous or homeopathic treatment (specifically including Ayurvedic hospitals), convalescent home, place for custodial care, rehabilitation center, 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.
- (iii) "Complete day hospitalized" means a continuous period of 24 hours during which the **Life Assured/** Spouse or dependent child/children is confined to hospital.
- (iv) "Surgery list" means the list of all surgeries covered under the policy.

## RISK COVER CHARGE TABLE

Age next birthday	Rate (Per 1,000 SA)	Age next birthday	Rate (Per 1,000 SA)
19	0.01250	48	0.01922
20	0.01250	49	0.02057
21	0.01250	50	0.02201
22	0.01250	51	0.02399
23	0.01250	52	0.02615
24	0.01250	53	0.02850
25	0.01250	54	0.03107
26	0.01250	55	0.03386
27	0.01250	56	0.03691
28	0.01250	57	0.04023
29	0.01250	58	0.04386
30	0.01250	59	0.04780
31	0.01250	60	0.05210
32	0.01250	61	0.05679
33	0.01250	62	0.06191
34	0.01250	63	0.06748
35	0.01250	64	0.07355
36	0.01250	65	0.08017
37	0.01275	66	0.08739
38	0.01301	67	0.09525
39	0.01327	68	0.10382
40	0.01353	69	0.11317
41	0.01380	70	0.12335
42	0.01435	71	0.13733
43	0.01493	72	0.15287
44	0.01552	73	0.17007
45	0.01615	74	0.18907
46	0.01679	75	0.21012
47	0.01797		

A 50% discount on the above rates will apply if the sum assured is 750,000 or more.  
A 10% discount on the above rates will apply if the sum assured is less than 750,000.

## AIA Insurance Lanka PLC

[Co.No.PQ 18]

AIA Tower

P O Box 2088

92, Dharmapala Mawatha,Colombo 07, Sri Lanka

Hotline: (+94 11) 231 0310

Fax: (+94 11) 244 7620

E-mail: [lk.info@aia.com](mailto:lk.info@aia.com)