

LOAN SHIELD RIDER

PROSPECTUS

I. INTRODUCTION

Loan Shield Rider provides for Sum Insured to the Insured in the unfortunate event of having faced with any Illness or Injury caused due to an Accident during the covered period. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

Acko General Insurance provides the following benefits to its customers:

- Wide range of Sum Insured Limit
- Easy & Transparent buying Process
- Guidance from Trained Professionals: Get unbiased insurance related advice from Acko's trained professionals.
- Quick Claim Settlement: When a claim is filed, Acko tries to settle it in a quick and hassle-free manner.

II. ELIGIBILITY CRITERIA

- Loan Shield Rider can only be bought along with the Base Plan and cannot be bought in isolation or as a separate product.
- The Loan Shield Rider is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Base Plan.
- The Loan Shield Rider and the option chosen shall be available only if the same is specifically mentioned in the Policy Schedule or Certificate of Insurance.

III. BENEFIT:

Claims made in respect of an Insured Person for the below Benefits shall be subject to the availability of the Sum Insured, applicable sub-limits/other conditions specified for the benefits, applicable Waiting Periods (if any), as specified in Policy Schedule / Certificate of Insurance and the terms, conditions and exclusions of this Rider and the Base Plan, and also the Insured Person's eligibility to avail the Base Plan, as opted and specified in the Policy Schedule or Certificate of Insurance.

a. EMI repayment to Loan Provider

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to the Insured Person requiring treatment for either of

- A. any kind of hospitalization or
- B. any Specific Critical Illness or
- C. any Specific Vector Borne Disease,

as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the bank / financial institution as specified in the Certificate of Insurance, an amount equal to the EMI Amount which is due on the Insured Person's outstanding Loan in the number of months immediately following the date of such occurrence, as is specified in the Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

Please note that the Proposer do not have option to choose Hospitalization cover for any specific disease under Option A (Any kind of hospitalization) specified above.

b. Loan repayment to Loan Provider

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death or Permanent Total Disability which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the bank / financial institution as specified in the Certificate of Insurance, an amount equal to the Insured Person's Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

Nature of Permanent Total Disability

Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit:

- Limb** means a hand at or above the wrist or a foot above the ankle;
- Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

Details of benefits, its minimum and maximum Sum Insured and what is covered

S. No.	Benefit Name	Benefit Type	What is Covered?	Min Limit	Max Limit
1	EMI repayment to Loan Provider*	Indemnity	If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to <ul style="list-style-type: none"> any kind of hospitalization, or any Specific Critical Illness, or any Specific Vector Borne Disease. 	₹ 1,000	₹ 25,00,00,000
2	Loan repayment to Loan Provider	Indemnity	We will pay the outstanding loan amount, in the event of accidental death or permanent total disability.	₹ 1,000	₹ 5,00,00,000

*Note: We will cover maximum of 24 months of EMI under EMI repayment to Loan Provider.

IV. PERMANENT EXCLUSIONS

We shall not be liable to make any payment for any claim under this Rider arising from, caused by, in connection with, or in respect of, the exclusions specified under the Base Plan, in respect of an Insured Person.

V. CLAIMS PROCEDURE & REQUIREMENTS:

Customer can make a claim under any of the Benefits contained under this Rider as per the claim process specified in the Base Plan.

For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number specified in the Policy Schedule or through Our website.

Documentation Requirement:

Name of Benefit	Documents required
Common Documents	<ul style="list-style-type: none"> • Our duly filled and signed Claim Form • Name and address of the Insured Person in respect of whom the claim is being made; • Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time.
EMI repayment to Loan Provider	<ul style="list-style-type: none"> • Copy of loan approval letter • Medical Certificate from treating Doctor • Details of any other related document Medical Bills with Prescription • Medical reports, case histories, investigation reports, treatment papers as applicable • EMI due statement • Last EMI paid proof <p>Additional Documents required in case of accident</p> <ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor <p>Additional Documents required in case of critical illness</p> <ul style="list-style-type: none"> • Nature of Critical Illness • Medical Investigations report with prescription First Consultation and subsequent prescription • Discharge summary <p>Additional Documents required in case of Specific Vector Borne Disease</p> <ul style="list-style-type: none"> • Out-patient consultant paper wherever applicable • Indoor case papers of treating hospital wherever applicable • Dengue: Positive NS1 antigen test or Ig M- Elisa test • Chikungunya: Presence of IgM and Ig G anti-chikungunya antibodies. • Kala-Azar: Direct Agglutination Test or Rapid dipstick test or ELISA for detecting IgG and Laboratory Findings suggestive of Anemia, Leucopenia, thrombocytopenia and Hypergammaglobulinemia • Japanese Encephalitis: Ig M antibody detection in serum or cerebrospinal fluid • Filariasis: Antigen detection in blood sample or IgG4 antibody detection using routine assays • Malaria: Diagnosis must be confirmed positive/reactive by microscopy or malaria rapid diagnostic test (RDT) • Any Other Specified Vector Borne Disease: Diagnostic Test report detecting the specified illness

Loan repayment to Loan Provider	<ul style="list-style-type: none"> • Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Death Certificate attested by issuing/ appropriate authority • Post Mortem Report where applicable- attested by issuing authorities • Loan due statement • Last EMI paid proof
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Note: Any additional information might be asked by Acko, if required.

VI. CONTACT US

- You can reach Us through any of the following methods:
 - **Call Us on Our toll free number:** 1860 266 2256
 - **Write to us On at:** hello@acko.com
 - **Visit Our website:** www.acko.com/gi
- If you have a grievance that You want Us to redress, You may contact Us with details of Your grievance through:
 - **Website:** www.acko.com/gi
 - **Email:** grievance@acko.com
 - **Toll Free No:** 1800 210 4990
- Senior Citizens Support: Phone: **080-62370023** Email: grievance.healthseniorcitizen@acko.com

VII. SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES)

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

VIII. DISCLAIMER:

- This is only a summary of the product features. The actual benefits available are as described in the policy and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.

Note: *Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.*

Annexure A: Specific Vector Borne Disease

S. NO.	SPECIFIC VECTOR BORNE DISEASE
1	Dengue
2	Chikungunya
3	Malaria
4	Kala azar
5	Japanese encephalitis
6	Filariasis
7	Zika
8	Leishmaniasis
9	Plague
10	Typhus and louse-borne relapsing fever
11	Schistosomiasis
12	Kyasnur Forest disease
13	Tick-borne encephalitis

Annexure B: Critical Illness

The Critical Illnesses defined below shall be covered under the Specific Critical illness in the below combination, as may be specified in the Schedule or Certificate of Insurance:

S.NO.	CRITICAL ILLNESS	GROUP			
		15 CI's	18 CI's	25 CI's	36 CI's
1	Cancer of Specified Severity	√	√	√	√
2	Kidney Failure Requiring Regular Dialysis	√	√	√	√
3	Multiple Sclerosis with Persisting Symptoms	√	√	√	√
4	Major Organ / Bone Marrow Transplant	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√
6	Open Chest CABG	√	√	√	√
7	Permanent Paralysis of Limbs	√	√	√	√
8	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√
9	Stroke Resulting in Permanent Symptoms	√	√	√	√
10	Benign Brain Tumor	√	√	√	√
11	Parkinson's Disease	√	√	√	√
12	Coma of Specified Severity	√	√	√	√
13	End Stage Liver Failure	√	√	√	√
14	Alzheimer's Disease	√	√	√	√
15	Aorta Graft Surgery	√	√	√	√
16	Major Burns	x	√	√	√
17	Loss of Hearing (Deafness)	x	√	√	√
18	Loss of Speech	x	√	√	√
19	Loss of Vision (Blindness)	x	x	√	√
20	Motor Neurone Disease with Permanent Symptoms	x	x	√	√

S.NO.	CRITICAL ILLNESS	GROUP			
21	Loss of Limbs	x	x	√	√
22	Aplastic Anaemia	x	x	√	√
23	End Stage Lung Failure	x	x	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	x	x	√	√
25	Bacterial Meningitis	x	x	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	x	x	x	√
27	Coronary Angioplasty (PTCA)[1]	x	x	x	√
28	Encephalitis	x	x	x	√
29	Fulminant Hepatitis	x	x	x	√
30	Chronic Relapsing Pancreatitis	x	x	x	√
31	Major Head Trauma	x	x	x	√
32	Medullary Cystic Disease	x	x	x	√
33	Muscular Dystrophy	x	x	x	√
34	Poliomyelitis	x	x	x	√
35	Systemic Lupus Erythematosus	x	x	x	√
36	Brain Surgery	x	x	x	√

Listing of Critical Illnesses

1. Cancer of Specific Severity

- I) A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II) The following are excluded
 - i) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN- 1, CIN -2 & CIN-3;
 - ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii) Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
 - v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi) Chronic lymphocytic leukaemia less than RAI stage 3;
 - vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
 - viii) All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix) All tumors in the presence of HIV infection.

2. Myocardial Infraction (First Heart attack of specified severity)

- I) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

- ii) New characteristic electrocardiogram changes
- iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II) The following are excluded:

- i) Other acute Coronary Syndromes
- ii) Any type of angina pectoris
- iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

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

II) The following are excluded:

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

4. Open Heart Replacement or Repair of Heart Valves

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

5. Kidney Failure Requiring Dialysis

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

6. Stroke Resulting in Permanent Symptoms

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

II) The following are excluded:

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

7. Major Organ/Bone Marrow Transplant

- I) The actual undergoing of a transplant of:

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

II) The following are excluded:

- i) Other stem-cell transplants

Where only islets of langerhans are transplanted

8. Permanent Paralysis of Limbs

- I) Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Multiple Sclerosis with Persisting Symptoms

- I) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II) Other causes of neurological damage such as SLE and HIV are excluded.

10. Coma of Specified Severity

- I) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i) no response to external stimuli continuously for at least 96 hours;
 - ii) life support measures are necessary to sustain life; and
 - iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. Motor Neuron Disease with Permanent Symptoms

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

12. Blindness

- I) Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II) The Blindness is evidenced by
 - i) corrected visual acuity being 3/60 or less in both eyes or;
 - ii) the field of vision being less than 10 degrees in both eyes.
- III) The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. Third Degree Burns

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

14. Parkinson's Disease

- I) The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.
- II) The diagnosis must be supported by all of the following conditions:
 - i) the disease cannot be controlled with medication;
 - ii) signs of progressive impairment; and
 - iii) inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

- III) Activities of daily living:
- i) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
 - iv) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - v) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
 - vi) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
- IV) Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

15. Benign Brain Tumor

- I) Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II) This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
- i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii) Undergone surgical resection or radiation therapy to treat the brain tumor.
- III) The following conditions are **excluded**:

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

16. Alzheimer's Disease

- I) Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
- II) Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent

Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

- III) The following conditions are however not covered:
- i) non-organic diseases such as neurosis and psychiatric illnesses;
 - ii) alcohol related brain damage; and
 - iii) any other type of irreversible organic disorder/dementia.

17. Aorta Graft Surgery

- I) The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "**Aorta**" shall mean the thoracic and abdominal aorta but not its branches.
- II) The Insured Person understands and agrees that We will not cover:

- i) Surgery performed using only minimally invasive or intra arterial techniques.
 - ii) Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures
- III) The Aorta is the main artery carrying blood from the heart. Aortic Graft Surgery benefit covers Surgery to the Aorta wherein part of it is removed and replaced with a graft.

18. Deafness

- I) Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

19. Loss of Limbs

- I) The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

20. Loss of Speech

- I) Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by and Ear, Nose, Throat (ENT) specialist.
- II) All psychiatric related causes are excluded.

21. Aplastic Anaemia

- I) Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
- i) Blood product transfusion;
 - ii) Marrow stimulating agents;
 - iii) Immunosuppressive agents; or
 - iv) Bone marrow transplantation.
- II) The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
- i) Absolute neutrophil count of 500/mm³ or less
 - ii) Platelets count less than 20,000/mm³ or less
 - iii) Absolute Reticulocyte count of 20,000/mm³ or less
- III) Temporary or reversible Aplastic Anaemia is excluded.
- IV) In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

22. End Stage Liver Failure

- I) Permanent and irreversible failure of liver function that has resulted in all three of the following:
- i) Permanent jaundice; and
 - ii) Ascites; and
 - iii) Hepatic encephalopathy.
- II) Liver failure secondary to alcohol or drug abuse is **excluded**.

23. End Stage Lung Failure

- I) End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
- i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii) Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO₂ <55 mm Hg); and
 - iv) Dyspnea at rest.

24. Primary (Idiopathic) Pulmonary Hypertension

- I) An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II) The NYHA Classification of Cardiac Impairment are as follows:
 - i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
 - iii) Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Bacterial Meningitis

- I) Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
- II) This diagnosis must be confirmed by:
 - i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - ii) A consultant neurologist certifying the diagnosis of bacterial meningitis.Bacterial Meningitis in the presence of HIV infection is excluded.

26. Apallic Syndrome or Persistent Vegetative State (PVS)

- I) Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.
- II) The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
- III) In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

27. Coronary Angioplasty (PTCA)

- I) Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III) Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000, whichever is lesser.

28. Encephalitis

- I) Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist).
- II) The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

- III) Exclusions:
- i) Encephalitis in the presence of HIV infection is excluded.

29. Fulminant Hepatitis

- I) A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
 - i) Rapid decreasing of liver size;
 - ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - iii) Rapid deterioration of liver function tests;
 - iv) Deepening jaundice; and
 - v) Hepatic encephalopathy.
- II) Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

30. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded

31. Major Head Trauma

- i) Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- ii) The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology
- iii) Activities of Daily Living are:
 - i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv) Mobility: the ability to move indoors from room to room on level surfaces;
 - v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi) Feeding: the ability to feed oneself once food has been prepared and made available.
- iv) The following are excluded:
 - i) Spinal cord injury;

32. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

33. Muscular Dystrophy

- I) A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:
 - i) Family history of muscular dystrophy;
 - ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;

- iii) Characteristic electromyogram; or
- iv) Clinical suspicion confirmed by muscle biopsy.
- II) The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

34. Poliomyelitis

- I) The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.
- II) Exclusions:
 - i) Cases not involving irreversible paralysis will not be eligible for a claim
 - ii) Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

35. Systemic Lupus Erythematosus

- I) A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- i) Class I: Minimal change – Negative, normal urine.
- ii) Class II: Mesangial – Moderate proteinuria, active sediment.
- iii) Class III: Focal Segmental – Proteinuria, active sediment.
- iv) Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- v) Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

36. Brain Surgery

- I) The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.
- II) Exclusion:
 - i) Burr hole surgery / brain surgery on account of an accident.