

Kotak Critical Illness Plus Benefit Rider

UIN (107B020V01)

DEFINITIONS:

1. Accident:

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Activities of Daily Living:

shall mean the activities listed below:

- 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

3. Age:

Age means the age of Life Insured as on his/her birthday immediately preceding the Date of Commencement of Rider.

4. Board:

Board means the Board of Directors of Kotak Mahindra Old Mutual Life Insurance Limited.

5. Claimant:

Means, the Policyholder; or the Life Insured; or the Assignee; or the nominee; or the legal heir of the Policyholder or the nominee, as the case may be.

6. Critical Illness: Means any of the following illnesses:

I. Cancer of specified severity

A. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

B. The following are excluded –

- i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- 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 Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs
- ix. All tumours in the presence of HIV infection

II. Myocardial Infarction (First Heart Attack - of specified severity)

A. 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:

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- 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

B. 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

III. Open Chest CABG

A. 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

B. The following are excluded:

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

IV. Open Heart Replacement or Repair of Heart Valves

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.

V. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal

dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

VI. Stroke resulting in Permanent Symptoms

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

VII. Major Organ/ Bone Marrow Transplant

- A. 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.
- B. **The following are excluded:**
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

VIII. Permanent Paralysis of Limb

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.

IX. Loss of Limbs

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 separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded

X. Third Degree Burns

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

XI. Blindness

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

XII. End Stage Liver Failure

- A. 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
- B. Liver failure secondary to drug or alcohol abuse is excluded

XIII. End Stage Lung Failure

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 < 55mmHg); and
- iv. Dyspnea at rest

XIV. Coma of Specified Severity

- A. 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
- B. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

XV. Major Head Trauma

- A. 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, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, independently of all other causes.
- B. The accidental head injury must result in an inability to perform at least three (3) of the Activities of Daily Living, defined under Part B, (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.

C. The following is excluded:

- i. Spinal cord injury

XVI. Benign Brain Tumour

A. 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.

B. 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.

C. 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.

XVII. Deafness

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 90 decibels across all frequencies of hearing” in both ears.

XVIII. Loss of Speech

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

XIX. Primary (Idiopathic) Pulmonary Hypertension

- A. 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.
- B. 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.
- C. 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.

XX. Motor Neuron Disease with Permanent Symptoms

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.

XXI. Multiple Sclerosis with Persisting Symptoms

- A. 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.
- B. Other causes of neurological damage such as SLE and HIV are excluded.

XXII. Angioplasty*

- A. 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).
- B. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery
- C. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded
- D. Maximum payout of Rs 5 Lakhs shall be made under the Rider in case the Life Assured has to undergo Angioplasty. In case the Rider Sum Insured is more than 5 Lakhs, Rider shall continue with the remaining Sum Assured, and shall only be payable in case the Life Insured is diagnosed with any one of the remaining 36 Critical Illnesses. In case the Rider Sum Assured is Rs.5 Lacs or lower the Rider will be terminated on payment of this benefit.

XXIII. Surgery of Aorta

The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the

thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. Stent-grafting is not covered

XXIV. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month

XXV. Loss of Independent Existence

Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living defined under the definitions section in Part B, (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 hope of recovery with current medical knowledge and technology

XXVI. Cardiomyopathy

A. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria:

- i. Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
- ii. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

- B. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

XXVII. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out

XXVIII. Alzheimer's Disease

- A. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor.
- B. The following are excluded:
- i. Non-organic disease such as neurosis and psychiatric illnesses; and
 - ii. Alcohol-related brain damage
 - iii. Any other type of irreversible organic disorder/dementia

XXIX. Parkinson's Disease

- A. Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:
- i. cannot be controlled with medication;
 - ii. shows signs of progressive impairment; and
 - iii. Activities of Daily Living (defined under the definitions section in Part B), assessment confirms in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons).

B. Drug-induced or toxic causes of Parkinson's disease are excluded.

XXX. Muscular Dystrophy

A. Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- i. Family history of other affected individuals;
- ii. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- iii. Characteristic electromyogram; or
- iv. Clinical suspicion confirmed by muscle biopsy.

B. The condition must result in the inability to perform at least three (3) of the Activities of Daily Living defined under the definitions section in Part B, (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons).

XXXI. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- i. Poliovirus is identified as the cause and is proved by Stool Analysis,
- ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

XXXII. Medullary Cystic Disease

A. Medullary Cystic Disease where the following criteria are met:

- i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- ii. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- iii. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

B. Isolated or benign kidney cysts are specifically excluded from this benefit

XXXIII. Systematic lupus Erythematosus with Renal Involvement

- I. Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of “Critical Illness”, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy.
- II. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.
- III. Abbreviated ISN/RPS classification of lupus nephritis (2003):
 - i. Class I - Minimal mesangial lupus nephritis
 - ii. Class II - Mesangial proliferative lupus nephritis
 - iii. Class III - Focal lupus nephritis
 - iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
 - v. Class V - Membranous lupus nephritis
 - vi. Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

XXXIV. Aplastic Anaemia

- A. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
 - i. Blood product transfusion;
 - ii. Marrow stimulating agents;
 - iii. Immunosuppressive agents; or
 - iv. Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- i. Absolute Neutrophil count of 500 per cubic millimetre or less;
- ii. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- iii. Platelet count of 20,000 per cubic millimetre or less.

XXXV. Bacterial Meningitis

Bacterial or viral infection resulting in severe inflammation of the membranes of the brain, brain substance (cerebral hemisphere, brainstem or cerebellum) or spinal cord, resulting in permanent inability to perform (whether aided or unaided) at least 3 of the Activities of Daily Living (defined under the definitions section in Part B), for a continuous period of at least 6 months.

XXXVI. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection. A definite diagnosis must be certified by a consultant neurologist and causing permanent inability to perform (whether aided or unaided) at least 3 of the Activities of Daily Living (defined under the definitions section in Part B), for a continuous period of at least 6 months.

Encephalitis caused by HIV infection is excluded.

XXXVII. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

- i. Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- iii. Rapid deterioration of liver function tests;
- iv. Deepening jaundice; and
- v. Hepatic encephalopathy.

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

7. Date of Commencement of the Rider:

Date of Commencement as mentioned in Schedule above.

8. Date of Commencement of Risk of the Rider:

Date of Commencement of Risk as mentioned in Schedule above.

9. Entry Age:

Minimum Age at entry: 18 years
Maximum Age at entry: 65 years

10. Grace Period:

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases.

However, the grace period shall be as per the base policy contract. Grace Period is not applicable for single premium payment option.

11. Maturity Age:

Minimum Age at maturity: 23 years
Maximum Age at maturity: 75 years or maximum maturity age of the base Plan, whichever is lower.

12. Rider:

Refers to the Kotak Critical Illness Plus Benefit Rider and shall form part of the base Policy document and run concurrently with the base Policy.

13. Rider Benefit Term:

As mentioned in Schedule above.

14. Rider Premium Payment Term:

As mentioned in the Schedule above. This is the period during which the Policyholder shall pay the Premium to get the benefits under this Rider.

15. Rider Sum Assured:

Refers to the amount specified in the Schedule as Rider Sum Assured.

PART C

1. Benefits Payable:

A. Critical Illness Benefit:

In case the Life Insured is diagnosed with any one of the Critical Illnesses listed above during the Rider Benefit Term, subject to the Rider being in force on the date of diagnosis of the Critical Illness, 100% of the Rider Sum Assured shall be payable to the Policyholder subject to the Conditions given below. The Base Policy shall continue to be in force as long as the Premium for the base policy is being paid.

This benefit shall be payable subject to the following conditions and exclusions:

i. Conditions:

- The Rider Benefit varies depending on the Rider Sum assured-
Rider Sum assured less than equal to 5 Lakhs:

If the Life Insured is diagnosed with any 1 of the specified Critical Illness or undergoes any surgery from the list of specified Critical Illness and the policyholder proves the same to the satisfaction of the Company, the Rider Benefit shall become payable and the Rider shall terminate

Rider Sum assured greater than 5 Lakhs:

The rider Benefit for Angioplasty is Rs. 5 lakhs.

If the Life Insured is diagnosed with any one of the specified Critical Illness or undergoes any surgery from the list of specified Critical Illness (other than Angioplasty) and the policyholder proves the same to the satisfaction of the Company, the Rider Benefit shall become payable and the Rider shall terminate.

However, if the Life Assured claims for Angioplasty then the benefit paid will be equal to Rs. 5 lakhs and post Angioplasty claim the rider benefit shall continue to be in force for the balance Sum Assured for the remaining 36 Critical Illnesses with a proportional reduction in the future Premiums.

The reduced premium will be calculated as:

Original Premium *

[(Original Sum Assured - 5 lakhs) / Original Sum Assured]

- The benefit payable shall be subject to the following:
 - a. Rider Benefit must be in force at the time of the diagnosis of the Critical Illness
 - b. An initial 90-days waiting period is applicable for all conditions covered under Critical Illness Benefit. No benefit shall be payable if diagnosis of any Critical Illness covered under this plan first occurs or diagnosis is first made and/or hospitalization and/or treatment (availed or advised) related to the Critical Illness covered within the 90 days from Date of Commencement of Risk or last reinstatement date, whichever is later
 - c. Rider Benefit shall only be payable in case the Life Insured **survives** for a period of at least 30 days post diagnosis of the Critical Illness
 - d. The policyholder writes to the Company, **within 30 days** from the day the critical illness is established (as specified in the definitions), giving the following details :
 - i. Date of diagnosis of the Critical Illness
 - ii. Nature and extent of the illness and details thereof, including medical reports & investigations, and the Life Insured's address.
 - iii. Life Insured must be willing to be examined by a Medical Examiner nominated by the Company to avail the benefit.

ii. Exclusions:

No benefits shall be payable under this Policy if a claim or event suffered by the Life Insured is directly or indirectly caused or exacerbated as a result of any of the following:

- a. Subject to provisions under section 45 of Insurance Act 1938, Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-Existing Condition is any condition, ailment or injury or related condition(s) for which the Life Insured had signs, or symptoms, and/ or was diagnosed, and / or for which

received medical advice / treatment within 48 months prior to the first policy issued by the Company

- b. War or hostilities (whether war be declared or not), civil war, rebellion, revolution, civil unrest or riot wherein the policyholder is an active participant in such activities
- c. Participation in any armed force or peace keeping activities.
- d. An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means.
- e. An intentional or self-inflicted act including attempted suicide
- f. Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison
- g. HIV/AIDS
- h. Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation
- i. Deliberate participation of the Life Insured in an illegal or criminal act

B. Death Benefit:

There is no death benefit available under this Rider.

C. Maturity Benefit:

There is no maturity benefit available under this Rider.

2. Payment of Rider Premium:

▪ **Protection Plans**

The Rider Premium shall not exceed 100% of base premium under the protection plans. In case any other rider has been opted along with this Rider, total rider premiums shall not exceed 130% of the base policy Premium.

▪ **Savings Plans**

The sum of all Rider Premiums other than this Rider taken together under the base policy, if any, shall not exceed 30% (15% in case of pension plans) of the Premium of the base Policy.

The Premium payment option and mode of the Rider shall be same as Premium Payment Option and mode of the base Policy respectively.

Further, the Rider Premium Payment Term shall not be greater than the outstanding Premium Payment Term of the base Policy.

The premium amount payable under this Rider shall be guaranteed for a period of 5 years from the Date of Risk Commencement of the Rider and may be revised every five years thereafter with prior approval from IRDAI. This is applicable only to Regular Premium Policies and Limited premium policies where premium paying term is not completed. You shall be notified about the revised premiums at least 3 months prior to the date of such revision and the revised premium rates, post such change-, if any, will be effective from the next Rider anniversary. If you are not agreeable to the revised premium rate, you may avail the option to either fully terminate the Rider or continue the Rider with the original premium, with revised Rider Sum Assured. If we do not receive such option from you or the revised/differential premium (as the case may be), before the expiry of Grace Period, the following consequences shall follow:

- i. In case of Regular Premium: the Rider shall lapse on the expiry of Grace Period
- ii. In case of limited Premium: during the Premium Payment Term, the Rider shall continue with Revised Sum Assured on the expiry of Grace Period. The Revised Rider Sum Assured shall be calculated as $\text{Rider Sum Assured} \times \left[\frac{\text{Total premium payable based on Original premium at inception}}{\text{Premiums paid till date of review} + \text{Total premiums payable after review based on new premium}} \right]$

The premiums mentioned above are inclusive of modal factor and extra premium if any and exclusive of Goods & Services Tax & Cess, if applicable. Premium rates, if and when revised, shall be guaranteed for a subsequent period of five (05) years.

Modal factors depending on the mode of premium are stated below:

Frequency	Modal Factor
Yearly	100% of tabulated rates

Half-yearly	51% of yearly premium
Quarterly	26% of yearly premium
Monthly	8.8% of yearly premium

Goods and Services Tax and cess shall be levied on the rider premiums as per prevailing laws and may vary from time to time.

3. Lapse:

i. For Limited Premium Payment mode:

For Premium Payment Term (PPT) less than 10 years: If Premiums are discontinued anytime during the first two Policy years, the Rider Benefit shall lapse at the end of the Grace Period. No benefit shall be payable under such circumstances.

For PPT greater than or equal to 10 years: If Premiums are discontinued anytime during the first three Policy years, the Rider Benefit shall lapse at the end of the Grace Period. No benefit shall be payable under such circumstances.

ii. For Regular Premium Payment mode:

The benefit under the Rider shall lapse at the end of Grace Period, if the due premium is not received till the end of the Grace Period.

iii. Single Premium payment mode:

The Rider benefit will not lapse.

Further, if the base policy to which this Rider is attached lapses, then the Rider shall automatically lapse provided the rider has not acquired surrender value. If the rider has acquired surrender value, then such surrender value will be paid at the end of the revival period of base policy.



Once the Rider is lapsed, no Rider benefits are payable unless the Rider is revived within the Revival period.

The lapsed Rider can be revived as mentioned in the 'Revival' clause.

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PART D

1. Revival:

The Rider can be revived along with the revival of the base Policy. Revival will be based on Board Approved Underwriting Principles. On payment of due premiums the Rider will be renewed with base Policy.

The revival period of two (2) years from the date of first due unpaid Premium is available to the Policyholder.

Revival clause is not applicable for Single Premium payment option.

2. Surrender Benefit:

The Rider shall not acquire any surrender value under the Regular Premium Payment option.

The surrender value will be acquired only under the Single Premium payment and Limited Premium payment options which shall be calculated as follows:

- i. Under Single Premium Payment option Surrender Value is acquired immediately after the receipt of Single Premium. The Surrender Value will be calculated as:

$$75\% \times \text{Rider single premium paid} \times ((\text{Rider benefit term} - 1) / \text{Rider benefit term}) \times (\text{Balance Rider Benefit Term to run} / \text{Rider Benefit Term})$$

- ii. Under Limited Premium Payment option, policies with Premium Payment Term of less than 10 years, shall acquire Surrender Value after payment of 2 consecutive full year's premiums and policies with Premium Payment Term of 10 years or more, shall acquire Surrender Value after payment of 3 consecutive full year's premiums. The Surrender Value will be calculated as:

$$75\% \times [\text{Total Premiums Paid to date, excluding the first year's premium(s)}] \times [(\text{Rider Benefit Term} - \text{Rider Premium Payment Term}) / \text{Rider Benefit Term}] \times [\text{Balance Rider Benefit Term to run} / \text{Rider Benefit Term}]$$

iii. Once the surrender value is paid, the Rider shall stand terminated and no further benefits shall be applicable/payable.

3. Reduced Paid-Up Benefit:

Rider cannot acquire Reduced Paid-Up value under the Regular Premium Payment option and shall lapse if any of the Premiums are not paid as per the terms of this Rider.

Single Premium paying Riders shall be treated as fully Paid-Up and will be eligible for the entire Rider Sum Assured.

Under the Limited Premium Payment option, the Rider would acquire Reduced Paid-Up Benefit only after Surrender Value is acquired by the Rider and base Policy is made Reduced Paid-Up subject to the terms and conditions of the base policy.

The Reduced Paid Up Rider Sum Assured shall be calculated as follows:

Reduced Paid-Up Rider Sum Assured =
(Total Rider Premiums paid / Total Rider Premiums payable) X Rider Sum Assured

Reduced Paid-Up Policy can be revived as mentioned in the 'Revival' clause.

In cases where the Life Insured undergoes Angioplasty and Critical Illness benefit has already been paid for the same, the Rider Sum Assured represents the remaining Sum Assured at the time of Reduced Paid-Up.

In cases where the Rider Sum Assured is less than or equal to Rs.5 Lacs and Life Insured undergoes Angioplasty after the policy becomes Reduced Paid-Up, Reduced Paid-Up Sum Assured shall be payable and the Rider will be terminated.

In cases where the Rider Sum Assured is more than Rs.5 Lacs and Life Insured undergoes Angioplasty after the policy becomes Reduced Paid-Up, the benefit payable will be Rs. 500,000 *(Reduced Paid-up Rider Sum Assured)/Rider Sum Assured).

4. Loans:

No loan facility is available under the Rider.

5. Alterations of the Rider:

- a. Increase/Decrease in Rider Sum Assured is not allowed (conditions applicable for decrease in Rider Sum Assured for Step-Down option under Kotak e-Term Plan as specified in base policy)
- b. Premium frequency and mode change may be allowed as per the base policy.
- c. Minor alterations shall be allowed as per prevailing policy servicing manual of the Company.
- d. Alteration charges will be as per prevailing policy servicing manual of the Company.
- e. Attachment of Rider is allowed as per Board Approved Underwriting Policy during the Base Policy Term and shall be effective on the Policy Anniversary.
- f. Rider can also be detached anytime during base policy term and will be effective from the next Rider premium due date.
- g. However, if the Rider is opted earlier and then detached during the Rider Benefit Term, the policyholder will not be able to opt for the Rider again under the same base policy.
- h. On detachment of the Rider, the applicable surrender value, if any, will be paid and the Rider shall terminate

6. Free Look Provision:

The Policyholder is offered 15 days free look period for a policy sold through all channels (except for Distance Marketing* Channel which will have 30 Days) from the date of receipt of the Rider policy wherein the policyholder may choose to return the Rider policy stating the reasons thereof within 15 days / 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the Rider. The cancellation request should be submitted to the nearest Kotak Life Insurance Branch or sent directly to the Company. Should s/he choose to return the Rider policy, s/he shall be entitled to a refund of the Rider premium paid after adjustment for the expenses of medical examination, stamp duty and proportionate Rider risk premium for the period of cover. A Rider policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, and interactive television (DTH) (iv) Physical mode which includes direct postal mail and

newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

If the Policy has been opted through Insurance Repository (IR), the free look period shall be as per the IRDAI guidelines applicable to e-issuance of insurance policies.

In addition to the above, Free Look Provision as per the base Policy is also applicable on the Rider contract. The Rider Policy stands cancelled when the Free Look Provision of the base Policy is exercised.

PART E
NOT APPLICABLE

PART F

1. Claims:

- The minimum documents required to make a claim under this rider are as follows

- **Proof of Claim Event :**

- The certificate from a specialist medical examiner and relevant hospital records are required pertaining to the first date of diagnosis treatment and follow up and as per the requirements under the definition of the said ailment.
- Completely Medical Questionnaire duly filled by the treating doctor . This form can be obtained by visiting the nearest Kotak Life Insurance Branch or can be downloaded from our website.

- **Supporting Documents :**

- In case of Critical Illness due to Accident then the certified copies of First Information Report [FIR] and associated medical records.
- Where accident occurs due to any car or motor accident where the Life Insured was the driver, a certified copy of the Life Insured's driving license to be submitted.
- Original Policy Document.
- All medical records are required.

- **Claim related Documents :**

- Current residential proof and Photo identity proof of the Policyholder.
- Original cancelled cheque showing name of Bank, location of Bank Branch, Name of Account Holder and Account No. In absence of the same the Policyholder can even submit photocopy of bank pass book/bank statement of beneficiary bearing the aforesaid details duly attested by the concerned bank

- **Claim Intimation Form**

For any claim, one must inform the Company by filling the 'Claim Intimation Form' with all details. This form can be obtained by visiting the nearest Kotak Life Insurance Branch or can be downloaded from our website.

- i. The Company reserves the right to call for any additional information and documents required to satisfy itself as to the validity of a claim. The Company at its sole discretion may settle a claim by conducting its own investigation or enquiry to the satisfaction of the Company that the required documents are not available and the claimant approaching the Company is the genuine Claimant.
- ii. The amount due under this Policy is payable at the office of the Company situated at Mumbai, but the Company may fix an alternative place of payment for the claim at any time before or after the Policy has become a claim.
- iii. The Company reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the Life Insured/ claimant.
- iv. The Company reserves its rights to call for any additional requirements or waive any Mandatory Requirement (basis the merits of the claim) for the assessment of Rider Claim.
- v. Diagnosis or treatment outside India -
If the life insured is living outside India then he/she should be available for medical examination or other reasonable tests in India to confirm the occurrence of an insured event.
However, this condition shall not be applicable in the following countries: Canada, UAE, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, UK and countries of the European Union. The company may review the above list of accepted foreign countries from time to time subject to prior approval from IRDAI. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.

2. General Terms and conditions:

- Section 45 of the Insurance Act, 1938, as amended from time-to-time, shall be applicable to the Rider.

PART G

Query/Complaint Resolution and List of Ombudsman already provided in the base Policy