

Reliance Critical Conditions (25) Rider

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It's probably crossed your mind that you or your family may need treatment for heart disease or stroke. And you may have thought about the ways it would affect your life and your loved ones. But have you considered how such dreaded diseases could impact your financial security?

While you may not be able to prevent the disease, you can help protect yourself from its costs. Reliance Critical Conditions (25) Rider helps provide financial relief in such cases.

Key Features

- Lump sum amount to manage the high expenses of treatment
- Protection for your family from financial hardship by taking care of 25 critical conditions
- Tax benefit u/s 80D and 10 (10D)

How does this Rider work?

You need to pay Regular Premiums for the entire term of the rider. In the event the insured under this policy suffers from any of the critical conditions, after the date of commencement of rider benefit and during the cover period, then the Benefit Amount equal to the sum assured will be paid as a lump sum to the policyholder. The rider cover will terminate thereafter and the rider Premium will be discontinued. Remaining benefits under the base policy/plan will remain intact.

Benefits

Illness Cover Benefit: In case of unfortunate occurrence of the critical conditions, you will get the sum assured.

Maturity Benefit: No maturity benefit will be paid.

Who can buy this Rider?

Reliance Critical Conditions (25) Rider		
	Minimum Limits	Maximum Limits
Age at Entry	18 years last birthday	55 years last birthday
Age at Maturity	-	65 years last birthday or age at maturity under the base plan whichever is lower
Sum Assured	Rs.10,000	Base Plan Sum Assured OR 180 times of Hospital Cash Benefit# in a ward other than ICU (as applicable) However, the sum assured under Reliance Critical Illness rider (including sum assured under Reliance Critical Conditions (25) Rider) across all policies held by the life assured with Reliance Life should not exceed Rs.20 lakhs. #Refer base plan sales literature for details on Hospital Cash Benefit (in case of health plan only).
Rider Term	5 years	25 years

What are the Premium Payment Modes?

As applicable for the base plan - this Rider will terminate on the termination of the base plan.

What is there in this Rider?

The rider provides a fixed additional sum insured on the occurrence of any of the 25 specified critical conditions.

The specified critical conditions are:

1. Cancer
2. Coronary Artery Surgery (one or more)
3. Heart Attack (Myocardial Infarction)

4. Stroke
5. Renal Failure
6. Surgery for a Disease of the Aorta
7. Coma
8. Heart Valve Replacement
9. Major Organ Transplant
10. Paralysis
11. Blindness
12. Benign Brain Tumor
13. Motor Neurone Disease
14. Multiple Sclerosis
15. End Stage Lung Disease
16. End Stage Liver Disease
17. Aplastic Anaemia
18. Systemic Lupus Erythematosus
19. Alzheimer's disease (before age 61)
20. Parkinson's disease (before age 61)
21. Major Head Trauma
22. Loss of Speech
23. Primary Pulmonary Arterial Hypertension
24. Major Burns
25. Apallic Syndrome (Vegetative State)

The definitions of the specified critical conditions are:

1. Cancer

A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The diagnosis must be confirmed by a specialist and evidenced by definite histology. The term cancer also includes leukaemia and malignant disease of the lymphatic system such as Hodgkin's disease.

Excluded are:

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

2. Coronary Artery Surgery - one or more

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which 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 realization of surgery has to be confirmed by a specialist.

Excluded are:

- a. Angioplasty
- b. Any other intra-arterial procedures
- c. Key-hole surgery

3. 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. History of typical chest pain
- b. New characteristic electrocardiogram changes
- c. Elevation of infarction specific enzymes, troponins or other biochemical markers

Excluded are:

- a. Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of troponin I or T
- b. Other acute coronary syndromes (e.g. stable/unstable angina pectoris)

c. Silent myocardial infarction

4. Stroke

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

Excluded are:

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

5. Renal Failure

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

6. 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.

7. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. Coma secondary to alcohol or drug misuse is not covered.

8. 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.

Excluded are: Heart valve repair; valvulotomy; valvuloplasty.

9. Major Organ Transplant

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.

10. 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 for at least 3 months.

Excluded is: Paralysis due to Guillain-Barré-Syndrome.

11. Blindness

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

12. Benign Brain Tumor

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

13. Motor Neurone Disease

Unequivocal of Motor Neurone Disease (e.g. amyotrophic lateral sclerosis, primary lateral sclerosis, progressive bulbar palsy, pseudo bulbar palsy) that

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

14. Multiple Sclerosis

Unequivocal diagnosis of Multiple Sclerosis by a specialist (preferably by a neurologist). The disease has to be evidenced by typical clinical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings. For proving the diagnosis the Insured must either exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or must have had at least two clinically documented episodes at least one month apart or must have had at least one clinically documented episode together with characteristic findings in the cerebrospinal fluid as well as specific cerebral MRI lesions.

15. End Stage Lung Disease

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

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

16. End Stage Liver Disease

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

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

17. Aplastic Anaemia

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

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

18. Systemic Lupus Erythematosus

An autoimmune illness in which tissues and cells are damaged by deposition of pathologic autoantibodies and immune complexes. Of significant importance for the outcome is the involvement of the kidneys. The renal function of the life insured has to be impacted due to the SLE (it has to be classified as Class III to Class VI lupus nephritis according to the classification of results of renal biopsy by WHO). Other types of lupus, such as the discoid lupus erythematosus or those that only affect the blood and joints are excluded. Diagnosis has to be confirmed by a specialist and evidenced by a histological report.

WHO's classification of lupus nephritis:

WHO I: normal glomeruli

WHO II: pure mesangial alterations

WHO III: focal segmental or focal proliferative glomerulonephritis

WHO IV: diffuse proliferative glomerulonephritis

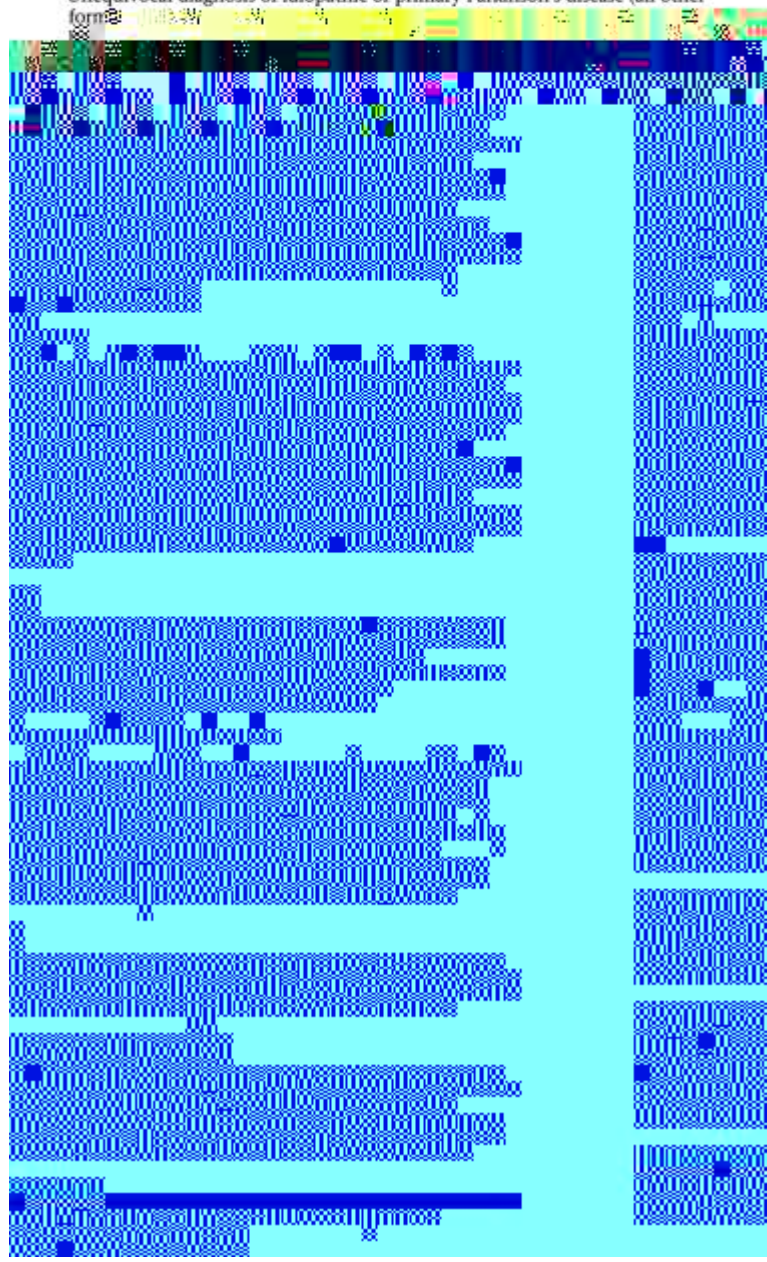
WHO V: diffuse membranous glomerulonephritis

19. Alzheimer's disease (before age 61)

Unequivocal diagnosis of Alzheimer's disease (presenile dementia) before age 61 that has to be confirmed by a specialist and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more activities of daily living – bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself, but not to prepare the food) or must result in need of supervision and the permanent presence of care staff due to the disease. These conditions have to be medically documented for at least three months.

20. Parkinson's disease (before age 61)

Unequivocal diagnosis of idiopathic or primary Parkinson's disease (all other forms)



Exclusions for Critical Conditions (25) Rider

The following are the minimum required exclusions for the Reliance Critical Conditions (25) Rider. Additional exclusions may be disease-specific and would be incorporated into the definition of the disease. Benefits shall not be paid in case of claims arising as a result of any of the following:

- 1 Diseases in the presence of an HIV infection,
- 2 Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by another insurer),
- 3 Any diseases occurring within 180 days of the start of coverage (i.e. during the waiting period) and any diseases causing the death of the insured within 30 days of the incidence of the illness (i.e. the survival period),
- 4 For any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any critical illness for which care, treatment, or advice was recommended by or received from a Physician,
- 5 Any congenital condition,
- 6 Intentional self-inflicted injury, attempted suicide, while sane or insane,
- 7 Alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner,
- 8 Failure to seek or follow medical advice,
- 9 War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, terrorism, riot or civil commotion, strikes,
- 10 Taking part in any naval, military or air force operation during peace time,
- 11 Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable,
- 12 Participation by the Insured person in a criminal or unlawful act,
- 13 Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping,
- 14 Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Sample Premium Rates:

The rates are per Rs. 1000 sum assured

For Male	Age/Term(Years)	5	10	15	20
	30	2.44	3.02	3.84	4.94
	35	3.85	5.06	6.65	8.39
	40	6.81	9.11	11.60	13.99
	45	12.54	15.98	19.37	22.47

For Female	Age/Term(Years)	5	10	15	20
	30	2.66	3.24	3.89	4.63
	35	4.07	4.95	5.99	7.07
	40	6.24	7.68	9.19	10.65
	45	9.83	11.87	13.90	15.84

The Premium rates, once applied on any policy, will be guaranteed for the first three years of the policy. After three years period, the Company may change the Premium rates with three months prior notice subject to the IRDA approval. Such revised rates would be effective on all in-force policies and new policies sold.

Waiting and Survival Period:

The Reliance Critical Conditions (25) Rider benefit can only be claimed if the illness is diagnosed at least 180 days after the date of adjustment of the first Premium or the date of revival/reinstatement whichever is later and the life insured survives the specified illness for a period of at least 30 days from the date of diagnosis.

Is there any option available under the rider?

The rider benefit can be selected subject to underwriting conditions on any policy anniversary of the base plan during a policy term of the base plan.

Are there any non-forfeiture benefits?

There are no non-forfeiture benefits and the rider ceases if Premiums are not paid within the days of grace.

There is a grace period of 30 days from the due date for payment of Regular Premiums. In case of monthly mode, the grace period is of 15 days.

What approach is to be used for revivals or reinstatements?

Generally reinstatement will be made subject to payment of unpaid premiums with interest and recommencing the payment of premiums at any time within 2 years (revival period) from the due date of first unpaid premium but before the maturity of the policy subject to satisfactory medical and financial evidence as stipulated by the Company from time to time. Current rate of interest for revival is 9.5%

Is loan available against this Rider?

As this is a risk rider benefit no loan is available.

Is Nomination allowed under this Rider?

As per section 39 of the Insurance Act 1938 and as per company procedure.

Is Assignment allowed under this Rider?

Allowed only if allowed under the base plan to which this rider is attached.

Is there any tax benefit?

The benefits and Premiums payable under this rider are subject to tax laws and other financial enactments as they may exist from time to time.

As per current tax rules Premium paid under Reliance Critical Conditions (25) Rider are eligible for tax deduction under section 80D of the Income Tax Act, 1961 (the Act).

The benefits under this rider are tax exempt under section 10 (10D) of the Act, subject to conditions.

Service tax and education cess will be charged as per applicable rates.

You are recommended to consult your tax advisor before investing.

About us

Reliance Life Insurance offers you products that fulfill your savings and protection needs. Our aim is to emerge as a transnational Life Insurer of global scale and standard.

Reliance Life Insurance Company Limited is an associate company of Reliance Capital Ltd., a part of Reliance - Anil Dhirubhai Ambani Group. Reliance Capital is one of India's leading private sector financial services companies and has interests in asset management and mutual funds, stock broking, life and general insurance, proprietary investments, private equity and other activities in financial services.

Reliance - Anil Dhirubhai Ambani Group also has presence in Communications, Energy, Natural Resources, Media, Entertainment, Healthcare and Infrastructure.

Prohibition of Rebate: Section 41 of the Insurance Act, 1938 states:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew 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 the 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 published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of Premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Section 45: Policy not to be called in question on ground of mis-statement after two years

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Note:

This Rider brochure gives only the salient features of the Rider. For further details on all the conditions, exclusions related to Reliance Critical Conditions (25) Rider please contact our Insurance Advisors.

RELIANCE Life Insurance

Anli Dhirubhai Ambani Group

Call us on 30338181

www.reliancelife.com

Reliance Life Insurance Company Limited (Reg. No. 121)

Registered Office H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710, India.

Corporate Office: 1st Floor, Midas Wing, Sahar Plaza, Andheri-Kurla Road, Andheri (East), Mumbai, Maharashtra 400 059, India

Insurance is the subject matter of the solicitation.

UIN for Reliance Critical Conditions (25) Rider: 121B010V01.

ISO 9001:2000
CERTIFIED COMPANY