

RELIANCE

NIPPON LIFE
INSURANCE

A RELIANCE CAPITAL COMPANY



 **Sabse Pehle**
Life Insurance

Fighting a critical
illness takes all your
strength. It shouldn't take
all your money.

Reliance Nippon Life Critical Illness Plus Rider
Taaki apki koi khwaish adhuri na reh jaye.

UIN for Reliance Nippon Life Critical Illness Plus Rider: 121A019V01

Reliance Nippon Life Critical Illness Plus Rider

A Non-Linked, Non-Participating Individual Rider (attachable to Unit Linked products)

Advancement in medical science and facilities has dramatically improved quality of life and its expectancy. Despite this, we are still vulnerable to many possible illnesses.

You may survive a critical illness, but such survival comes with steep cost of medical expenses.

Reliance Nippon Life Critical Illness Plus Rider enables you to get the best treatment available and takes care of the indirect expenses while you recover from a critical illness. By opting for Reliance Nippon Life Critical Illness Plus Rider along with the base policy, you can enhance the existing protection available under base policy at affordable rates.

Reliance Nippon Life Critical Illness Plus Rider at a glance

Parameters	Minimum	Maximum
Age at Entry (Yrs.)	18 years	65 years
Age at Maturity (Yrs.)	23 years	75 years
Rider Sum Assured [#]	₹1,00,000	The maximum rider sum assured limit is <<₹50,00,000>> and this limit shall be subject to change as per Board Approved Underwriting Policy.
Rider Policy Term	5 years	Regular Premium Payment: 25 years Limited Premium Payment: 15 years
Rider Premium Payment Term	Regular Premium Payment: Equal to rider policy term Limited Premium Payment: 5 years to 14 years	
Premium Payment Frequencies	Same as for base policy (Yearly, Half-yearly, Quarterly and Monthly)	

Note: All the references to age are based on age last birthday

[#]The rider sum assured shall not exceed the sum assured on death under the base policy.

Benefits in detail

This is an optional rider that can be opted along with the base policy either at the time of purchase of the base policy or on any subsequent policy anniversary subject to meeting the minimum policy conditions applicable for this rider and provides for financial compensation, in the event of life insured being diagnosed with any of the covered 25 critical illnesses. The policyholder will have to pay additional premium in addition to base policy premium if the rider benefit has been opted for.

Critical Illness Benefit

The rider provides a lumpsum benefit, which is payable, if the life assured survives for a period of 30 days following diagnosis of any one of the 25 critical illnesses as specified below with fulfilment of covered critical illness definition, subject to the rider benefit being in-force i.e. all due premiums under the rider benefit have been paid.

If the diagnosis is made within the rider policy term and however the survival period crosses the end point of rider policy term, a valid claim arising as a result of such a diagnosis shall not be denied.

The benefit under this rider will cease after a claim under this rider is paid. If the base policy to which the rider is attached is surrendered or terminated, the rider benefit will also be terminated and the exit value, if any, shall be paid in respect of the rider benefit. If the policyholder voluntarily opts to discontinue the rider benefit and terminate it prior to completion rider policy term, the exit value, if any, shall be paid and the rider benefit shall be terminated.

List of Critical Illnesses covered under the rider are as below:-

1	Cancer of Specified Severity	14	Benign Brain Tumor
2	Open Chest CABG	15	Motor Neuron disease with permanent symptoms
3	Myocardial Infarction (First Heart Attack of Specific Severity)	16	End Stage Lung Failure
4	Stroke resulting in Permanent Symptoms	17	End Stage Liver Failure
5	Kidney Failure Requiring Regular Dialysis	18	Aplastic Anaemia
6	Major Surgery of Aorta	19	Systemic Lupus Erythematosus with Lupus Nephritis
7	Open Heart replacement or Repair of Heart Valves	20	Alzheimer's Disease (before age 61)
8	Major Organ/Bone Marrow Transplant	21	Parkinson's Disease (before age 61)
9	Permanent Paralysis of Limbs	22	Major Head Trauma
10	Blindness	23	Loss of Speech
11	Coma of Specified Severity	24	Primary (idiopathic) Pulmonary Hypertension
12	Third Degree Burns	25	Apallic Syndrome
13	Multiple Sclerosis with Persisting Symptoms		

A comprehensive list of definitions of each of the above critical illness and the relevant exclusions are covered in Annexure A.

Death Benefit

There is no death benefit under this rider.

Maturity Benefit

There is no maturity benefit under this rider.

Other Features

Grace Period

The grace period will be same as applicable under the base policy.

Non-forfeiture Conditions

The plan provides non-forfeiture benefits as described below:

» Lapse

The rider benefit shall lapse if due premiums are not received before expiry of grace period. No rider benefit shall be payable in lapse status. In case rider benefit is not revived within the revival period, the rider benefit shall be terminated and the exit value (in respect of the rider benefit), if any, shall be payable.

• Exit Value

Premium Payment	When is it payable	Exit value
Regular Premium Payment	No benefit payable	No benefit payable
Limited Premium Payment	Exit value shall be payable if at least 3 full year's rider premiums have been paid	75% multiplied by Total rider premiums paid multiplied by (1 minus rider premium paying term divided by rider policy term) multiplied by (outstanding rider term divided by rider term)

Total rider premiums paid means the all rider premiums paid during the rider premium payment term of the rider policy, excluding taxes & cess and underwriting extra premiums, if any.

If the base policy to which the rider is attached is surrendered or terminated, the rider benefit will also be terminated and the exit value, if any, shall be paid in respect of the rider benefit. If the policyholder voluntarily opts to discontinue the rider benefit and terminate it prior to completion rider policy term, the exit value, if any, shall be paid and the rider benefit shall be terminated.

• Revival

Rider benefit can be revived during the revival period as applicable to the base policy by paying the arrears of premiums along with interest at prevailing rate of interest, subject to satisfactory evidence of continued insurability based on Company's Board Approved Underwriting Policy. Prevailing interest rate applicable on revival shall be equal to 10 year benchmark G-sec interest rate as on last working day of previous financial year, rounded up to the nearest multiple of 25 basis points. The prevailing rate of interest on revival for FY20-21 is 6.25% p.a.

The Company reserves the right to revise the applicable interest rate less frequent than annual subject to IRDAI approval. Revival will be based on the Board Approved Underwriting Policy of the Company. All terms and conditions applicable under the base policy shall be applicable to this rider. The revival of this rider shall take effect only if the base policy is in full force or it has been revived.

Terms and conditions

1. Tax benefit

Premium paid under Reliance Nippon Life Critical Illness Plus Rider may be eligible for income tax deduction, subject to the applicable income tax laws and conditions. Income tax benefits under this rider, if any, shall be applicable as per the prevailing income tax laws are subject to amendments from time to time. Kindly consult a tax expert.

2. Taxes

The Goods and Services tax and cess, if any will be charged over and above the Base Premium and rider(s) premium, if any, as per the applicable rates declared by the Government from time to time.

In future, the Company shall pass on any additional taxes levied by the Government or any statutory authority to the policyholder. The method of collection of these taxes shall be informed to the policyholders under such circumstances.

3. Rider Conditions

- Rider can be attached on commencement of the base policy or on any

subsequent policy anniversary subject to 5 years as minimum outstanding policy term of the base policy.

- Addition of the rider will be subject to underwriting, the outstanding policy term and premium payment term of the base policy.
- Rider premium is payable over and above the premium under the base policy and shall be paid along with the premium under the base policy.
- Premium payment frequency and mode of the Rider shall be same as premium payment frequency and mode of the base policy.
- There is no frequency loading applicable on rider premium.
- Rider term can be less than or equal to the policy term of the base policy, subject to maximum maturity age of 75 and the maximum term allowed under the rider. If the entry age plus base policy term is beyond age 75, the rider would be of term 75 less entry age, subject to the maximum policy term allowed under the rider. The rider shall not be offered if the outstanding term under the base policy is less than 5 years.
- Rider premium payment term can be less than or equal to the premium payment term of the base policy.
- The rider premium shall not exceed 100% of the premium under the base policy in compliance with the IRDAI (Protection of Policyholders Interest) Regulations, 2017.
- The premium rates under the rider are guaranteed for an initial period of fifteen years from commencement of the rider policy and are reviewable thereafter subject to IRDAI approval. Any revision in the premium rates shall be notified to the policyholder at least three months prior to date of such revision. The review in premium rates shall be in compliance with regulation 6 of IRDA (Health Insurance) Regulations, 2016.
- If the base policy to which the rider is attached is surrendered or terminated, the rider benefit will also be terminated and the exit value, if any, shall be paid in respect of the rider benefit. If the policyholder voluntarily opts to discontinue the rider benefit and terminate it prior to completion rider policy term, the exit value, if any, shall be paid and the rider benefit shall be terminated.
- The rider benefit can be claimed only once, as per the terms and conditions of the policy.
- The rider sum assured shall not exceed the sum assured on death under the base policy.
- A waiting period of 90 days from the date of commencement of rider risk and from the date of revival for every subsequent revival during the rider policy term, will be applicable. No benefits shall be payable on diagnosis of the covered critical illness during this waiting period.

4. Exclusions

We shall not be liable to make any payment under this Policy towards a covered Critical Illness resulting from or in respect of any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within

- 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
3. Any Critical Illness caused due to treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
 4. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
 5. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
 6. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
 7. Any Critical Illness, caused by foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
 8. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 9. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel.
 10. Congenital External Anomalies or any complications or conditions therefrom including any developmental conditions of the Insured.
 11. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
 12. 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.
 13. Any Critical Illness, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
 14. Any Critical Illness, caused by any unproven treatment, service and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
 15. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
 16. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
 17. Any Critical Illness, caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 18. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:

- a) Surgery to be conducted is upon the advice of the Doctor
 - b) The Surgery / Procedure conducted should be supported by clinical protocols
 - c) The member has to be 18 years of age or older and
 - d) Body Mass Index (BMI);
 - 1) greater than or equal to 40 or
 - 2) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i) Obesity related cardiomyopathy
 - ii) Coronary heart disease
 - iii) Severe Sleep Apnea
 - iv) Uncontrolled Type 2 Diabetes
19. Any Critical Illness, caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
20. Any Critical Illness, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
21. In the event of the death of the Insured Person within the stipulated survival period as set out above.
22. Any Critical Illness, caused by Birth Control, sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization

5. Free look period

In the event you are in disagreement with the terms and conditions stipulated in the policy document, you may wish to opt out of this plan, by stating the reasons of your disagreement in writing and return the policy to the Company within 15 days (30 days of receipt, where the policy has been obtained through Distance Marketing* channel) of its receipt, for cancellation. You are requested to take appropriate acknowledgement of your request letter and return of policy. In which event, the Company will refund the premium paid subject to a deduction of a proportionate risk premium for a period of cover less expenses incurred by the Company on your medical examination, if any, and stamp duty charges.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free Look Period will be from the date of the email informing Policy credit in IR.

Any request received for free look cancellation of the policy shall be processed and premium refunded within 15 days of receipt of the request.

*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 services (SMS);
- (iii) Electronic mode which includes e-mail, internet 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.

6. Nomination

Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time.

7. Assignment

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

8. Section 41 of the Insurance Act, 1938, as amended from time to time

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.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

9. Section 45 of the Insurance Act, 1938, as amended from time to time

1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

5) 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.

1. Cancer of Specified Severity

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.

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 and 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 Tumors 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. Open Chest CABG

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.

The following are excluded:

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

3. Myocardial Infarction (First Heart Attack of Specific Severity)

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.

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.

4. Stroke resulting in Permanent Symptoms

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.

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.

5. 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.

6. Major Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

7. 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.

8. Major Organ/Bone Marrow Transplant

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.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of Langerhans are transplanted.

9. Permanent Paralysis of Limbs

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.

10. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

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.

The diagnosis of blindness must be confirmed and must not be correctable by aids or Surgical Procedure.

11. Coma of Specified Severity

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.

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

12. 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.

13. Multiple Sclerosis with Persisting Symptoms

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.

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

14. Benign Brain Tumor

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.

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.

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.

15. 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.

16. 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 pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest

17. End Stage Liver Failure

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.

Liver failure secondary to drug or alcohol abuse is excluded.

18. Aplastic Anaemia

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.

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 less than $500/\text{mm}^3$ or less
- ii. Platelets count less than $20,000/\text{mm}^3$ or less
- iii. Reticulocyte count of less than $20,000/\text{mm}^3$ or less

Temporary or reversible Aplastic Anaemia is excluded.

19. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, 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 WHO Classification). The final diagnosis must be confirmed by a registered doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

20. Alzheimer's Disease (before age 61)

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

21. Parkinson's Disease (before age 61)

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below.

- i. Transfer: Getting in and out of bed without requiring external physical assistance
- ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
- iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
- iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
- v. Eating: All tasks of getting food into the body once it has been prepared Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

22. Major Head Trauma

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. 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.

The 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.

The following are excluded:

- i. Spinal cord Injury;

23. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded

24. Primary (Idiopathic) Pulmonary Hypertension

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.

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.

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. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

This rider brochure gives only the salient features of the rider and it is only indicative of terms, conditions, warranties and exceptions. This brochure should be read in conjunction with the rider exclusions, terms & conditions. For further details on all the conditions, exclusions related to Reliance Nippon Life Critical Illness Rider, please contact our insurance advisors. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

Tax laws are subject to change, consulting a tax expert is advisable.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

Reliance Nippon Life Insurance Company Limited (IRDAI Registration No. 121)



Registered & Corporate Office

Reliance Centre, 5th floor, Off Western
Express Highway, Santacruz East, Mumbai,
Mumbai-City District, Maharashtra-400055.
Board: 022 4303 1000



Fax No

+91 22 4303 5662



Call us: 1800 102 1010 (Toll Free) between
9 am to 6 pm from Monday to Saturday.



Email us

rnlife.customerservice@relianceada.com



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CIN: U66010MH2001PLC167089. UIN for Reliance Nippon Life Critical Illness Plus Rider: 121A019V01

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