

PROTECTING multiple life needs with one plan is now possible.

Different people, different needs, one plan. Sabka Waala Term Plan!

Aditya Birla Sun Life Insurance DigiShield Plan

A Non-Linked Non-Participating Individual Pure Risk Premium Life Term Insurance Plan

Aditya Birla Sun Life Insurance Company Limited

(A part of Aditya Birla Capital Ltd.)

ADITYA BIRLA CAPITAL



You are a successful achiever and strive to give the best of the world to your family. Your endeavour is to provide comfort, security and happiness to your loved ones. However, when it comes to planning for unforeseen circumstances, you need a solution that would secure your family's future and ensure they lead a comfortable life devoid of any financial worries. Aditya Birla Sun Life Insurance has come up with an apt protection solution for you - **ABSLI DigiShield Plan**, so that your family stays protected, even when you are not around.

Key Features

- 10 Plan Options to suit your varied protection needs.
- Availability of life insurance cover for 1 year or till age 100 years providing comprehensive financial support.
- Flexible death benefit payout options - as a lump sum, monthly income or a combination of both.
- Option to avail Survival Benefit as Monthly Income on attaining age 60 to ensure a worry-free retired life.
- Return of Premium (ROP) option along with life insurance cover to secure your savings.
- Inbuilt Terminal Illness Benefit.
- Accelerated Critical Illness (ACI) Benefit option covering 42 specified Critical Illnesses, on payment of additional premium.
- Option to cover your Spouse under the same Policy with Joint Life Protection.
- Enhance your insurance with appropriate rider options, on payment of additional premium.

Your Plan Options

The following Plan Options are available under this plan to suit your needs:

- **Plan Option 1** Level Cover Option
- **Plan Option 2** Increasing Cover Option
- **Plan Option 3** Sum Assured Reduction Option
- **Plan Option 4** Whole Life Option (Level Cover)
- **Plan Option 5** Whole Life Option (Sum Assured Reduction Cover)
- **Plan Option 6** Income Benefit
- **Plan Option 7** Level Cover plus Income Benefit
- **Plan Option 8** Low Cover Option
- **Plan Option 9** Level Cover with Survival Benefit
- **Plan Option 10** Return of Premium (ROP)

You shall choose one Plan Option at the inception of the Policy. The option once selected cannot be changed at a later date.


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Let us look into all these Plan Optitons in detail:

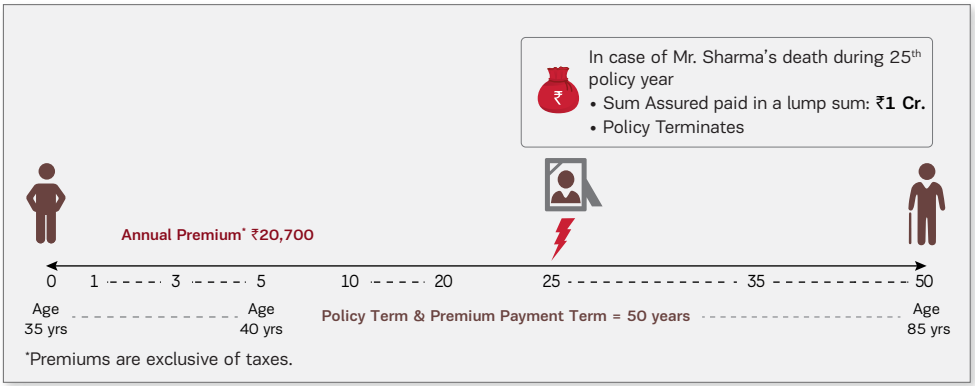
Plan Option 1: Level Cover Option

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in lump sum.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – Level Cover Option for a Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 50 years.

Unfortunately, he dies during the 25th Policy year. His Nominee is paid a lump sum equal to ₹1 crore and the Policy terminates. The same is illustrated below:



- **Your choices at inception:**

  You will have to choose the Sum Assured, Policy Term, Premium Payment Term and Mode of premium payment.

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	65 years	Single Pay	5 years	55 years	Single	85 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay	PPT + 5 years		Annual | Semi-Annual | Quarterly | Monthly		
			7 Pay					
			10 Pay					
			12 Pay					
			15 Pay					
		60 years	20 Pay					
		54 years	To Age 60					
		65 years	Regular Pay	10 years				

Plan Option 2: Increasing Cover Option

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in a lump sum as applicable on date of death. The Sum Assured chosen at inception will increase by a fixed percentage at each Policy anniversary, referred to as the Sum Assured Escalation Rate.

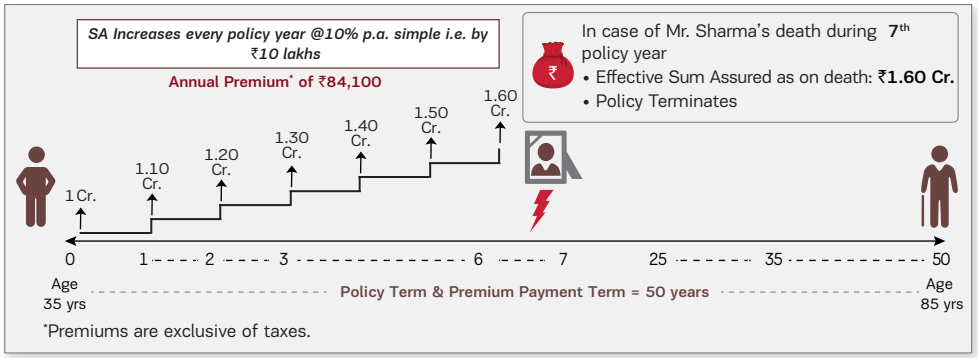
At Policy inception, you can choose to enhance your Sum Assured at each Policy anniversary by a Sum Assured Escalation Rate of 5% p.a. (simple) or 10% p.a. (simple).

Please note: The Sum Assured Escalation Rate cannot be changed during the term of the Policy.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – Increasing Cover Option for a Sum Assured of ₹1 crore and a Sum Assured Escalation Rate of 10% p.a. (simple). He chooses a Policy Term of 50 years and Premium Payment Term of 50 years.

Unfortunately, he dies during the 7th Policy year. His Nominee is paid a lump sum equal to the then applicable Sum Assured of ₹1.60 crore and the Policy terminates. The same is illustrated below:



- **Your choices at inception:**

  You will have to choose the Sum Assured, Sum Assured Escalation Rate, Policy Term, Premium Payment Term and Mode of premium payment.

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	65 years	Single Pay	5 years	55 years	Single	85 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay	PPT + 5 years		Annual | Semi-Annual | Quarterly | Monthly		
			7 Pay					
			10 Pay					
			12 Pay					
			15 Pay					
		60 years	20 Pay					
		54 years	To Age 60					
		65 years	Regular Pay	10 years				

Plan Option 3: Sum Assured Reduction Option

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in a lump-sum as applicable on the date of death. The Sum Assured chosen at inception will decrease by a fixed percentage, referred to as 'Sum Assured Reduction factor' post Retirement Age chosen by you.

You have the option of choosing from the following Retirement Age and the following Sum Assured Reduction factors:

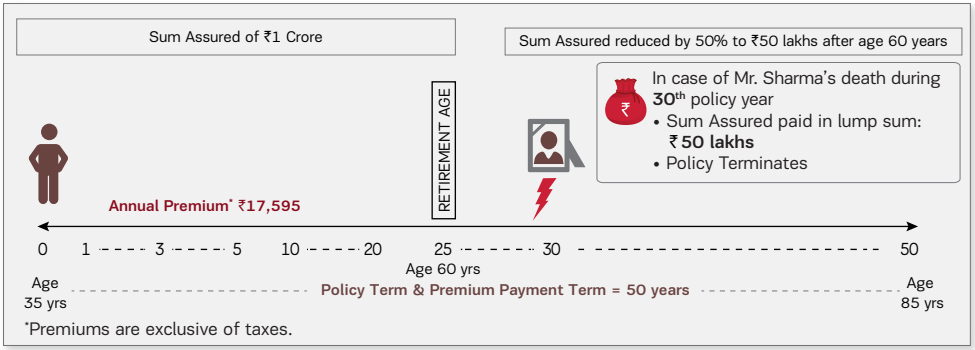
Retirement Age	60 years	65 years	70 years	75 years
Sum Assured Reduction Factor	25% of Sum Assured OR 50% of Sum Assured			

Please note: The Retirement Age should be at least 10 years more than the age of the Life Insured at inception of the Policy and less than the maturity age. Also, the Retirement Age and the Sum Assured Reduction Factor cannot be changed during the term of the Policy.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – Sum Assured Reduction Option for a Sum Assured of ₹1 crore and a Sum Assured Reduction Factor of 50% at a Retirement Age of 60 years. He chooses a Policy Term of 50 years and Premium Payment Term of 50 years.

Unfortunately, he dies during the 30th Policy year. His Nominee is paid a lump sum equal to the then applicable reduced Sum Assured of ₹50 lakhs and the Policy will be terminated. The same is illustrated below:



- **Your choices at inception:**

  You will have to choose Sum Assured, Retirement Age, Sum Assured Reduction Factor, Policy Term, Premium Payment Term and Mode of premium payment

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	65 years	Single Pay	11 years	55 years	Single	85 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay			Annual | Semi-Annual | Quarterly | Monthly		
			7 Pay	PPT + 5 years				
			10 Pay					
			12 Pay					
			15 Pay					
		60 years	20 Pay					
		54 years	To Age 60					
		65 years	Regular Pay	11 years				











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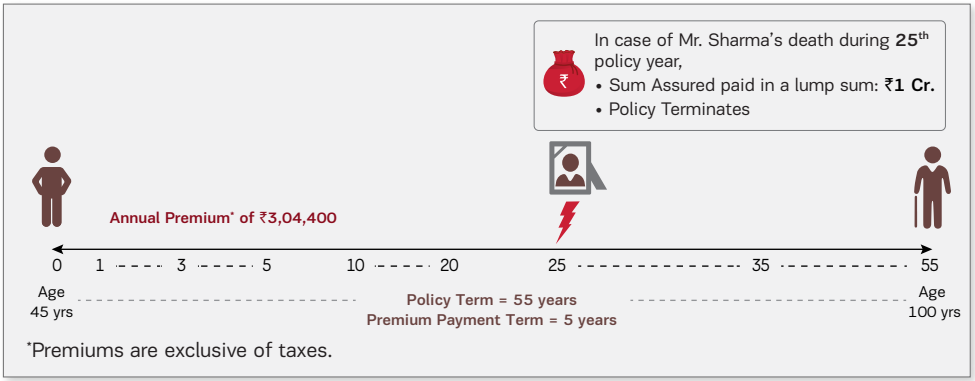
Plan Option 4: Whole Life Option – Level Cover

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term till Age 100 years, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in a lump sum.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 45 years old, who opts for ABSLI DigiShield Plan – 'Whole Life Option with Level Cover' for a Sum Assured of ₹1 crore. He chooses to pay premiums annually for 5 years. His resultant Policy Term will be 100 years less his entry Age i.e. equal to 55 years.

Unfortunately, he dies during the 25th Policy year. His Nominee is paid a lump sum equal to ₹1 crore and the Policy terminates. The same is illustrated below:



*Premiums are exclusive of taxes.

- **Your choices at inception:**

  You will have to choose Sum Assured, Premium Payment Term and Mode of premium payment.

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	45 years	65 years	Single Pay	100 minus Age at entry		Single	100 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay			Annual | Semi-Annual | Quarterly | Monthly		

Plan Option 5: Whole Life Option – Sum Assured Reduction Cover

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term till Age 100 years, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in a lump sum. The Sum Assured chosen at inception will decrease by a fixed percentage, referred to as 'Sum Assured Reduction factor' post Retirement Age chosen by you.

You have the option of choosing from the following Retirement Age and the following Sum Assured Reduction factors:

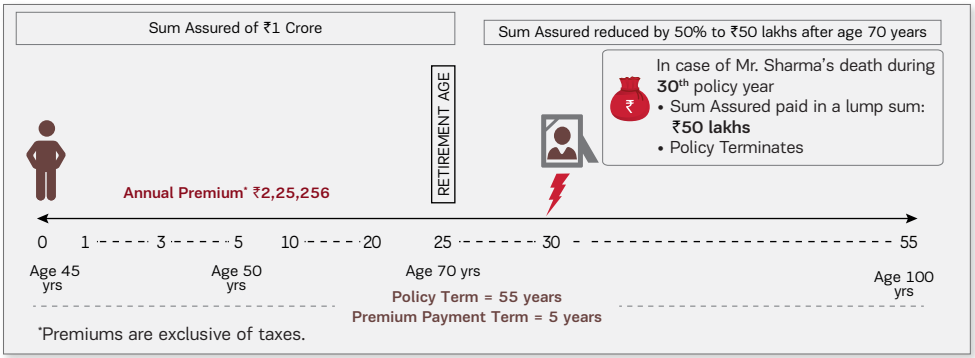
Retirement Age	60 years	65 years	70 years	75 years
Sum Assured Reduction Factor	25% of Sum Assured OR 50% of Sum Assured			

Please note: The Retirement Age should be at least 10 years more than the age of the Life Insured at inception of the Policy and less than the maturity age. Also, the Retirement Age and the Sum Assured Reduction Factor cannot be changed during the term of the Policy.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 45 years old, who opts for ABSLI DigiShield Plan – 'Whole Life Option with Sum Assured Reduction Cover' for Sum Assured of ₹1 crore and a Sum Assured Reduction Factor of 50% at a Retirement Age of 70 years. He chooses to pay premiums annually for 5 years. His resultant Policy Term will be 100 years less his entry age i.e. equal to 55 years.

Unfortunately, he dies during the 30th Policy year. His Nominee is paid a lump sum equal to the then applicable reduced Sum Assured of ₹50 lakhs and the Policy will be terminated. The same is illustrated below:



- **Your choices at inception:**

  You will have to choose Sum Assured, Retirement Age, Sum Assured Reduction Factor, Premium Payment Term and Mode of premium payment

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	45 years	65 years	Single Pay	100 minus Age at entry		Single	100 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay			Annual | Semi-Annual | Quarterly | Monthly		

Plan Option 6: Income Benefit

Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Death Benefit in monthly instalments during the chosen Income Benefit Period.

You will have the option to receive monthly income as follows:

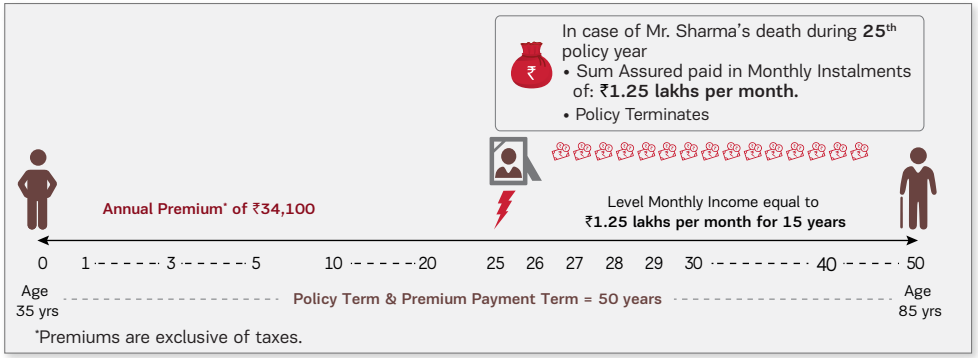
- ***Level Monthly Income equal*** to 1.25% of Sum Assured throughout the Income Benefit Period.
- ***Increasing Monthly Income*** equal to 1.25% of Sum Assured increasing by 5% p.a. (simple) each year throughout the Income Benefit Period.

The monthly income will commence on the first Policy Monthiversary on or after the date of death and continue for each Policy Monthiversary throughout the Income Benefit Period Under this option, you will have an option to select an Income Benefit Period of 10 years, 15 years or 20 years. The Income Benefit Period, once chosen cannot be changed during the term of the Policy.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – 'Income Benefit Option' for Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 50 years. He wishes to receive his Death Benefit as Level Monthly Income for 15 years.

Unfortunately, he dies during the 25th Policy year. His Nominee will be paid a monthly income equal to ₹1,25,000 for 15 years after his death. The same is illustrated below:



- **Your choices at inception:**
  You will have to choose Sum Assured, Policy Term, Premium Payment Term, Mode of premium payment, Income Benefit Period and Level or Increasing Monthly Income.

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	65 years	Single Pay	5 years	55 years	Single	85 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay	PPT + 5 years		Annual | Semi-Annual | Quarterly | Monthly		
			7 Pay					
			10 Pay					
			12 Pay					
			15 Pay					
		60 years	20 Pay					
		54 years	To Age 60					
		65 years	Regular Pay	10 years				

Plan Option 7: Level Cover plus Income Benefit

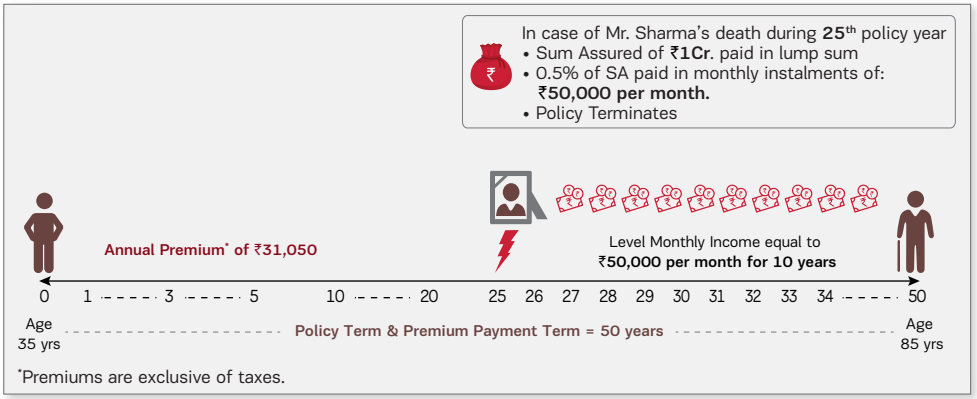
Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid the following:

- ***Level Cover:*** Sum Assured paid in lump sum immediately on the date of death of the Life Insured; plus
- ***Level Monthly Income*** Paid over 10 years as 0.5% of Sum Assured, commencing from the first Policy monthiversary on or after the date of death and continuing for each Policy monthiversary for a period of 10 years.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – 'Level Cover with Income Benefit' for Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 50 years.

Unfortunately, he dies during the 25th Policy year. His Nominee will be paid a lump sum equal to ₹1 crore plus a Monthly Income equal to ₹50,000 for 10 years after his death. The same is illustrated below:



- **Your choices at inception:**

  You will have to choose Sum Assured, Policy Term, Premium Payment Term and Mode of premium payment.

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	65 years	Single Pay	5 years	55 years	Single	85 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay	PPT + 5 years		Annual | Semi-Annual | Quarterly | Monthly		
			7 Pay					
			10 Pay					
			12 Pay					
			15 Pay					
		60 years	20 Pay					
		54 years	To Age 60					
		65 years	Regular Pay	10 years				

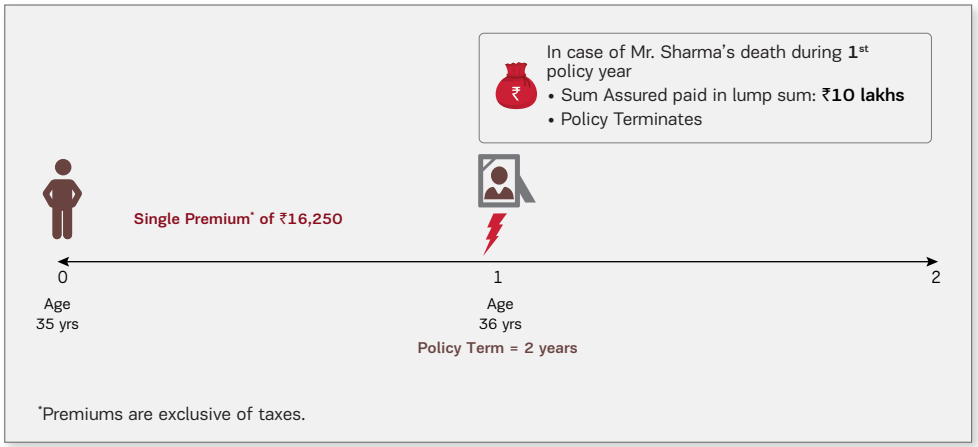
Plan Option 8: Low Cover Option

This Plan Option caters to your instant protection needs. Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid a Sum Assured on Death, as a lump sum.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – 'Low Cover Option' for Sum Assured of ₹10 lakhs, 2 years Policy Term and Single Pay.

Unfortunately, he dies during the 1st Policy year. His Nominee will be paid a lump sum equal to ₹10 lakhs and the Policy will terminate. The same is illustrated below:



- **Your choices at inception:**

  You will have to choose Sum Assured, Policy Term, Premium Payment Term and Mode of premium payment.

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	65 years	Single Pay	1 year	4 years	Single	69 years	Min: ₹1 lakh Max: ₹20 lakhs
			Regular Pay			Annual | Semi-Annual | Quarterly | Monthly		

Plan Option 9: Level Cover with Survival Benefit Option

This Plan Option adds a savings element to your protection plan to provide dual benefits in case of survival as well as death.

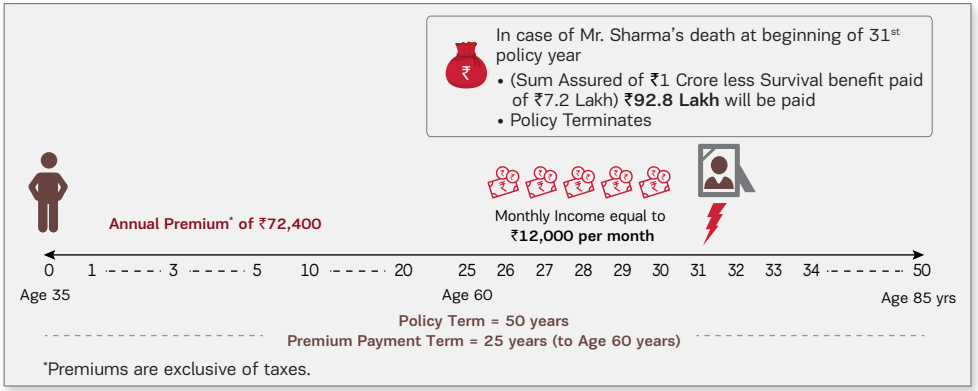
Under this option, provided all due premiums have been paid, if the Life Insured survives till the Policy anniversary falling post attaining 60 years of age, a Survival Benefit of 0.12% of Sum Assured will be paid per month till the end of the Policy Term or death of the Life Insured whichever is earlier.

In case of subsequent death of the Life Insured anytime during the Policy Term, a lump sum equal to Sum Assured less Survival benefit already paid (if any) will be paid to the Nominee(s)/legal heir(s)/assignee.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – 'Level Cover with Survival Benefit' for Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 25 years (To Age 60 years).

On attaining age 60, during the 25th Policy year, he will be paid 0.12% of ₹1 Crore on every monthiversary following the date of attaining age 60. Subsequently, in the unfortunate event of his death at the beginning of 31st Policy year, his Nominee will be paid a lump sum equal to Sum Assured less Survival benefit already paid i.e. ₹92.8 Lakh (₹1 crore less ₹7.2 lakh). The same is illustrated below:



- **Your choices at inception:**

  You will have to choose Sum Assured, Policy Term, Premium Payment Term and Mode of premium payment.

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	50 years	Single Pay	70 - Age at Entry	55 years	Single	85 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy
			5 Pay			Annual | Semi-Annual | Quarterly | Monthly		
			7 Pay					
			10 Pay					
		48 years	12 Pay					
		45 years	15 Pay					
		40 years	20 Pay					
		49 years	To Age 60					

Plan Option 10: Return of Premium (ROP)

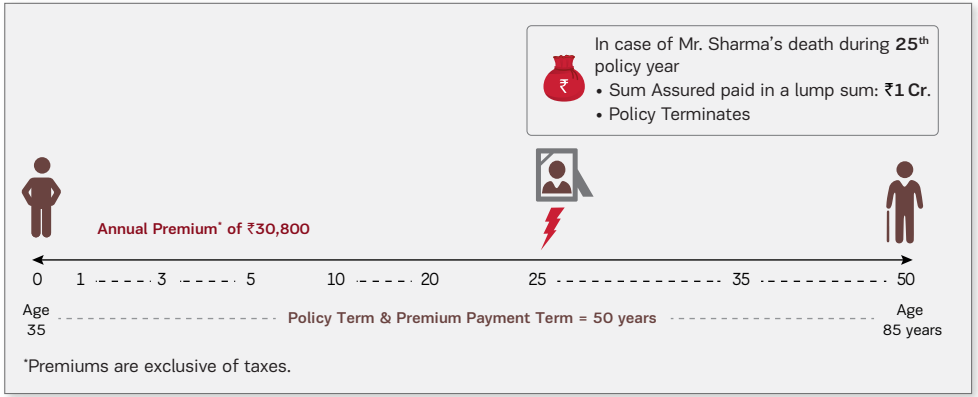
Under this option, in the unfortunate event of the death of the Life Insured during the Policy Term, provided all due premiums have been paid, your Nominee(s)/legal heir(s)/assignee will be paid Sum Assured on Death, in lump sum.

Additionally, on survival of Life Insured till the end of the Policy term, 100% of the total premiums paid will be payable.

How does this Plan Option work?

Let us take an example of Mr. Sharma, 35 years old, who opts for ABSLI DigiShield Plan – 'Return of Premium' for a Sum Assured of ₹1 crore. He chooses a Policy Term of 50 years and Premium Payment Term of 50 years.

Unfortunately, he dies during the 25th Policy year. His Nominee is paid a lump sum equal to ₹1 crore and the Policy terminates. The same is illustrated below:



In case of his survival till the end of the Policy Term, he will be paid Maturity Benefit of ₹15,40,000 (₹30,800 x 50 years).

- **Your choices at inception:**

  You will have to choose Sum Assured, Policy Term, Premium Payment Term and Mode of premium payment

- **Your Eligibility Criteria:**

Coverage	Minimum Entry Age	Maximum Entry Age	Premium Payment Terms	Minimum Policy Term	Maximum Policy Term	Premium Payment Mode	Maximum Maturity Age	Sum Assured Limits
Male | Female | Transgender	18 years	65 years	Regular Pay	10 year	55 years	Annual | Semi-Annual | Quarterly | Monthly	85 years	Min: ₹30 lakhs Max: No Limit, subject to Board approved Underwriting Policy

Sample Premium Rate

Below are the sample premiums (excl. taxes) applicable for a non smoker Male life opting for 1 crore Sum Assured with coverage till Age 80 years and Premium Payment Term is same as Policy Term i.e. 80 minus Age at Entry:-

Plan Options	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5	Plan Option 6	Plan Option 7	Plan Option 8	Plan Option 9	Plan Option 10
Age at Entry/ Premium Payment Term	Level Cover Option	Increasing Cover Option[1]	Sum Assured Reduction Option[2]	Whole Life Option (Level Cover)[3]	Whole Life Option (Sum Assured Reduction Cover)[4]	Income Benefit[5]	Level Cover plus Income Benefit	Low Cover Option[6]	Level Cover with Survival Benefit	Return of Premium (ROP)
	Regular Pay	Regular Pay	Regular Pay	5 Pay	5 Pay	Regular Pay	Regular Pay	Regular Pay	15 Pay	Regular Pay
25 years	13,700	45,300	13,426	NA	NA	33,500	20,550	9,000	59,900	18,700
35 years	20,200	61,500	19,594	NA	NA	49,400	30,300	10,560	85,400	29,600
45 years	35,300	89,400	33,535	3,04,400	2,37,432	1,02,300	52,950	17,450	1,24,800	55,800
55 years	60,000	1,24,100	55,800	5,10,500	3,82,875	1,74,000	90,000	39,410	NA	1,11,800
65 years	1,05,700	1,65,400	90,902	9,38,500	7,03,875	3,06,400	1,58,550	75,150	NA	3,03,100

[1]Sum Assured Escalation Rate @ 10%
[2]Retirement Age 75 years & Sum Assured Reduction Factor 50%
[3]Policy Term up to age 100 years
[4]Policy Term up to age 100 years, Retirement age 75 years & Sum Assured Reduction Factor 50%
[5]Income Benefit Period 20 years & Increasing Income @ 5% p.a.
[6]Policy Term 4 Years & Sum Assured ₹10 Lakh



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Your Policy Benefits



Death Benefit

In case of unfortunate demise of the Life Insured during the Policy Term, Death Benefit will be paid to the Nominee(s)/legal heir(s)/assignee as per the Plan Option chosen (as explained in the above-mentioned section).

For Plan Option 1, or 2 or 3 or 4 or 5 or 8 or 9 or 10: Death Benefit will be the Sum Assured on Death payable in lump sum.

In case Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim has already been paid, the Death Benefit payable here shall be reduced to the extent of reduction in Sum Assured on account of Terminal Illness and/or Accelerated Critical Illness (ACI) Benefit already paid.

For Plan Option 6: Death Benefit will be payable in monthly instalments as 1.25% of Sum Assured during the Income Benefit Term. The first payment will become due on the first Policy monthiversary on or after the date of death. If Policyholder has chosen Increasing Monthly Income the monthly instalments will increase by 5% simple each year throughout the Income Benefit Term. Any excess amount of Sum Assured on Death over the Effective Sum Assured, will be paid in lump-sum, immediately on death of Life Insured.

In case Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim has been paid, the monthly instalments payable shall be reduced proportionately to the extent of reduction in Sum Assured on account of Terminal Illness and/or Accelerated Critical Illness (ACI) Benefit already paid.

For Plan Option 7: Death Benefit will be payable as Sum Assured in lump sum paid immediately plus Level monthly income paid over 10 years as 0.5% x Sum Assured, commencing from the first Policy monthiversary on or after the date of death. Any excess amount of Sum Assured on Death over the Effective Sum Assured, will be paid in lump-sum, immediately on death of Life Insured.

In case Terminal Illness claim and/or Accelerated Critical Illness (ACI) Benefit claim has been paid, the Death Benefit shall be reduced proportionately to the extent of reduction in Sum Assured on account of Terminal Illness and/or Accelerated Critical Illness (ACI) Benefit already paid.

Where,

Sum Assured on Death for a Regular Pay and Limited Pay Policy will be the highest of -

- 11 times of the Annualized Premium; or
- 105% of Total Premiums paid as on the date of death; or
- The Effective Sum Assured as on the date of death

Sum Assured on Death for Single Pay Policy will be the highest of -

- 125% of Single Premium; or
- The Effective Sum Assured as on the date of death

Annualized Premium shall be the premium amount payable in a year chosen by the Policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. Any extra premium on account of ACI Benefit, if any, is also excluded.

Single premium is the lump-sum payable by the Policyholder to effect this Policy, excluding any underwriting extra premiums, if any. Applicable taxes and any applicable rider premiums will be collected additionally. Any extra premium on account of ACI Benefit, if any, is also excluded.

Total Premiums paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes, if any. Any extra premium on account of ACI Benefit, if any, is also excluded.

The Effective Sum Assured as on the date of death reflects any increase or reduction in Sum Assured chosen at inception of the Policy in accordance with the Plan Option chosen as defined below:

- For Option 1, 4, 8 & 10 – the Effective Sum Assured is the same as Sum Assured throughout the Policy Term.
- For Option 2 – the Effective Sum Assured is the Sum Assured escalating at the chosen Sum Assured Escalation Rate at each Policy Anniversary.
- For Option 3 & 5 – the Effective Sum Assured is same as the Sum Assured up to the first Policy Anniversary falling after the Retirement Age of the Life Insured and then the Sum Assured reduced by the Sum Assured Reduction Factor after the first Policy Anniversary falling after the Retirement Age of the Life Insured.
- For Option 6 – the Effective Sum Assured is the Sum Assured multiplied by 1.25% multiplied by the Income Benefit Term (in months).
- For Option 7 – the Effective Sum Assured is the Sum Assured plus the Sum Assured multiplied by 0.5% multiplied by 120 months.
- For Option 9 – the Effective Sum Assured is the Sum Assured less Survival Benefit already paid to the Policyholder.

In case you are diagnosed with a Terminal Illness during the Policy Term, up to an age of 80 years, provided the Policy is in-force, 50% of the applicable Sum Assured on Death, subject to a maximum of Rs. 2 crore, will be paid immediately as a lump sum and future due premiums shall be waived off. On subsequent death of the Life Insured during the Policy Term, the Sum Assured on Death shall be reduced by the amount of Terminal Illness Benefit already paid.



Terminal Illness Benefit

Terminal Illness Benefit shall only be payable on the first diagnosis of any Terminal Illness of the Life Insured during the Policy Term.

Example: Ajay (aged 35) opts for ABSLI DigiShield Plan – Level Cover Option for Sum Assured Rs. 1 crore with Policy Term of 50 years and Premium Payment Term of 50 years. He pays annual premium of Rs. 20,700 (excl. taxes) p.a. During 17th Policy Year, Ajay is diagnosed with Terminal Illness, 50% of Sum Assured i.e. 50 lakh is paid immediately as lump sum and future due premiums are waived off. On his unfortunate demise after 2 months from the diagnosis of Terminal Illness, Death Benefit of 50 Lakh is paid in lump sum to his Nominee.



Accelerated Critical Illness (ACI) Benefit

If you have opted for this benefit at Policy inception, Accelerated Critical Illness (ACI) Sum Assured will be payable to you on the first diagnosis of any of the specified critical illnesses, as mentioned in the table below, during the ACI Benefit Cover Period, provided the Policy is in-force and meets the required ACI terms and conditions.

Once the ACI Sum Assured is paid on the first occurrence of any of the specified critical illness during the ACI Term, the ACI benefit will terminate.

You will need to choose the ACI Sum Assured in steps of Rs. 5 lacs subject to boundary conditions as mentioned below:

Minimum ACI Sum Assured	Maximum ACI Sum Assured
Rs. 5,00,000	50% of the Sum Assured at Policy inception date, subject to a maximum of Rs. 50,00,000

The ACI Sum Assured is fixed and will not change even if the Sum Assured under the base Policy changes during the Policy Term. The ACI Benefit is accelerated and not an additional benefit i.e. your Policy will continue till maturity after the ACI benefit is paid, provided the Policy is in-force and all premiums are paid in full.

Upon payment of the ACI Benefit Sum Assured, the Death Benefit will be reduced for the ACI benefit already paid, for the rest of the Policy Term and the Policy will continue provided all premiums are paid in full on due dates. Future premiums payable under the Policy for Death Benefit will also reduce proportionately.

Example: Sachin (aged 35) opts for ABSLI DigiShield Plan – Level Cover Option for Sum Assured Rs. 1 crore and ACI Sum Assured of Rs. 25,00,000 with Policy Term of 30 years and Premium Payment Term of 30 years. He pays annual premium of Rs. 28,025 (excl. taxes) p.a., where Rs. Rs. 13,900 is for Death Cover and Rs. 14,125 for ACI cover.

During 16th Policy Year, Sachin is diagnosed with Cancer of Specified Severity, ACI Sum Assured Rs. 25,00,000 is paid in lump sum immediately and further Policy continues with proportionately reduced Sum Assured of Rs. 75,00,000 and premium of Rs. 10,425 (excl taxes) till the end of Policy Term.

List of Critical Illness covered under ACI benefit

Sr.No	List of Critical Illnesses	Sr.No	List of Critical Illnesses
1	Cancer of Specified Severity	22	Alzheimer's Disease
2	Myocardial Infarction (First Heart Attack of Specific Severity)	23	Aplastic Anaemia
3	Open Chest CABG	24	Medullary Cystic Disease
4	Open Heart Replacement or Repair of Heart Valves	25	Parkinson's Disease
5	Coma of Specified Severity	26	Systemic Lupus Erythematosus - with Lupus Nephritis
6	Kidney Failure Requiring Regular Dialysis	27	Apallic Syndrome
7	Stroke Resulting in Permanent Symptoms	28	Major Surgery of the Aorta
8	Major Organ /Bone Marrow Transplant	29	Fulminant Viral Hepatitis - resulting in acute liver failure
9	Permanent Paralysis of Limbs	30	Primary Cardiomyopathy
10	Motor Neuron Disease with Permanent Symptoms	31	Muscular Dystrophy - resulting in permanent loss of physical abilities
11	Multiple Sclerosis with Persisting Symptoms	32	Poliomyelitis - resulting in paralysis
12	Benign Brain Tumor	33	Sporadic Creutzfeldt-Jakob Disease (sCJD)
13	Blindness	34	Chronic Recurring Pancreatitis
14	Deafness	35	Bacterial Meningitis - resulting in persistent symptoms
15	End Stage Lung Failure	36	Chronic Adrenocortical Insufficiency (Addison's Disease)
16	End Stage Liver Failure	37	Loss of Independent Existence
17	Loss of Speech	38	Encephalitis
18	Loss of Limbs	39	Progressive supranuclear palsy
19	Major Head Trauma	40	Severe Rheumatoid arthritis
20	Primary (Idiopathic) Pulmonary Hypertension	41	Scleroderma
21	Third Degree Burns	42	Systematic lupus Erythematosus with Renal Involvement

ACI terms and conditions:

- ACI benefit is an optional benefit available with all Plan Options.
- ACI Benefit is payable only once during the ACI Cover Period.
- ACI benefit will not be payable if the critical illness is diagnosed within a waiting period of 90 days from the risk commencement date or revival date of the Policy, whichever is later.
- This option cannot be exercised if Joint Life Protection option has been chosen.
- ABSLI Critical Illness Rider cannot be opted if this option is chosen.
- The maximum maturity age for ACI Benefit is 70 years (age last birthday).
- The ACI Cover Period cannot exceed the Premium Paying Term of the Policy. Hence, the ACI Cover Period = Minimum [Premium Paying Term, 70 – Entry Age]
- The option is not available with Single Pay Premium Paying Term policies.
- The ACI Sum Assured will always be paid as a lump sum benefit and on the payment of Accelerated Critical Illness (ACI) Sum Assured the ACI benefit cover will be terminated.
- Premium applicable for ACI Benefit is guaranteed for 5 years and may be reviewed by us thereafter, subject to prior approval from IRDAI. Once revised, the new premium rates become guaranteed for a period of next 5 years.
- The Policyholder can discontinue the ACI Benefit at any time during the Policy Term. Upon discontinuance of ACI Benefit, your base Policy will continue as per the Plan Option chosen by you and premium payable will be reduced according to the base Policy.

Termination of ACI Benefit:

The ACI Benefit will terminate immediately upon the occurrence of any of the following events, whichever is earliest

- At the end of ACI Term,
- At the end of the Premium Payment Term of the Policy,
- On attainment of age 70 years by the Life Insured,
- On payment of ACI benefit,
- On death of the Life Insured,
- If the Policy has not acquired a surrender value, the date on which the revival period ends,
- The date on which we receive a free look cancellation request,
- The date on which the Policyholder chooses to opt out or discontinue the ACI Benefit.

ACI Benefit – Exclusions:

The Life Insured shall not be entitled to any ACI Benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

- Any Pre-Existing Disease. "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 latest revival date, whichever is later; 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 or its latest revival date, whichever is later.

This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception;

- Any sickness-related condition manifesting itself within 90 days from the Policy commencement date or its latest revival date, whichever is later;
- Any sexually transmitted diseases;
- Any congenital condition
- Suicide or attempted suicide or self-inflicted injury, irrespective of mental condition;
- Participation in a criminal, unlawful or illegal activity;
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a registered medical practitioner acceptable to us;
- 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;
- 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, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- 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.
- 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.

If you have opted for this benefit at Policy inception, risk cover will be available to two lives, the Primary Life Insured and the Secondary Life Insured. The sum assured applicable for Secondary Life shall be equal to 50% of your applicable sum assured. You can opt for this benefit at the inception of the Policy and the same shall not be changed subsequently. No rider can be opted under this benefit.



Joint Life Option

Example: Purab (aged 35) and Alina (aged 30) (non-smokers) couple choose ABSLI DigiShield Plan with joint life cover for 30 years and Regular Pay option. Primary Life Insured (male) opts for a Sum Assured (SA) of Rs 1 Cr and second life cover applied is Rs 50 lakhs. The premium for both of them is :

Purab – For Sum Assured 1 crore the annualized premium Rs 13,900 (excl taxes)

Alina - For Sum Assured 50 lakhs the annualized premium is = Rs 5,276. (excl taxes)

So joint life premium payable is (13,900 +90% x 5,276) = Rs 18,649 (excl taxes, with a 10% discount on the premium for the Secondary Life Insured)

In case of death of the primary Life Insured prior to the secondary Life Insured

Sum assured on death for primary Life Insured will be paid to the secondary Life Insured and the life cover for secondary Life Insured will continue with the future premiums, if any, waived off. On the death of secondary Life Insured, before the Policy maturity date, sum assured in respect of secondary Life Insured will be paid to the Nominee and Policy will be terminated.

In case of death of secondary Life Insured prior to primary Life Insured

Sum assured in respect of secondary Life Insured will be paid to the primary Life Insured. Future premiums, if any, will be reduced from the next Policy anniversary to the premium that would have been charged at inception for only primary Life Insured at Policy inception. On the death of the primary Life Insured, before the Policy maturity date, the sum assured on death in respect of primary Life Insured will be paid to the Nominee and the Policy will be terminated.

If case of death of both the lives simultaneously

The sum assured on death in respect of the primary Life Insured as well as sum assured in respect of secondary Life Insured will be paid to the Nominee and the Policy will be terminated.

Once the Joint Life Protection is opted, you cannot discontinue the coverage of the particular life, unless it is due to the events as mentioned above.

This benefit will be available under Plan Option 1, 2, 3 and 8 only, where the Sum Assured in respect of the first life is greater than or equal to Rs. 60 Lakhs. For Plan Option 8, the Sum Assured in respect of the first life shall be greater than or equal to Rs. 2 Lakhs. In case of Plan Option 3, the reduction in Sum Assured, based on the Sum Assured Reduction Factor, will apply to both lives at their respective retirement ages, based on the Retirement Age chosen for the Policy.

The Premium Payment Term of 'To Age 60' is not applicable in case Joint Life Protection is opted.

The Terminal Illness benefit as explained in the Death Benefit section shall be applicable in respect of both i.e. the primary Life Insured and the secondary Life Insured.



Enhanced Life Stage Protection

Your protection need varies at different life stages owing to occurrence of joyous events such as marriage & birth of children. If you have opted for this benefit at Policy inception, You may opt to increase your life cover (Sum Assured) on occurrence of each of the listed events without undergoing for any fresh medical examination.

Event	Enhanced Protection (% of Sum Assured of the Policy)
First Marriage	50% subject to a maximum of ₹50,00,000
Child Birth (Two Children)	25% subject to a maximum of ₹25,00,000 per Child
House Loan (Once during the Policy Term)	50%, subject to a maximum increase of ₹50,00,000

Future premiums shall be increased in proportion of the increase in the Sum Assured and will be reflected from the subsequent Policy anniversary. Premium will be increased in accordance to the Plan Option opted, Life Insured's attained Age, Gender, Outstanding Policy Term and Premium Payment Term and Smoker/ Non-smoker status.

You can exercise this benefit subject to following conditions:

- This benefit is available only for policies under Plan Option 1, 6, 7, 9 and 10.
- If the Policy is accepted as standard life at inception of the Policy
- If the Policy is Regular pay or Limited Pay Policy and all due instalment premiums are paid
- If the Attained Age of the Life Insured is less than or equal to 50 years while exercising this benefit.
- If the outstanding Premium Payment Term is greater than or equal to 5 years
- If no Rider benefit or Terminal Illness Benefit or ACI Benefit has been claimed
- It must be exercised within one year of the relevant event
- The option cannot be exercised if the Joint Life Protection Option has been exercised.
- The option needs to be opted at inception to exercise at a later date on the specified event happening.

There is no Survival Benefit payable for Plan Options 1, 2, 3, 4, 5, 6, 7, 8, and 10.

If Plan Option 9 is chosen, in the event the Life Insured survives till the Policy anniversary falling after the Life Insured attains an age of 60 years, Survival Benefit of 0.12% of Sum Assured per month is paid commencing with the first Policy Month Anniversary after the event and continuing for each Policy Moth Anniversary till the end of the Policy Term or death of the Life Insured whichever is earlier.



Survival Benefit



Maturity Benefit

There is no Maturity Benefit payable for Plan Options 1, 2, 3, 4, 5, 6, 7, 8 and 9.

If Plan Option 10 has been chosen, the Total Premiums Paid less loadings for modal premiums, if any will be payable at the end of the Policy Term.

For added protection, you can enhance your insurance coverage during the Policy Term by adding following riders for a nominal extra cost.



Customisable Benefits

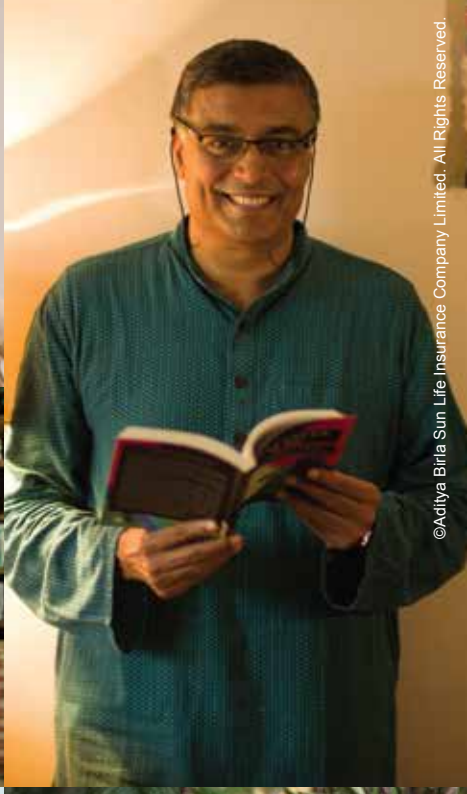
- ABSLI Accidental Death and Disability Rider (UIN: 109B018V03) provides 100% of Rider Sum Assured as an additional lump sum amount in case of death due to accident of Life Insured or in the event of disability due to accident.
- ABSLI Critical Illness Rider (UIN: 109B019V03) provides lump sum on survival of 30 days from the date of diagnosis of any of the specified critical illnesses.
- ABSLI Surgical Care Rider (UIN: 109B015V03) provides lump sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- ABSLI Hospital Care Rider (UIN: 109B016V03) provides lump sum benefit in case of hospitalization for a minimum period of 24 hours for undergoing medically necessary surgery in India.
- ABSLI Accidental Death Benefit Rider Plus (UIN:109B023V02) provides 100% of Rider Sum Assured as an additional lump sum amount in case of death due to accident of Life Insured. Additionally, the rider premiums collected after the date of Accident till date of death, shall be refunded with interest, along with death benefit payable.
- ABSLI Waiver of Premium (UIN: 109B017V03) waives off all future premiums of the base plan and the attached riders throughout the rest of the premium payment in case of diagnosis of Critical Illness or Disability.

Riders are not available for Joint Life Protection Option and for Plan Option 3 and 5.
You can only opt for either ABSLI Accidental Death and Disability Rider or ABSLI Accidental Death Benefit Rider Plus

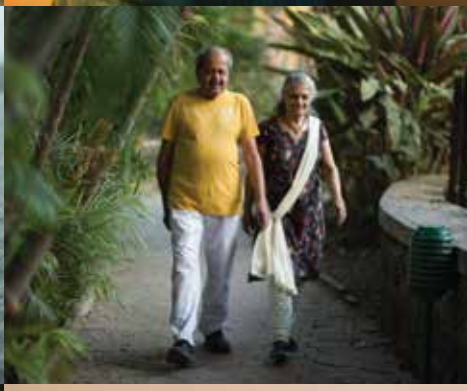
Please refer to detailed brochures on riders, consult your financial advisor or visit our website for further details.

















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Surrender / Premium Discontinuance / Policy Revival Terms

1. What happens if you surrender the Policy?

You can surrender the Policy any time during the Policy Term after the Policy has acquired a Surrender Value.

Plan Options 1, 2, 3, 4, 5, 6, 7 and 8:

For Regular Pay policies, no Surrender Value will be payable. For Limited Pay policies, your Policy will acquire a Surrender Value upon receipt of all due premiums under the Policy. For Single Pay policies, your Policy will acquire a Surrender Value at all times after Policy issuance.

Plan Option 9:

For Limited Pay policies, a Surrender Value is available upon receipt of all premiums due in the first two Policy years. For Single Pay policies, your Policy will acquire a Surrender Value at all times after Policy issuance.

Plan Option 10:

A Surrender Value is available upon receipt of all premiums due in the first two Policy years. For all options, the Surrender Value payable will be higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

Where,

Guaranteed Surrender Value (GSV) is defined as a percentage of Total Premiums Paid less any Survival Benefit already paid.

Special Surrender Value (SSV) is determined by the company from time to time basis changing economic scenario. The Company may revise the SSV factors based on the then prevailing market conditions. Any change in the methodology/formula for calculating the SSV factors shall be subject to IRDAI approval.

2. What happens when you discontinue paying your premiums?

A) Discontinuance of Payment of Premium before the Policy has acquired surrender value

If you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the Grace Period, the Policy shall Lapse w.e.f. the due date of unpaid premium, and all benefits under the Policy, including the insurance cover, shall cease and no benefits shall be payable, however, you will have the option to revive the Policy within 5 years from the due date of first unpaid premium.

B) Discontinuance of Payment of Premium after the Policy has acquired surrender value

If you don't pay the due premium during the Grace Period during the Premium Payment Term, on expiry of the grace period, the Policy shall become Reduced Paid Up (RPU) Policy. The Policy will however lapse for ACI risk coverage, if any, and no ACI benefit will be payable thereafter.

After the Policy has become RPU, the benefits payable will be amended as follows:

The **RPU Terminal Illness Benefit, RPU Sum Assured, RPU Effective Sum Assured** and **RPU Terminal Value** shall be equal to the Terminal Illness Benefit, Sum Assured, Effective Sum Assured and Terminal Value respectively, multiplied by the **RPU Factor**,

where the RPU Factor is the ratio of:

- The number of premium instalments paid to date; over
- The total number of premium instalments originally due for the Policy Term.

After the Policy has become RPU, the benefits payable will be amended as follows:

Death Benefit for RPU Policies:

For Plan Options 1, 2, 3, 4, 5, 6, 7 and 8

Not Applicable

For Plan Options 9 and 10

If the Life Insured dies during the Policy Term, the RPU Death Benefit will be the RPU Effective Sum Assured as on the date of death less any previously paid Terminal Illness benefit and/ or ACI Benefit.

Terminal Illness Benefit for RPU Policies:

For Plan Options 1, 2, 3, 4, 5, 6, 7 and 8

Not Applicable

For Plan Options 9 and 10

In the event that the Life Insured is diagnosed with a Terminal Illness during the term of the Policy, , the benefit payable shall be the RPU Terminal Illness Benefit applicable at that time.

Survival and Maturity Benefit for RPU Policies:

For Plan Options 1, 2, 3, 4, 5, 6, 7 and 8:

The RPU Sum Assured at Maturity is Nil.

For Plan Option 9:

The RPU Terminal Value is payable at the end of the Policy Term, where,

- Terminal Value = Sum Assured x [0.12% x 12 x (Maturity Age – 60)]
- Maturity Age is the age of the Life Insured at the end of the Policy Term

For Plan Option 10:

The RPU Sum Assured at Maturity

3. What happens when you wish to revive your Policy?

You can revive your Policy within a revival period of five years from the due date of first unpaid premium, subject to following conditions:

- Paying all outstanding premiums together with interest and/or late fees as declared by us from time to time;
- Providing evidence of Life Insured's insurability satisfactory to us
- Revival of the Policy shall take effect only after revival of the Policy is approved by Us basis the Board approved underwriting Policy and communicated to you in writing.

Once the Policy has been revived, on the effective date of revival, all benefits will be restored to their full value.

The monthly interest rate charged on unpaid premiums will be declared by ABSLI on June 1st of each calendar year and is determined as (x+1%)/12 rounded to the next 0.5%, where x is the base rate of the State Bank of India. The current applicable interest rate, as declared on June 1st, 2021, is 1% per month compounded annually.

Any change in basis of determination of interest rate for revival can be done only after prior approval of the Authority. If a lapsed Policy is not revived within five years, the Policy shall be terminated, and no value is payable to you.

Important Definition

Terminal Illness

Terminal Illness is an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners appointed by us, is highly likely to lead to death within 6 months. Further, the Life Insured must not be receiving any form of treatment other than palliative medication for symptomatic relief.

Medical Practitioner

Medical Practitioner is a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Such Medical Practitioner is not the Policyholder's spouse, father (including stepfather) or mother (including stepmother), son (including stepson), son's wife, daughter, daughter's husband, brother (including stepbrother) and sister (including stepsister) or Life Insured / Policyholder under this Policy and would be independent of the insurer.

Critical Illness Definitions

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 –

- 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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;

2. 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:

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific
- Biochemical markers.

The following are excluded:

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

3. Open Chest CABG

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: Angioplasty and/or any other intra-arterial procedures

4. 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.

5. 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:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- 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.

6. 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.

7. 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:

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

8. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 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:

- Other stem-cell transplants
- 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. 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.

11. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- 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.

12. 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 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.

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- 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.

13. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

- Corrected visual acuity being 3/60 or less in both eyes or ;
- 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

14. 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.

15. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
- Dyspnea at rest.

16. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. 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.

18. 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.

19. 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:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded: Spinal cord injury

20. 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 Cauterization. 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:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- 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.

21. 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

22. Alzheimer's Disease

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

- Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
- Personality change
- Gradual onset and continuing decline of cognitive functions
- O disturbance of consciousness
- Typical neuropsychological and neuroimaging findings (e.g. CT scan)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Other forms of dementia due to brain or systemic disorders or psychiatric conditions

23. Aplastic Anaemia

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

- Bone marrow stimulating agents
- Immunosuppressants
- Bone marrow transplantation
- The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

24. Medullary Cystic Disease

A definite diagnosis of medullary cystic disease evidenced by all of the following:

- Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
- Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
- Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
- The diagnosis must be confirmed by a Consultant Nephrologist.
- For the above definition, the following are not covered:
- Polycystic kidney disease
- Multicystic renal dysplasia and medullary sponge kidney
- Any other cystic kidney disease

25. Parkinson's Disease

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

- Muscle rigidity
- Tremor
- Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily

Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

or the above definition, the following are not covered:

- Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
- Essential tremor

26. Systemic Lupus Erythematosus - with Lupus Nephritis

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants
- Additionally, one of the following organ involvements must be diagnosed:
- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)

- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

or the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

27. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

Complete unawareness of the self and the environment

Inability to communicate with others

No evidence of sustained or reproducible behavioural responses to external stimuli

Preserved brain stem functions

Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

28. Major Surgery of the Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta

29. Fulminant Viral Hepatitis - resulting in acute liver failure

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

- Typical serological course of acute viral hepatitis
- Development of hepatic encephalopathy
- Decrease in liver size
- Increase in bilirubin levels
- Coagulopathy with an international normalized ratio (INR) greater than 1.5
- Development of liver failure within 7 days of onset of symptoms

- No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

- All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)

Fulminant viral hepatitis associated with intravenous drug use

30. Primary Cardiomyopathy

A definite diagnosis of one of the following primary cardiomyopathies:

- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
- Restrictive Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

- Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
- Transient reduction of left ventricular function due to myocarditis
- Cardiomyopathy due to systemic diseases
- Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

31. Muscular Dystrophy - resulting in permanent loss of physical abilities

A definite diagnosis of one of the following muscular dystrophies:

- Duchenne Muscular Dystrophy (DMD)
- Becker Muscular Dystrophy (BMD)
- Emery-Dreifuss Muscular Dystrophy (EDMD)
- Limb-Girdle Muscular Dystrophy (LGMD)
- Facioscapulohumeral Muscular Dystrophy (FSHD)
- Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
- Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- 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.
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- Feeding oneself – the ability to feed oneself when food has been prepared and made available.
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Getting between rooms – the ability to get from room to room on a level floor.
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

32. Poliomyelitis - resulting in paralysis

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

- Poliovirus infections without paralysis
- Other enterovirus infections
- Guillain-Barré syndrome or transverse myelitis

33. Sporadic Creutzfeldt-Jakob Disease (sCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:

- Progressive dementia
- At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
- Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
- No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- Iatrogenic or familial Creutzfeldt-Jakob disease

Variant Creutzfeldt-Jakob disease (vCJD)

34. Chronic Recurring Pancreatitis

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

- Exocrine pancreatic insufficiency with weight loss and steatorrhoea
- Endocrine pancreatic insufficiency with pancreatic diabetes
- Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

- Chronic pancreatitis due to alcohol or drug use

Acute pancreatitis

35. Bacterial Meningitis - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

Aseptic, viral, parasitic or non-infectious meningitis

36. Chronic Adrenocortical Insufficiency (Addison's Disease)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

- ACTH stimulation test
- ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood level

For the above definition, the following are not covered:

- Secondary, tertiary and congenital adrenal insufficiency

Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

37. Loss of Independent Existence

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

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.

Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

Feeding oneself – the ability to feed oneself when food has been prepared and made available.

Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms – the ability to get from room to room on a level floor.

Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

38. Encephalitis

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

- Encephalitis in the presence of HIV
- Encephalitis caused by bacterial or protozoal infections
- Myalgic or paraneoplastic encephalomyelitis

39. Progressive supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist

40. Severe Rheumatoid arthritis

A definite diagnosis of rheumatoid arthritis evidenced by all of the following:

- Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
- Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
- Continuous treatment with corticosteroids
- Treatment with a combination of “Disease Modifying Anti-Rheumatic Drugs” (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

Reactive arthritis, psoriatic arthritis and activated osteoarthritis

41. Scleroderma

A definite diagnosis of scleroderma evidenced by all of the following:

- Typical laboratory findings (e.g.anti-Scl-70 antibodies)
- Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)
- Echocardiographic signs of significant left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Localized scleroderma without organ involvement
- Eosinophilic fasciitis

CREST-Syndrome

42. Systematic lupus Erythematosus with Renal Involvement

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

- Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
- Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
- Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

- Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
- Libman-Sacks endocarditis or myocarditis
- Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

- Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
- Drug-induced lupus erythematosus

Your Options

Paying Premiums

You can pay your premium annually, semi-annually, quarterly or monthly mode (automated mode of payment). Modal loadings are given below:

Mode	Annual	Semi Annual	Quarterly	Monthly
Modal Loading	0%	4%	6%	8%

Taking a Policy Loan

There is no loan facility in this plan.


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Termination of the Policy

The Policy will terminate on the earliest of the following events:

(a) The date of settlement of the Death Benefit or the date of settlement of death benefit on last surviving life in case of Joint Life Protection option; or

(b) The date of payment of the surrender value, if any; or

(c) If the Policy has not acquired a surrender value, the date on which the revival period ends

(d) The date of maturity of the Policy; or

(e) The date on which the sum assured on death has completely been paid out through ACI Benefit and/ or Terminal Illness claim.

(f) The date on which we receive a free look cancellation request.

Terms & Conditions



Free-Look Period

You will have the right to return your Policy [1] to us within 15 days (30 days in case of electronic Policy or the Policy issued under the provisions of IRDAI Guidelines on Distance Marketing [2] of Insurance products) from the date of receipt of the Policy. We will refund the premium paid once we receive your written notice of cancellation (along with reasons thereof) together with the original Policy documents. We will deduct proportionate risk premium for the period of cover and expenses incurred by us on medical examination, if any and stamp duty charges while issuing your Policy in accordance to IRDAI (Protection of Policyholders Interest) Regulations, 2017.

(1) In case of electronic issuance of policies, the date of receipt or date of credit of electronic policies shall be determined as below.

a) For New Electronic Insurance Account (EIA): Date of receipt of the "Welcome Kit" from the Insurance Repository with the credentials to log into the EIA or delivery date of the E-Mail confirming credit of the Insurance Policy by the Insurance Repository into the EIA, whichever is later.

b) For existing EIA: Delivery date of the E-Mail confirming credit of the Insurance Policy by the Insurance Repository into the EIA.

(2) Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through voice mode, SMS, electronic mode, physical mode (like postal mail) or any other means of communication other than in person.



Grace Period

Grace Period refers to the time granted by us from the due date for the payment of premium, without any penalty or late fee, during which time your Policy is considered to be in-force with the risk cover without any interruption, as per the terms and conditions of your Policy. A period of 15 (Fifteen) days from the due date of the first unpaid Premium for monthly Premium payment mode and 30 (Thirty) days from the due date of the first unpaid Premium for annually, semi-annually or quarterly premium payment modes will be allowed. The insurance coverage continues during the grace period, however, in case of occurrence of death or terminal illness or critical illness during the grace period, the Company shall be entitled to deduct the unpaid Premium from the Benefits payable under the Policy.



Goods and Services Tax (GST)

GST, as applicable, will be extra and levied as per the extant tax laws.

You may be entitled to certain applicable tax benefits on the premiums paid and benefits received under your Policy. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. It is advisable to seek an independent tax advice.



Tax Benefits



Exclusions Suicide

In case the Life Insured, dies due to suicide within 12 months from the Risk Commencement Date or date of revival of the Policy, the Policy shall immediately terminate, and Company shall pay the following to the Nominee:

- Where the Policy has acquired the Surrender Value, higher of Surrender Value or (Total Premiums Paid plus underwriting extra premiums paid plus loadings for modal premiums paid excluding applicable taxes) till date of death.
- Where the Policy hasn't acquired the Surrender value, Total Premiums Paid plus underwriting extra premiums paid plus loadings for modal premiums paid excluding applicable taxes till date of death.

For Joint Life Protection, the suicide exclusion described above applies in the event of earlier death of either the Primary Life Insured or the Secondary Life Insured and the life cover as mentioned in the Joint Life Protection section shall continue for the surviving Life Insured subject to the payment of reduced future premiums, if any.

The Life Insured will not be entitled to any Terminal Illness benefit if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide, whether medically sane or insane.



Terminal Illness Benefit Exclusion



Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website www.adityabirlasunlifeinsurance.com

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Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, Nominations as mentioned under the Base Policy Contract including any changes made, if any, shall apply to this Rider Contract please refer to our website www.adityabirlasunlifeinsurance.com



Assignment



Prohibition of Rebates – Section 41 of the Insurance Act, 1938, as amended from time to time

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.

Any person making default in complying with the provisions of this section shall be punishable with a fine which may extend to ten lakh rupees.

As per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. For more details on Section 45 of the Insurance Act, 1938 please refer to our website www.adityabirlasunlifeinsurance.com



Fraud and Mis-statement

About Aditya Birla Sun Life Insurance

Aditya Birla Sun Life Insurance Company Limited (ABSLI), is a life insurance subsidiary of Aditya Birla Capital Ltd (ABCL). ABSLI was incorporated on August 4th, 2000 and commenced operations on January 17th, 2001. ABSLI is a 51:49 joint venture between the Aditya Birla Group and Sun Life Financial Inc., an international financial services organization in Canada.

ABSLI is one of India's leading life insurance companies, offering a range of life insurance products across the customer's life cycle, including children future plans, wealth protection plans, retirement and pension solutions, health plans, savings plans, term plans and Unit Linked Insurance Plans ("ULIPs"). For more information, please visit the company's website at www.lifeinsurance.adityabirlacapital.com

About Aditya Birla Capital

Aditya Birla Capital Limited (ABCL) is the holding company for the financial services businesses of the Aditya Birla Group. ABCL's subsidiaries have a presence across Protecting, Investing and Financing solutions, ABCL is a universal financial solutions group catering to diverse needs of its customers across their life stages. Empowered by more than 22,500 employees, the subsidiaries of ABCL have a nationwide reach with 850+ branches and more than 2,00,000 agents / channel partners and several bank partners.

Aditya Birla Capital Limited is a part of the Aditya Birla Group, a global conglomerate in the league of Fortune 500. Anchored by an extraordinary force of over 140,000 employees, belonging to 100 nationalities, the Aditya Birla Group operates in 36 countries across the globe. For more information, please visit the company's website at www.adityabirlacapital.com

About Sun Life Financial Inc, Canada

Sun Life Financial is an international financial services organization providing insurance, wealth and asset management solutions to individual and corporate Clients. Sun Life Financial has operations in a number of markets worldwide, including Canada, the United States, the United Kingdom, Ireland, Hong Kong, the Philippines, Japan, Indonesia, India, China, Australia, Singapore, Vietnam, Malaysia, and Bermuda. As of March 31, 2021, Sun Life Financial had total assets under management of CAD 1,304 billion. Sun Life Financial Inc. trades on the Toronto (TSX), New York (NYSE) and Philippine (PSE) stock exchanges under the ticker symbol SLF. For more information, please visit the company's website at www.sunlife.com

*(All the above numbers mentioned above for Aditya Birla Capital Limited are as on December 2020)

Aditya Birla Sun Life Insurance Company Limited

(A part of Aditya Birla Capital Ltd.)

ADITYA BIRLA CAPITAL

Contact our advisor or visit our website **www.adityabirlasunlifeinsurance.com** to know more about the various solutions. We provide a wide range of Life Insurance solutions to cater to your specific protection needs.

Protection Plans	Health Plans	Children's Future	Retirement Plans	Wealth Plans with Protection	Savings Plans with Protection

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This Policy is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI). This is a non-linked non-participating individual pure risk premium life insurance plan; upon Policyholder's selection of Plan Option 9 (Level Cover with Survival Benefit) and Plan Option 10 (Return of Premium [ROP]) this product shall be a non-linked non-participating individual life savings insurance plan. All terms & conditions are guaranteed throughout the Policy Term. GST and any other applicable taxes will be added (extra) to your premium and levied as per extant tax laws. An extra premium may be charged as per our then existing underwriting guidelines for substandard lives, smokers or people having hazardous occupations etc. This brochure contains only the salient features of the plan. For further details please refer to the Policy contract. This product shall also be available for sales through online channel. Tax benefits are subject to changes in the tax laws. For more details and clarification call your ABSLI Insurance Advisor or visit our website and see how we can help in making your dreams come true.

Aditya Birla Sun Life Insurance Company Limited Registered Office: One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013. Website: www.adityabirlasunlifeinsurance.com and Toll-free no. 1800-270-7000. IRDAI Reg no.109 CIN: U99999MH2000PLC128110 UIN:109N108V08.
ADV/3/21-22/2427

BEWARE OF SPURIOUS / FRAUD PHONE CALLS!
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.