

PROTECTING your family's financial future now with customisable options.

ABSLI Group Comprehensive Critical Illness Rider
A Non-linked Non-participating Traditional Critical Illness Rider



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**Aditya Birla Sun Life
Insurance Co. Ltd.**



**ADITYA BIRLA
CAPITAL**

Satisfied employees are a key to an organisation's growth and success. Therefore it is imperative to go an extra mile to protect your employees and provide financial security to their families. While you have provided them with a basic level of protection through group insurance cover, you need to ensure an enhanced protection for your employees in case they encounter in future any of the covered critical illnesses.

Addition of ABSLI Group Comprehensive Critical Illness Rider will customize group insurance cover for your members and provide them financial protection in the event life insured is diagnosed to be suffering from covered critical illnesses / conditions.

What is the benefit under this Rider?



Policy Benefit

The rider sum assured is paid in the event life insured is diagnosed to be suffering from one of the critical illnesses/ conditions covered under this rider and survives for 30 days after such diagnosis.

The cover under the base plan or any other riders taken will continue even after a claim under this rider is paid, if the member continues to be part of the group policy. However, the member will not be covered under this rider henceforth.

There are five variants in this rider. The master policyholder / member can choose any one of these variants:

ABSLI Group Comprehensive Critical Illness Rider (Additional):

1. Critical Illness – (CI-4)
2. Critical Illness – (CI-10)
3. Critical Illness – (CI-15)
4. Critical Illness – (CI-25)
5. Critical Illness – (CI-50)

What are the eligibility conditions for this rider?

The rider can be selected for the entire group of members or for a few categories. The members of group should meet the following criteria.

- The rider must be attached with ABSLI Group Protection Solutions. (One Year Renewable Term Insurance variant)
- Term of coverage is 1 year
- Minimum rider sum assured for each member is ₹5,000
- Maximum rider sum assured for each member is equal to sum assured under base plan
- Minimum age at entry is 18 years
- Maximum age at entry is 64 years
- Maximum age at maturity is 65
- Age is calculated as Age Last Birthday

Other Provisions under this rider

- Modes of premium are yearly, half yearly, quarterly and monthly
- Grace period provisions will be same as per base plan ABSLI Group Protection Solutions: Grace period of 30 days after expiry for renewal of Cover shall be available. If premiums are not paid by the premium due date, all the benefits automatically ceases, and the policy lapses with immediate effect. For non-annual modes, grace period of 15 days for monthly premium paying mode and 30 days for all other premium paying modes shall be available. The Cover shall be in-force during the grace period. If a premium is not paid within the grace period, then all the benefits automatically ceases, and the policy lapses with immediate effect. In the event of a claim admitted during the grace period, the due unpaid premium will be recovered from the claim amount payable
- Surrender value payable on surrender of the policy will be governed by ABSLI Group Protection Solutions policy

What are the critical illnesses/conditions covered under this rider?

The following Critical Conditions are covered under this policy:

Sr. No.	Illness/Condition	Critical Illness 4	Critical Illness 10	Critical Illness 15	Critical Illness 25	Critical Illness 50
1.	Cancer of Specified Severity	✓	✓	✓	✓	✓
2.	Myocardial Infarction (First Heart Attack of specific severity)	✓	✓	✓	✓	✓
3.	Open Chest CABG	✓	✓	✓	✓	✓
4.	Open Heart Replacement Or Repair Of Heart Valves		✓	✓	✓	✓
5.	Kidney Failure Requiring Regular Dialysis			✓	✓	✓
6.	Stroke Resulting in Permanent Symptoms	✓		✓	✓	✓
7.	Major Organ / Bone Marrow Transplant			✓	✓	✓
8.	Permanent Paralysis of Limbs			✓	✓	✓
9.	Multiple Sclerosis with Persisting Symptoms		✓	✓	✓	✓
10.	Coma of Specified Severity		✓	✓	✓	✓
11.	Motor Neuron Disease with Permanent Symptoms				✓	✓
12.	Third Degree Burns				✓	✓
13.	Deafness		✓	✓	✓	✓
14.	Loss of Speech				✓	✓
15.	Aplastic Anaemia				✓	✓
16.	End Stage Liver Failure		✓		✓	✓
17.	End Stage Lung Failure		✓			✓
18.	Bacterial Meningitis					✓
19.	Fulminant Hepatitis				✓	✓
20.	Muscular Dystrophy					✓
21.	Parkinson's disease			✓	✓	✓
22.	Benign Brain Tumor			✓		✓
23.	Alzheimer's Disease			✓	✓	✓
24.	Aorta Graft Surgery			✓	✓	✓
25.	Loss of Limbs				✓	✓
26.	Blindness		✓			✓
27.	Primary (Idiopathic) Pulmonary Hypertension				✓	✓
28.	Apallic Syndrome or Persistent Vegetative State (PVS)					✓
29.	Encephalitis					✓
30.	Chronic Relapsing Pancreatitis				✓	✓
31.	Major Head Trauma				✓	✓
32.	Medullary Cystic Disease					✓
33.	Poliomyelitis					✓
34.	Systemic Lupus Erythematosus					✓
35.	Brain Surgery					✓
36.	Severe Rheumatoid Arthritis					✓
37.	Creutzfeldt-Jacob disease					✓
38.	Hemiplegia					✓
39.	Tuberculosis Meningitis					✓
40.	Dissecting Aortic aneurysm					✓
41.	Progressive Supranuclear Palsy					✓
42.	Myasthenia Gravis					✓
43.	Infective Endocarditis					✓
44.	Pheochromocytoma					✓
45.	Eisenmenger's Syndrome					✓
46.	Chronic Adrenal Insufficiency					✓
47.	Progressive Scleroderma					✓
48.	Elephantiasis					✓
49.	Cardiomyopathy of specified severity					✓
50.	Loss of Independent Existence				✓	✓

1. Cancer of Specified Severity:

- I. A malignant tumour 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 leukaemia, lymphoma and sarcoma.
- II. The following are excluded:
 - a. 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.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - c. Malignant melanoma that has not caused invasion beyond the epidermis;
 - d. iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
 - e. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
 - f. Chronic lymphocytic leukaemia less than RAI stage 3
 - g. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
 - h. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (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. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- b. New characteristic electrocardiogram changes
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

3. Open Chest CABG:

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive key hole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - a. Angioplasty and/or any other intra-arterial procedure.

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

6. Stroke Resulting in Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic Injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Major Organ / Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

8. 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.

9. Multiple Sclerosis with Persisting Symptoms

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

10. Coma of Specified Severity

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

11. Motor Neuron Disease with Permanent Symptoms

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

12. Third Degree Burns

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

13. 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 90decibels across all frequencies of hearing" in both ears.

14. 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.

15. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

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

Temporary or reversible Aplastic Anaemia is excluded.

In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

16. End Stage Liver Failure

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

17. End Stage Lung Failure

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 < 55\text{mm Hg}$); and
- iv. Dyspnea at rest.

18. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of Daily Living.

This diagnosis must be confirmed by:

- i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- ii. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Activities of Daily Living will be defined as:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

19. Fulminant Hepatitis

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

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

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

20. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:

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

The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

Activities of Daily Living will be defined as:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

21. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us. The diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

22. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant specialist Medical Practitioner.

- 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.

III. The following conditions are excluded:

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

23. Alzheimer's Disease

Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more "Activities of Daily Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

Activities of Daily Living will be defined as:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

The following conditions are however not covered:

- non-organic diseases such as neurosis and psychiatric illnesses;
- alcohol related brain damage; and
- any other type of irreversible organic disorder/dementia.

24. Aorta Graft Surgery

The actual undergoing of thoracotomy or laparotomy to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches. The Insured Person understands and agrees that we shall not cover:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

The aorta is the main artery carrying blood from the heart. Aortic graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

25. 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 shall 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.

26. Blindness

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

ii. The Blindness is evidenced by:

iii. corrected visual acuity being 3/60 or less in both eyes or;

iv. the field of vision being less than 10 degrees in both eyes.

v. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

27. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

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

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

28. Apallic Syndrome or Persistent Vegetative State (PVS)

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.

The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

29. Encephalitis

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit should result in permanent inability to perform three or more Activities of daily Living.

Activities of daily living:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- 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, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

30. Chronic Relapsing Pancreatitis

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The Unequivocal Diagnosis must be made by a Medical Practitioner who is a gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP). Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

31. Major Head Trauma

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

The following are excluded:

- i. Spinal cord injury

32. Medullary Cystic Disease

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

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

33. Poliomyelitis

The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.

Exclusions:

- i. Cases not involving irreversible paralysis shall not be eligible for a claim
- ii. Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

34. Systemic Lupus Erythematosus

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

The WHO lupus classification is as follows:

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

35. Brain Surgery

The actual undergoing of Surgery to the brain under general anesthesia during which a craniotomy is performed.

Exclusion:

Burr hole Surgery / brain Surgery on account of an Accident.

36. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- ii. Permanent inability to perform at least two (2) “Activities of Daily Living”;
- iii. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- iv. The foregoing conditions have been present for at least six (6) months.
- v. Elevated levels of C-reactive protein (CRP), or erythrocyte sedimentation rate (ESR)

Activities of daily living:

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

37. Creutzfeldt-Jacob disease

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A registered doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

38. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by illness or injury, except when such injury is self-inflicted.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

39. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by 1) and 2) and 3)

- i. Findings in the cerebrospinal fluid (csf) report
- ii. Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
- iii. Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

Activities of daily living:

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

40. Dissecting Aortic aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

41. Progressive Supranuclear Palsy

A degenerative neurological disease characterized by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia. The Unequivocal Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Medical Practitioner who is a neurologist.

The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

Activities of daily living:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
4. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
6. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

42. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- i. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- ii. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

43. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- i. Positive result of the blood culture proving presence of the infectious organism(s);
- ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- iii. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist.

44. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

45. Eisenmenger's Syndrome

Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.

All of the following criteria must be met:

- i. Presence of permanent physical impairment classified as NYHA IV; and
- ii. The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a immune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered Medical Practitioner who is a specialist in endocrinology through one of the following:
 - iii. ACTH simulation tests;
 - iv. insulin-induced hypoglycemia test;
 - v. plasma ACTH level measurement;
 - vi. Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

47. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- i. Localised scleroderma (linear scleroderma or morphea);
- ii. Eosinophilic fasciitis; and
- iii. CREST syndrome

48. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

49. Cardiomyopathy of specified severity

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

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

50. Loss of Independent Existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living.

Activities of Daily Living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

Supporting Definitions:

1. Accident: An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Injury : Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
3. Illness: Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. It needs ongoing or long-term control or relief of symptoms
 - iii. It requires rehabilitation for the patient or for the patient to be specially trained to cope with
 - iv. It continues indefinitely
 - v. It recurs or is likely to recur.
4. Medical Practitioner: Medical Practitioner means 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 its scope and jurisdiction of license. (Insurance companies may specify additional or restrictive criteria to the above e.g. that the registered practitioner should not be the insured or close member of the family. Insurance Companies may also specify definition suitable to overseas jurisdictions where Indian policyholders are getting treatment outside India as per the terms and conditions of a health insurance policy issued in India).
5. Surgery: Surgery or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
6. Hospital: A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
7. Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under –
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
8. Inpatient Care (not applicable for Overseas Travel Insurance): Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
9. Day Care Treatment: Day care treatment means medical treatment, and/or surgical procedure which is:
 - i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii. Which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition. (Insurers may, in addition, restrict coverage to a specified list).

Waiting Period

- 90 days Waiting is applicable to all benefit payable under this rider.
- The waiting period shall apply to all members of a new group or to new members of an existing group. The waiting period shall not apply to those existing members of a renewing group provided who have already completed their waiting period fully.
- The benefit shall not apply or be payable in respect of any listed conditions for which the symptoms have occurred or for which care, treatment or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the waiting period after the date of commencement of cover of member. In the event of occurrence of any of the scenarios mentioned above, the Company will refund the premiums for that benefit for the member and member's benefit cover will terminate with immediate effect.
- No waiting period applies where the condition manifests due to accident.

Exclusions

No critical illness benefit shall be paid on diagnosis of critical illness due to attempted suicide within one year from the date of commencement of Membership.

The critical illness benefit shall not be paid on any of the lives covered in case of the following conditions:

- i. Critical illness which occurred within 90 days of the Entry Date or the date of Revival.
- ii. The Member committing or attempting to commit a criminal act whether alone or with others;
- iii. The Member's intentional self-inflicted injury, attempted suicide.
- iv. War, invasion, civil war, rebellion or riot;
- v. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
- vi. 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
- vii. Taking part in any naval, military or air force operation during peace time
- viii. Engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungeejumping; underwater activities involving the use of breathing apparatus or not;
- ix. Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not
- x. 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.
- xi. Any Pre-existing medical condition. "Pre-existing medical condition" definition will be as per health regulation.
- xii. For any medical condition or any medical procedure arising from 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;
- xiii. Any External Congenital Anomaly which is not as a consequence of Genetic disorder
- xiv. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event.

Tax Benefits

The income tax benefits on Your Policy may be available as per prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. You are advised to consult your tax advisor for details.

Goods and Services Tax (GST)

ABSLI reserves the right to recover levies such as GST levied by the authorities on insurance transactions.

Nomination

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

Assignment

Assignment shall be as per Section 38 of the Insurance Act, 1938 as amended from time to time.

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 upto 10 Lakh rupees.

Fraud and Mis-statement

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: <https://lifeinsurance.adityabirlacapital.com>.

Free look cancellation

By Master Policy Holder:

1. In case the Master Policyholder is not satisfied with the terms and conditions specified in the Master Policy Document, MPH shall have the option of returning the Master Policy Document to us stating the reasons thereof, within 15 days from the date of receipt of the Master Policy Document, as per IRDAI (Protection of Policyholders' Interests) Regulations, 2017
2. In case the Product is sold through Distance Marketing mode or Electronic Issuance, the period will be 30 days from the date of receipt of the letter along with Master Policy Document
3. On receipt of the letter along with the Master Policy Document, we shall arrange to refund the premium paid by MPH, subject to deduction of the proportionate risk premium for period on cover plus the expenses incurred by us on stamp duty (if any)

By Member:

1. In case the Member is not satisfied with the terms and conditions specified in the Certificate of Insurance, he/she has the option of returning the Certificate of Insurance to us stating the reasons thereof, within 15 days from the date of receipt of the Certificate of Insurance, as per IRDAI (Protection of Policyholders' Interests) Regulations, 2017
2. In case of the Product is sold through Distance Marketing mode or Electronic Issuance, the period will be 30 days from the date of receipt of the letter along with Certificate of Insurance
3. On receipt of the letter along with the Certificate of Insurance, we shall arrange to refund the premium, subject to deduction of the proportionate risk premium for period on cover plus the expenses incurred by us on stamp duty (if any)

For administrative purposes, all Free-Look requests should be registered by MPH, on behalf of Member.

Risk Factors and Disclaimer

- ABSLI Group Comprehensive Critical Illness Rider is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI).
- This is a non-linked non-participating traditional critical illness rider.
- ABSLI reserves the right to recover levies such as GST levied by the authorities on insurance transactions.
- If there be any additional levies, they too will be recovered from you.
- Tax benefits subject to changes in the tax laws.
- 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.
- Advisor or visit our website and see how we can help in making Your dreams come true.
- All policy benefits are subject to policy being in force.
- “We”, “Us”, “Our” or “the Company” or “ABSLI” means Aditya Birla Sun Life Insurance Company Limited.
- “You/you” or “Your/your” means the Policyholder.
- Policyholder and Life Insured can be different under this product. In all situations, it is ensured that the Policyholder has an insurable interest in the Life Insured.
- For other terms and conditions, request your Agent Advisor or intermediaries for giving a detailed presentation of the product before concluding the sale. Should you need any further information from us, please contact us on the below mentioned address and numbers.

**Aditya Birla Sun Life
Insurance Co. Ltd.**



**ADITYA BIRLA
CAPITAL**

Contact our advisor or visit our website <https://lifeinsurance.adityabirlacapital.com> to know more about the various solutions. We provide a wide range of Life Insurance solutions to cater to your specific protection needs.

As per section 10(10D) of the Income-tax Act, 1961, proceeds from life insurance policy issued on or after 1 April 2023 shall be taxable as income from other sources if the cumulative annual premium payable by taxpayer for life insurance policies exceeds ₹ 5 lacs.

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