

**Kotak Critical Illness Benefit (Non Linked Group Rider)
Non-Participating, Non-Linked Health Group Pure Risk Rider
(UIN: 107B009V07)**

PART A

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1. SCHEDULE

RIDER SCHEDULE

Name of the Policyholder:

Type of Group:

<<Employer-Employee/ Non
Employer-Employee>> Group

Name of Employer
(for Employer –Employee groups):

Date of commencement of Rider:

Date of Commencement of Risk under Rider:

Amount of Premium (Rs.):

Date of last instalment Premium:

Date of issue:

Rider Name:

Kotak Critical Illness Benefit (Non
Linked Group Rider)

Rider Term:

Annually Renewable

Premium Payment Mode:

<<Monthly/Quarterly/Half-
yearly/Annual>>

Free Look Period:

<<Not Applicable/ 30 days>>

Customer Information Sheet (CIS):

The Policyholder is requested to kindly go through the CIS provided along with this Rider for knowing the key information of this Rider.

<<Space for Stamp Duty endorsement>>

PART B

A. DEFINITIONS:

1. **Accident:** An accident is a sudden, unforeseen and involuntary event caused by external visible and violent means
2. **Age** means the age of the Member on his/her last birthday (as per the English calendar) immediately before the date of commencement of Rider cover for that Member.
3. **Beneficiary:** Means the Nominee/Legal Heir/Assignee specified by the Member as the Beneficiary under the base Policy or a person directed by the Court of competent jurisdiction.
4. **Board:** Board means the Board of Directors of Kotak Mahindra Life Insurance Company Limited.
5. **Critical Illness:** means the illness(es) listed under the "Description of Terminology".
6. **Critical Illness Benefit Sum Assured or Rider Sum Assured:** The Rider Sum Assured can be a minimum of Rs. 1,000 and maximum equal to the Member's basic life cover under the base Policy.
7. **Entry Age of Member:**
Minimum Age at entry: 18 years
Maximum Age at entry: 64 years or maximum entry Age of the base Policy whichever is lower.
8. **Grace Period:** The Grace Period will be as per base Policy.
9. **Maturity Age of Member:** Maximum maturity Age of the Member shall be 65 years or maximum maturity Age of the base Policy whichever is lower.
10. **Member:** As defined in the base Policy.
11. **Rider:** Refers to the Kotak Critical Illness Benefit (Non Linked Group Rider).
12. **Rider Benefit Term:** As mentioned in Schedule above.
13. **Waiting Period:** A period of 90 days, from the commencement of the Rider Policy or the date of joining of the Member, whichever is later.

This waiting period shall not be applicable to the Critical Illness caused directly due to an Accident during the Rider term.

PART C

1. Benefits Payable:

i. Critical Illness Benefit:

If the insured Member is diagnosed with a first instance of the Critical Illness as defined under the "Description of Terminology" below, and the Member/Policyholder proves the same to the satisfaction of the Insurer, by providing the necessary documents, the Critical Illness Benefit Sum Assured will become payable, subject to the conditions/ exclusions mentioned below, and after payment, this benefit will cease for the Member concerned. This benefit represents an advance of the basic life cover benefits (payable under the base Policy) that would normally have been paid on death of the Member. Therefore, on the payment of the Critical Illness Benefit, such basic life cover benefits will reduce to the extent of Critical Illness Benefit paid.

A. Description of Terminology:

The illnesses covered are as follows:

MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

CANCER OF SPECIFIED SEVERITY

- I. 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.
- II. The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

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 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.
- 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.

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 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.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. 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.

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

PERMANENT PARALYSIS OF LIMBS

- I. 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.

LOSS OF LIMBS

- I. 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.

SURGERY OF AORTA

- I. The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. Stent-grafting is not covered.

THIRD DEGREE BURNS

- I. 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.

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- I. 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.

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:
 - i. corrected visual acuity being 3/60 or less in both eyes or;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

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.

PARKINSON'S DISEASE

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- i. The disease cannot be controlled with medication; and
- ii. There are objective signs of progressive deterioration; and
- iii. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are 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. **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 once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

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 medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- 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.

LOSS OF SPEECH

- I. 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.

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.

The Critical Illness Benefit shall be payable subject to the following conditions and exclusions:

B. Conditions:

- a. This benefit is payable in respect of the Member alone. The claimant must be a Member as defined under the base Policy and must be covered under this Rider on the day of diagnosis.
- b. The basic life Cover Benefit under the base Policy is in full force at the time of the diagnosis of the Critical Illness.
- c. This benefit is in full force at the time of the diagnosis of the Critical Illness.

C. Exclusions:

The Member will not be entitled to any benefits if a Critical Illness results either directly or indirectly from any one of the following causes:

- i. Any disease occurring within the waiting period;
- ii. No benefits will be payable for a period of 36 months for any event which is a direct or indirect result of any pre-existing diseases*.
*Pre-Existing disease is any condition, ailment or injury or disease(s):
 - That is/ are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to effective date of the policy issued by the insurer or its reinstatement
- iii. Any congenital condition.
- iv. Intentional self-inflicted injury, attempted suicide.
- 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. Failure to seek or follow medical advice or treatment under reasonable circumstances from any registered and qualified Medical Practitioner. Medical Practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine

within its jurisdiction; and is acting within the scope and jurisdiction of his license.

Medical Practitioner shall not include:

The Policyholder's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or Life insured / policyholder under this policy

- vii. 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.
- viii. Taking part in any naval, military or air force operation during peace time.
- ix. 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.
- x. Participation by the insured person in a criminal or unlawful act with criminal intent
- xi. 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; bungee-jumping; underwater activities involving the use of breathing apparatus or not.
** Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.
- xii. 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.

ii. Death Benefit:

In case of death of the Member, there shall be no benefit payable under this Rider.

iii. Maturity Benefit:

There is no maturity benefit available under this Rider.

2. Payment of Rider Premium:

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

The Rider Premium Payment Term shall be equal to the Rider Benefit Term. Modal factors depending on the mode of premium are stated below:

Frequency	Modal Factor
Annual	N.A.
Half yearly	51% of annual premium
Quarterly	26% of annual premium
Monthly	8.75% of annual premium

Goods and Services Tax and cess shall be levied on the rider premiums and may change as per Government Laws.

PART D

1. Lapse:

The Rider Benefit will lapse if premiums for Rider are not paid in full within the Grace Period and no benefit shall be payable under such circumstances.

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

2. Revival:

The Rider cannot be revived independently and can only be revived along with the revival of the base Policy in accordance with the terms and conditions of the base Policy and as per the Board approved underwriting policy.

3. Waiting Period:

No claim will be payable if Critical Illness arises within the Waiting Period.

4. Surrender Value:

On detachment of the Rider from the base plan, the Surrender Value (if any) acquired by the Rider would be payable and shall be consistent with the cash surrender value under the base plan.

5. Reduced Paid-Up Benefit:

Rider cannot acquire Reduced Paid Up value.

6. Loans:

No loan facility is available under the Rider.

7. Free Look Provision:

The Policyholder is offered a 30 days' free look period to review the terms and conditions of the Rider (except for riders having a rider term of less than a year) beginning from the date of receiving the Rider Document in electronic form. In case the Policyholder is not agreeable to any terms and conditions of the Rider or otherwise; then subject to no claims having been made hereunder, the Policyholder may choose to return the Rider to the Insurer for cancellation, stating the reasons thereof within the aforesaid free look period.

Should the Policyholder choose to return the Rider, the Policyholder shall be entitled to a refund of the rider Premium paid after deducting the proportionate rider risk Premium for the period of cover, stamp duty charges and expenses of medical examination (if any). A Rider once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Rider. The Rider stands cancelled when the free look provision of the base Policy is exercised.

PART E

NOT APPLICABLE

PART F

1. Claims:

The minimum documents required to make a claim under this Rider are the documents supporting the following:

- i. Date of diagnosis of the Critical Illness
- ii. Nature and extent of the Critical Illness and details thereof, including medical reports and investigations, and
- iii. The Member's address.

In case of Critical Illness directly arising out of an Accident, claimant is required to submit the following documents:

- a. Certified copies of First Information Report [FIR] and the Final Police Closure Report
- b. Any associated newspapers cutting
- c. If the claim event occurs due to any car or motor accident where the Member was the driver, then, a certified copy of the Member's valid driving license.

The Insurer, may, ask for more documents to clarify the queries raised by it. After the Insurer receives all the documents required for processing the claim, a written communication shall be sent to the claimant intimating the claim status and further action required

The claims clause of the base Policy shall also apply to this Rider as applicable.

2. Notice:

Any notice, information or instruction to the Company must be in writing and delivered to the address intimated by the Company to the Policyholder which is currently:

Group Operations
Kotak Mahindra Life Insurance Company Limited
9th floor, Intellion Square (Bldg. No. 4),
Infinity IT Park, Gen. AK Vaidya Marg,
Malad (E), Mumbai-400 097.
Toll Free: 1800-120-7856
E-mail: kli.groupoperations@kotak.com

The Company may change the address stated above and intimate the Policyholder of such change by suitable means.

The Policyholder is also advised to promptly notify the Company of any change

in their address to ensure timely and effective communication of Rider related information to the Policyholder.

2. General Terms and conditions:

- Section 38, 39 and 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.
- All the provisions of the base Policy shall be applicable to the Rider Benefit.
- The Rider term shall not exceed the term of the base Policy.

PART G

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