

KOTAK CRITICAL ILLNESS ENHANCED GROUP RIDER

Non-Participating, Non-Linked Health Group Pure Risk Rider

Protect Your Workforce with Kotak Critical Illness Enhanced Group Rider

In today's fast-moving world, critical illnesses can happen without warning and affect both the health and financial well-being of your employees. While medical treatment can be expensive, there are also other hidden costs—like daily household expenses, loan payments, rehabilitation, and alternative treatments—that can create extra financial stress during recovery.

Introducing “**Kotak Critical Illness Enhanced Group Rider**” a flexible, annually renewable rider designed specifically for group insurance schemes linked with pure risk products. It provides a vital financial safety net by offering a lump sum payout upon diagnosis of any specified critical illness listed under the plan.

Available as either an **Additional Benefit** or an **Accelerated Benefit**, this rider ensures that your employees receive timely financial support without compromising their base life insurance protection. With the **Additional Benefit** option, the lump sum payout is provided independently, keeping the basic life cover intact. Alternatively, the **Accelerated Benefit** allows for an advance on the base life cover, helping employees access funds immediately when they need it most, with the basic life cover reducing accordingly.

By including the Kotak Critical Illness Enhanced Group Rider in your employee benefits portfolio, you show your care for their well-being, helping them focus on recovery without the burden of financial worries.

Key Features of Kotak Critical Illness Enhanced Group Rider:

- **Annual Renewable Cover**

Offered on a yearly renewal basis, ensuring continued protection for group members.

- **Designed for Group Insurance Schemes**

Specifically meant for group plans using pure risk products.

- **Lump Sum Payout on Diagnosis**

Provides a lump sum amount if a covered critical illness or surgery is diagnosed during the policy term.

- **Choice of Benefit Type**

- o **Additional Benefit:** An additional cover is paid out and this does not affect base life cover.
- o **Accelerated Benefit:** The cover under the Base plan will be reduced by the amount of claim paid under this Rider.

- **Multiple Plan Options for Flexibility**

The Master Policyholder (MPH) can choose from four plan options based on the number of illnesses covered:

- o **Silver** – Covers 10 Illnesses
- o **Gold** – Covers 17 Illnesses
- o **Platinum** – Covers 30 Illnesses
- o **Titanium** – Covers 58 Illnesses

- **Covers First Occurrence of Critical Illness**

Benefits are paid on the first-time diagnosis of any specified illness.

- **Financial Support During Recovery**

Eases the financial burden so members can focus on getting better without added stress.

- **Affordable Premiums**

Offers enhanced protection at competitive group rates.

Benefits Payable:

Critical Illness Enhanced Benefit:

If a Member is diagnosed with the first occurrence of a critical illness covered under the plan option selected by the Policyholder, and this diagnosis is confirmed in writing by a registered Medical Practitioner and meets the Insurer's criteria, the Rider Sum Assured will be payable. This is subject to the terms and conditions of the Rider and the Benefit Option chosen by the Policyholder.

The benefit payable will vary depending on the Benefit Option selected by the Policyholder:

A. Accelerated Benefit Option:

- **On Death:** No benefit is payable on the death of the Member.
- **On Diagnosis:** Upon the first diagnosis of a covered critical illness, a lump sum payout equal to the Rider Sum Assured will be paid to the claimant. This amount is paid as an advance from the Base Sum Assured. Following this payment, the Base Sum Assured will reduce by the amount paid under this benefit, and coverage under the Rider will end. If the Rider Sum Assured claimed equals the Base Sum Assured, the entire Base Policy will terminate after the payment.

B. Additional Benefit Option:

- **On Death:** No benefit is payable on the death of the Member.
- **On Diagnosis:** Upon the first diagnosis of a covered critical illness, a lump sum payout equal to the Rider Sum Assured will be made to the claimant. This payout does not reduce the Base Sum Assured. Coverage under the Rider will end once the benefit is paid. Your base cover continues.

List of Critical Illness Covered:

Category	Silver	Gold	Platinum	Titanium
Critical Illness Condition	10	17	30	58
Cancer of Specified Severity	✓	✓	✓	✓
End Stage Liver Failure	✓		✓	✓
Kidney Failure Requiring Regular Dialysis	✓	✓	✓	✓
Major Organ / Bone Marrow Transplant	✓	✓	✓	✓
Multiple Sclerosis with Persisting Symptoms	✓		✓	✓
Myocardial Infarction (First Heart Attack of specific severity)	✓	✓	✓	✓
Open Chest CABG	✓	✓	✓	✓
Open Heart Replacement or Repair of Heart Valves	✓	✓	✓	✓
Permanent Paralysis of Limbs	✓	✓	✓	✓
Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓
Aorta Graft Surgery		✓	✓	✓
Benign Brain Tumour		✓		✓
Blindness		✓	✓	✓
Coma of Specified Severity		✓	✓	✓
Loss of Limbs		✓	✓	✓
Loss of Speech		✓	✓	✓
Motor Neuron Disease with Permanent Symptoms		✓	✓	✓
Parkinson's disease		✓	✓	✓
Third Degree Burns		✓	✓	✓

Category	Silver	Gold	Platinum	Titanium
Critical Illness Condition	10	17	30	58
Crohn's Disease			✓	✓
Severe Rheumatoid Arthritis			✓	✓
Systemic Lupus Erythematosus with Lupus Nephritis			✓	✓
Alzheimer's Disease			✓	✓
Apallic Syndrome			✓	✓
Bacterial Meningitis			✓	✓
Deafness			✓	✓
End Stage Lung Failure			✓	✓
Fulminant Hepatitis			✓	✓
Loss of Independent Existence (cover up to Insurance age 64)			✓	✓
Major Head Trauma			✓	✓
Primary (Idiopathic) Pulmonary Hypertension			✓	✓
Amputation of Feet Due to Complications from Diabetes				✓
Aplastic Anaemia				✓
Brain Surgery				✓
Cardiomyopathy				✓
Chronic Adrenal Insufficiency				✓
Chronic Relapsing Pancreatitis				✓
Creutzfeldt-Jakob disease				✓
Eisenmenger's Syndrome				✓

Category	Silver	Gold	Platinum	Titanium
Critical Illness Condition	10	17	30	58
Elephantiasis				✓
Encephalitis				✓
Goodpasture's Syndrome				✓
Hemiplegia				✓
Medullary Cystic Disease				✓
Multiple system atrophy				✓
Muscular Dystrophy				✓
Myasthenia Gravis				✓
Myelofibrosis				✓
Other Serious Coronary Artery Disease				✓
Pheochromocytoma				✓
Pneumonectomy				✓
Poliomyelitis				✓
Progressive Scleroderma				✓
Progressive Supranuclear Palsy				✓
Severe Ulcerative Colitis				✓
Terminal Illness				✓
Tuberculosis Meningitis				✓
Wilson's disease				✓

How does this Group Illness Rider work?

The Critical Illness Enhanced Group Rider is designed to provide financial support if a member is diagnosed with a covered critical illness. This rider can be added to a Yearly Renewable Term insurance plan. Here's how it works:

1. Select a Benefit Option:

The policyholder then chooses how the benefit will be paid:

- o **Additional Benefit:** The lump sum payout is paid separately without reducing the member's base life cover.
- o **Accelerated Benefit:** The lump sum payout is paid as an advance against the base life cover, reducing the sum assured available on death.

2. Choose a Plan Option:

The group policyholder selects one of four plan options that determine how many critical illnesses are covered:

- o **Silver:** Covers 10 illnesses
- o **Gold:** Covers 17 illnesses
- o **Platinum:** Covers 30 illnesses
- o **Titanium:** Covers 58 illnesses

3. On Diagnosis:

When a member is diagnosed with their first critical illness covered under the chosen plan option, and the diagnosis is confirmed by a registered medical professional, the rider pays a lump sum benefit.

4. After Benefit Payment:

Once the benefit is paid:

- o If the Additional Benefit option is selected, the member continues to have their full base life cover, but the rider benefit ends for that member.
- o If the Accelerated Benefit option is selected, the base life cover is reduced by the amount paid, and the rider benefit ends for that member. If the payout equals the full base sum assured, the base policy ends.

This structure ensures your employees receive timely financial help to cover medical and related expenses during a difficult time, while providing flexible options to suit your group's needs.

Which product can this Rider be offered with?

- Kotak Term Group Plan (UIN: 107N007V11)

Eligibility Criteria:

Eligibility Conditions	Minimum	Maximum
Member Size	10 Members	No Limit
Entry Age (Age as on last birthday)	18 Years	64 years or maximum entry age of the base policy whichever is lower
Maturity Age	19 Years	65 years or maximum maturity age of the base policy whichever is lower
Rider Sum Assured	₹ 10,000	Member's Basic Life Cover under the base policy
Rider Benefit Term	1 year renewable indefinitely	
Premium Payment Term	Equal to benefit term	
Premium Payment Mode	Yearly, Half-yearly, Quarterly and Monthly in advance <i>The mode of premium payment will be consistent with the mode of premium payment of the base product.</i>	
Premium Payment Modal Factor	Premiums will be calculated annually in advance. This may be converted into monthly, quarterly or semi-annual premiums using the following modal factors: Annual – N.A. Half yearly – 51% of annual premium Quarterly – 26% of annual premium Monthly – 8.75% of annual premium	

Terms and Conditions

1. Maturity Benefit:

There is no maturity benefit available under this Rider.

2. Waiting Period:

A period of 90 days, from the Date of Commencement of the Rider or the date of joining of the Member, whichever is later. No claim will be payable if Critical Illness arises within the Waiting Period except for Critical Illness caused due to Accident during the Policy term.

3. Survival Period:

Refers to the stipulated duration of 30 days during which a Member must survive after the confirmed diagnosis of a covered Critical Illness in order to be eligible for a claim under this Rider. This period is calculated from the date of diagnosis of the covered Critical Illness by a Medical Practitioner.

However, if the Critical Illness is diagnosed during the Rider Cover Term provided that the Rider is in in-force and if the expiry of the Survival Period falls beyond the Rider Cover Term, such claim may be eligible under this Rider subject to terms and conditions of this Rider.

No Rider Sum Assured will be payable if the Member dies during the Survival Period.

4. Definitions of 58 Critical Illnesses

1. Cancer of Specified Severity:

A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

- i. All tumours which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours 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 tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. 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.

3. 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.

4. Major Organ Transplant

The actual undergoing of a transplant of:

- a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

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

5. Multiple Sclerosis with Persisting Symptoms

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

- a. investigations including typical MRI findings which definitively confirms the diagnosis to be multiple sclerosis and
- b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

6. 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.

7. 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 breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a Cardiologist

The following are excluded:

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

8. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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.

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. 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 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.

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.

11. Aorta Graft Surgery

The actual undergoing of major Surgery 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 will not cover:

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

Aorta Graft Surgery covered under this Rider is Surgery to the aorta wherein part of it is removed and replaced with a graft.

12. Benign Brain Tumour

Benign brain tumour is defined as a life threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.

This brain tumour must result in at least one of the following and must be confirmed by the specialist Medical Practitioner:

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

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours 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:

- a. corrected visual acuity being 3/60 or less in both eyes or;
- b. 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. 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:

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

15. 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.

16. 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

17. 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.

18. Parkinson's disease

The definitive 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:

- a. the disease cannot be controlled with medication;
- b. signs of progressive impairment; and

- c. 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:

19. Third Degree Burns

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.

20. Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- a. Stricture formation causing intestinal obstruction requiring admission to hospital, and
- b. Fistula formation between loops of bowel, and
- c. At least one bowel segment resection.

The diagnosis must be made by a registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

21. Severe Rheumatoid Arthritis

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

- a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- b. Permanent inability to perform at least two (2) "Activities of Daily Living";

- c. 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
- d. The foregoing conditions have been present for at least six (6) months.

22. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self- antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- a. Class I Minimal Change Lupus Glomerulonephritis Class II Mesangial Lupus Glomerulonephritis
- b. Class III Focal Segmental Proliferative Lupus Glomerulonephritis Class IV Diffuse Proliferative Lupus Glomerulonephritis
- c. Class V Membranous Lupus Glomerulonephritis

23. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease 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 Neurologist and supported by Insurer's appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent 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.

24. Apallic Syndrome

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 diagnosis must be confirmed by a Neurologist acceptable to the Insurer and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.

25. 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:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist.

26. 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. In this section, 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.

27. End Stage Lung Failure

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

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

28. 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.

29. Loss of Independent Existence (cover from 18 up to 64 years of Age of the Life Assured)

The Insured person is physically incapable of performing at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Medical Practitioner who is a Specialist.

Only Life Insured with Age between 18 and 64 on first diagnosis is eligible to receive a benefit under this Critical Illness.

30. 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 definitive 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) “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.

31. Primary (Idiopathic) Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment are as follows:

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

32. Amputation of Feet Due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a registered Medical Practitioner who is a specialist as medically necessary due to severe infection, gangrene, or non-healing ulcers that pose a significant risk to the patient's health. Amputation of toe or toes, or any other causes for amputation shall not be covered.

33. Aplastic Anaemia

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

- a. Blood product transfusion;
- b. Marrow stimulating agents;
- c. Immunosuppressive agents; or
- d. Bone marrow transplantation.

The diagnosis must be confirmed by a registered Medical Practitioner who is a qualified 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:

- a. Absolute neutrophil count of less than $500/\text{mm}^3$ or less
- b. Platelets count less than $20,000/\text{mm}^3$ or less
- c. Reticulocyte count of less than $20,000/\text{mm}^3$ or less Temporary or reversible Aplastic Anaemia is excluded.

34. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolization, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a registered Medical Practitioner who is a qualified specialist.

35. Cardiomyopathy

An impaired function of the heart muscle, definitively 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, for at least six (6) months based on the following classification criteria: NYHA 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 echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

36. Chronic Adrenal Insufficiency

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong 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:

- ACTH simulation tests;
- insulin-induced hypoglycaemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included.

All other causes of adrenal insufficiency are excluded.

37. Chronic Relapsing Pancreatitis

A definitive diagnosis of Chronic Relapsing Pancreatitis, made by a registered Medical Practitioner who is a specialist in Gastroenterology and confirmed as a continuing chronic inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

38. Creutzfeldt-Jakob Disease

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A registered Medical Practitioner, 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 examination along with severe progressive dementia.

39. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- Mean pulmonary artery pressure > 40 mm Hg;
- Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- Normal pulmonary wedge pressure < 15 mm Hg.

40. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The definitive 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.

41. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a registered Medical Practitioner who is a consultant Neurologist,

and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three (3) or more Activities for Daily Living.

42. Goodpasture's Syndrome

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least 30 Days. The diagnosis must be proven by Kidney biopsy and confirmed by a specialist Medical Practitioner (Rheumatologist or Nephrologist).

43. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury, except when such injury is self-inflicted.

44. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

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

45. Multiple system atrophy

A diagnosis of multiple system atrophy by a specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical

impairment for a minimum period of 30 days of either:

- a. Motor function with associated rigidity of movement; or
- b. The ability to coordinate muscle movement; or
- c. Bladder control and postural hypotension

46. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be definitive and made by a registered Medical Practitioner who is a consultant Neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

47. Myasthenia Gravis

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

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
- 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.

48. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Life Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

49. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

50. 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 confirmed by a registered Medical Practitioner who is an Endocrinologist.

51. Pneumonectomy

The undergoing of surgery on the advice of an appropriate specialist Medical Practitioner to remove an entire lung for disease or traumatic injury suffered by the Life Assured.

The following conditions are excluded:

- i. Removal of a lobe of lungs (lobectomy)
- ii. Lung resection or incision

52. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- a. Poliovirus is identified as the cause,
- b. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

53. Progressive Scleroderma

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

The following are excluded:

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

54. Progressive Supranuclear Palsy

Confirmed by a registered Medical Practitioner who is a specialist in Neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

55. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

- the entire colon is affected, with severe bloody diarrhoea; and
- the necessary treatment is total colectomy and ileostomy; and

- the diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in Gastroenterology.

56. Terminal Illness

The conclusive diagnosis of an illness, which in the opinion of a registered Medical Practitioner who is an attending Consultant and agreed by the Insurer's appointed Medical Practitioner that life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

57. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a diagnosis must be confirmed by a registered Medical Practitioner who is a specialist in Neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of Life Assured.

58. Wilson's disease

A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit. The condition must be characterized by severe symptoms, including liver dysfunction (jaundice, hepatitis), neurological symptoms (tremors, difficulty speaking), and psychiatric symptoms (depression, personality changes). The definitive diagnosis must be confirmed by a specialist Medical Practitioner, supported by medical tests such as blood tests showing low ceruloplasmin levels, liver biopsy, and genetic testing.

5. Exclusions:

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

1. Any disease occurring within the Waiting Period;
2. 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*.
3. Any congenital condition.
4. Intentional self-inflicted injury and attempted suicide.
5. Use, abuse or consequence of alcohol or solvent or Drugs/ narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered Medical Practitioner.
6. 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.
7. Taking part in any naval, military or air force operation during peace time.
8. Participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
9. Participation by the Life Assured in a criminal or unlawful act with criminal intent.
10. 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.
11. 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.
12. Failure to seek or follow medical advice or treatment under reasonable circumstances from any registered and qualified Medical Practitioner.

**Pre-existing diseases is defined as 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.*

*** Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.*

6. Activities of Daily Living:

The Activities of Daily Living are:

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

7. Grace Period

There is a grace period of 30 days from the due date for payment of premium for the yearly, half-yearly and quarterly mode. For the monthly mode there is a grace period of 15 days from the due date for payment

of premium. During this period the policy will be considered to be in-force with risk cover as per the terms of the policy

8. Lapse

The Rider 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 rider can be revived along with and according to the terms and conditions of the Base Policy and as per prevailing underwriting guidelines and as mentioned below.

9. 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 prevailing Board Approved Underwriting Guidelines.

10. Surrender

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

Under special circumstances, where Policyholder wishes to change the Policy Commencement Date the Surrender Value may be allowed:

- to align the date of commencement of this Policy with other Policy or
- consolidate with other Policies of the employer,

In this case, the refund will form part payment of the premium of the new Policy. Hence, Insurer need not recover all expenses.

The formula used to calculate Surrender Value will be as follows:

$$\text{Surrender Value} = \text{Total Premium} \times (\text{Unexpired Term} / \text{Total Term})$$

Compulsory Cover: A formula will be used that provides for reclaiming expenses and limiting the risk faced by Insurer.

$$\text{Surrender Value} = \text{Unexpired Risk Premium} - \text{Max} (\text{Claims}^{\wedge} - \text{Expired Risk Premium}, 0) + \text{Brokerage Recovered}$$

^Any IBNR claims will not be settled after the surrender date. I.e. all claims not reported for inclusion in this calculation shall not be paid by the Insurer.

11. Reduced Paid Up

Rider cannot acquire Reduced Paid Up value.

12. Nomination

Nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. The Nomination as per the Base Policy shall be applicable for the Rider.

13. Assignment

Assignment shall be allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. The Assignment as per the Base Policy shall be applicable for the Rider.

14. TERMINATION OF THE RIDER BENEFIT

The benefit on the life of a Member shall immediately terminate upon the happening of any of the following events and no benefits will be payable thereafter:

- a) Termination of the Rider by the Policyholder/Member;
- b) Complete withdrawal/Surrender of the Base Policy;
- c) On Policyholder's request for cancellation at anytime during the Rider Cover Term;
- d) Free-look cancellation;
- e) Termination of the Base Policy.
- f) Payment of Critical Illness Enhanced Benefit under the Rider.

Termination or cancellation of the Rider document shall be without prejudice to any claim arising prior to such termination or cancellation unless otherwise specified.

15. Free-Look Period

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.

16. Goods and Services Tax and Cess

Goods and Services Tax and Cess, as applicable, if any shall be levied as per the prevailing tax laws. In case of any statutory levies, cess, duties etc., as may be levied by the Government from time to time, the Company reserves its right to recover such statutory charges from the policyholder(s).

Extract of Section 41 of the Insurance Act, 1938 as amended from time to time states:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

Extract of Section 45 of the insurance Act, 1938 as amended from time to time states:

Fraud, Misstatement and Forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. Please visit our website for more details:

https://www.kotaklife.com/assets/images/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf

About Us

Kotak Mahindra Life Insurance Company Ltd. is a 100% owned subsidiary of Kotak Mahindra Bank Limited (Kotak) which provides insurance products with high customer empathy. Its product suite leverages the combined prowess of protection and long term savings. Kotak Life Insurance is one of the growing insurance companies in India and has covered over several million lives.

For more information, please visit the company's website at www.kotaklife.com

Kotak Mahindra Group

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Kotak Critical Illness Enhanced Group Rider - UIN: 107B035V01.

This is a Non-Participating Non-Linked Health Group Pure Risk Rider. The sales brochure gives only the salient features of the plan. Please refer to the Policy Document for specific details on all terms and conditions.

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