



SECURE YOUR FAMILY'S TOMORROW WITH **AFFORDABLE LIFE COVER TODAY**

A promise to secure your family's future, no matter what





GENERALI CENTRAL SARAL ASHRAY YOJANA

Individual, Non-Linked, Non-Participating (without profits), Pure Risk Premium, Life Insurance Plan

Don't let life's uncertainties disrupt your family's future. Saral Ashray Yojana provides complete financial security with life cover, Accelerated Critical Illness benefit and Accelerated Accidental Total and Permanent Disability benefit, even waiving premiums in case of diagnosis of Critical illness and/or occurrence of permanent disability due to an accident, so your policy never lapses, offering true peace of mind.

KEY FEATURES

1. A comprehensive protection plan which provides Life cover along with two inbuilt benefits

- a. Accelerated Critical Illness Benefit (CI) – 20 Critical Illness covered.
- b. Accelerated Accidental Total and Permanent Disability Benefit (ATPD)

2. Select your Policy Term and Premium Payment Term

The plan gives you the flexibility to choose the period of protection and the period of premium payment.

3. 5% lower premium for Women Customers

4. Inbuilt Waiver of Premium benefit - On diagnosis of a covered CI or ATPD, all future premiums shall be waived, allowing your policy to stay active without financial stress.

5. Simple and hassle-free issuance journey for customers

6. Tax benefits

You may be eligible for availing tax benefits according to the provisions of Income Tax Laws. These benefits are subject to change as per the prevailing tax laws.





EASY STEPS TO KEEP YOURSELF COVERED

Step 1: Choose your Life Cover.

Step 2: Choose your Policy Term and Premium Payment Term.

Step 3: Get your premium calculated and fill the proposal form (application form). A customised quote will be generated.

Step 4: Start paying your premium/s and stay financially protected.

Note:

1. The policy benefits are subject to policy remaining in-force.
2. The minimum and maximum criteria of Sum Assured, Policy Term and Premium Payment Term are mentioned under the eligibility conditions below (Life Insurance Plan Summed Up).

ELIGIBILITY

Plan Parameters	Criterion	
Entry Age (as on last Birthday)	18 years to 60 years	
Maturity Age (as on last Birthday)	23 years to 65 years	
Policy Term and Premium Payment Term	Policy Term	Premium Payment Term
	5 years and 10 years	Single Pay
	5 years and 10 years	Regular Pay
Sum Assured	Minimum - ₹3 Lacs Maximum - As per Board Approved Underwriting Policy	
Premium Payment Frequency	Yearly, Single	
Premium Amount	Minimum Premium: Yearly - ₹977 Maximum Premium- No Limit (as per Sum Assured)	

Note:

1. Premiums mentioned above are excluding applicable taxes, rider premiums and underwriting extra premium, if any.
2. Age wherever mentioned is age as on last birthday.





Sample premium for healthy male lives (excluding applicable taxes, extra underwriting premium and modal loading, if any).

Premium Payment Type	Regular Pay	
Premium Payment Term	10 years	
Policy Term	10 years	
Age at entry	Sum Assured = ₹10,00,000	Sum Assured = ₹20,00,000
30	₹3,006	₹6,012
35	₹4,210	₹8,420
40	₹6,435	₹12,870
45	₹10,458	₹20,916
50	₹17,484	₹34,968
55	₹27,641	₹NA*

*Maximum Sum Assured allowed for Ages above 50 years is ₹10,00,000.

WHAT ARE YOUR BENEFITS?

a. Death Benefit:

In case of unfortunate demise of the Life Assured during the Policy Term, the Death Benefit in this plan secures financial wellbeing for the family.

- Death Sum Assured for Regular Premium shall be highest of:
 - i. Sum Assured
 - ii. 10 X Annualized Premium (excluding the applicable taxes, Rider premiums and underwriting extra premiums, if any)
 - iii. 105% of Total Premiums Paid (excluding any extra premium, any Rider premium and applicable taxes) as on date of death.
- Death Sum Assured for Single Premium shall be highest of:
 - i. 1.25 times of Single premium
 - ii. Sum Assured



b. Accelerated In Built Benefits:

This plan offers financial protection against Accidental Total and Permanent Disability and Critical Illness during the policy term.

Accelerated Accidental Total and Permanent Disability Benefit and Accelerated Critical Illness Benefit

- i. On diagnosis of either Accidental Total and Permanent Disability or covered Critical Illness condition, 50% of the Sum Assured shall be payable. On subsequent diagnosis of either a covered Critical Illness condition or Accidental Total and Permanent Disability or on Death, the remaining 50% of Sum Assured shall be payable.
- ii. On the first diagnosis of a valid Accidental Total and Permanent Disability or Critical Illness claim, all future premiums will be waived off for the policyholder.
- iii. There are 20 Critical Illness covered under this product. For details, please refer to Annexure I
- iv. The Accidental Total and Permanent Disability Benefit is payable if the disability persists, without interruption, for at least six consecutive months and a qualified & registered Medical Practitioner deems it permanent. The Company shall subject the insured to an independent medical assessment, if required.
- v. If the claim trigger is the same for both Critical Illness and Accidental Total & Permanent Disability (eg. 'Loss of Limbs') only one claim will be payable

c. Payout conditions:

- i. On Death before diagnosis of Critical illness or Accidental Total & Permanent Disability, Death Sum Assured will be payable.
- ii. On Death after diagnosis of either Critical illness or Accidental Total & Permanent Disability, 50% of the Sum Assured will be payable.
- iii. On Death after diagnosis of both Critical illness and Accidental Total & Permanent Disability, no benefit will be payable.

d. Maturity Benefit:

There is no maturity benefit under this plan.

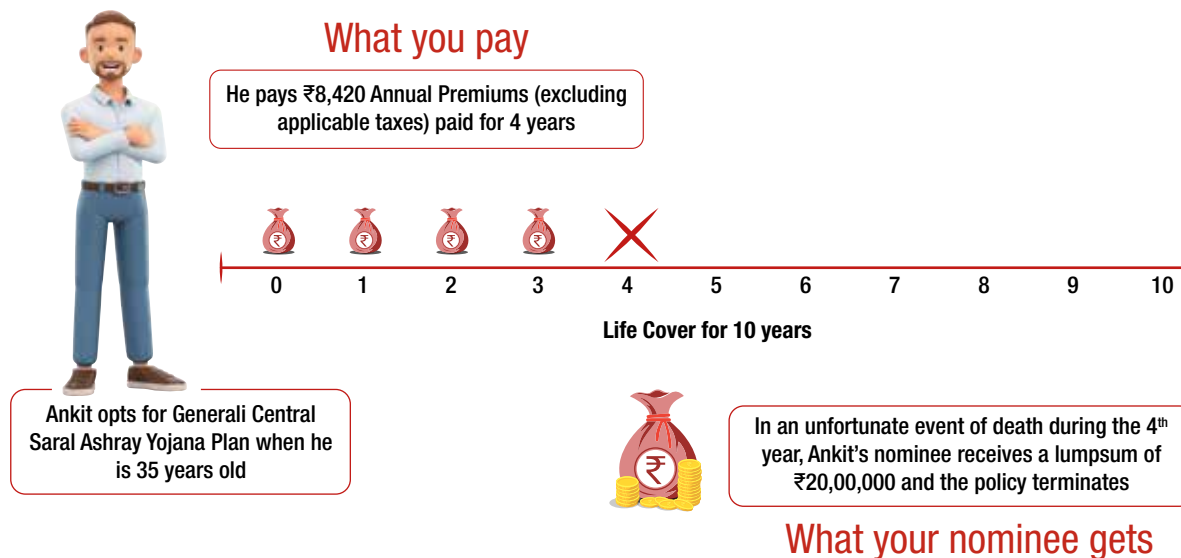


SAMPLE ILLUSTRATION

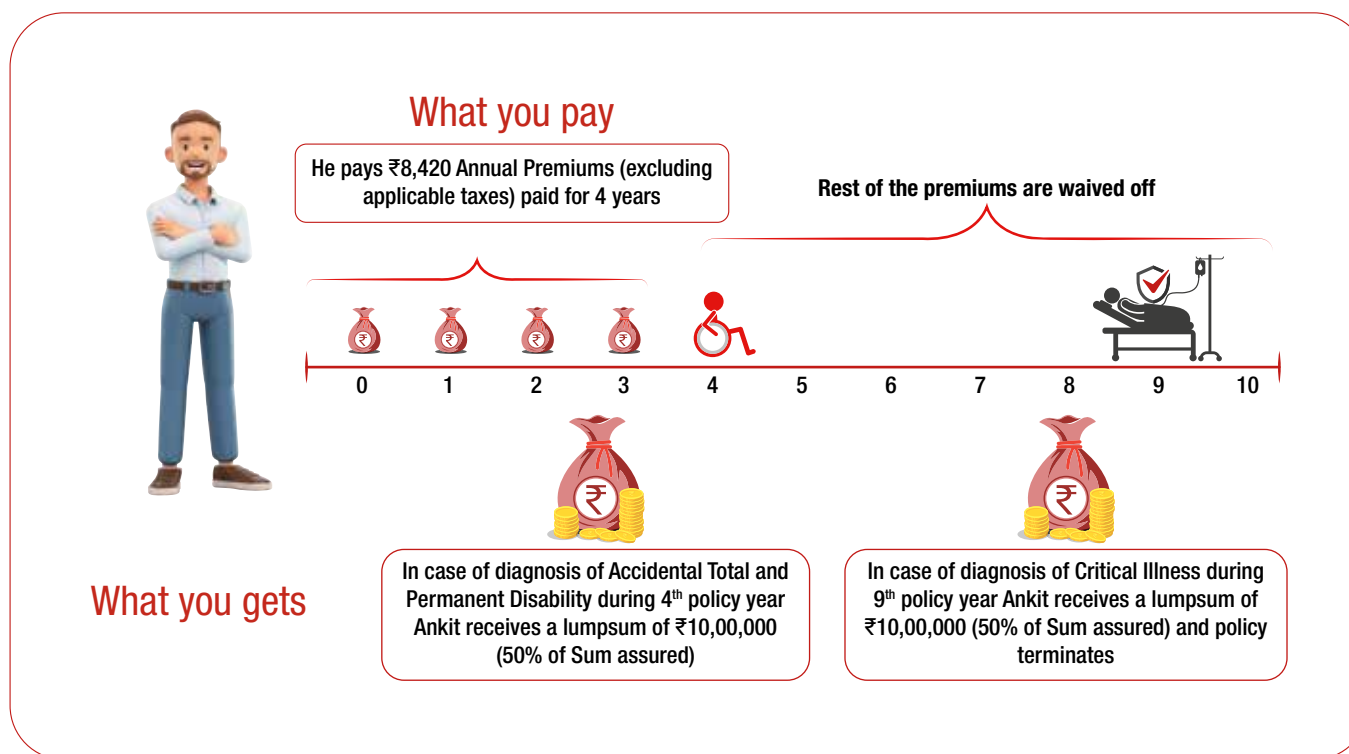
Let us understand these benefit with the help of examples:

Ankit is a 35 year old healthy male. He purchases the Generali Central Saral Ashray Yojana for a Policy term of 10 years and Sum Assured of ₹20 lakhs. Ankit chooses to pay annual premium for 10 years. He pays ₹8420 as annual premium (excluding applicable taxes).

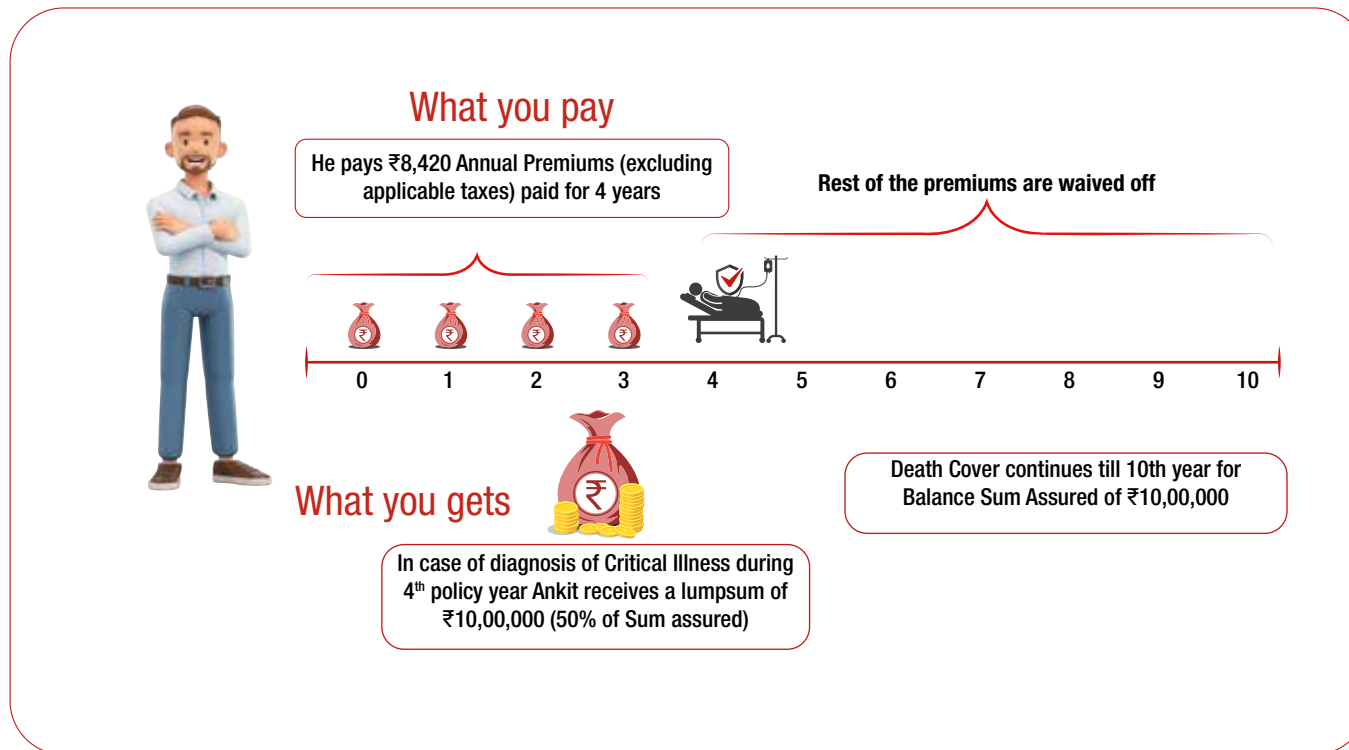
Example 1: Unfortunate demise of Ankit happens during 4th year of policy before he has paid the 5th instalment premium. His nominee receives a lumpsum of ₹20 lakhs as death benefit and his policy terminates.



Example 2: Ankit has a policy in force with a Sum Assured of ₹20 lakhs. Accidental Total and Permanent disability occurs during 4th Policy year before he has paid the 5th instalment premium. He is paid a Sum of ₹10 lakhs under diagnosis of ATPD condition and all his future premiums are waived off. During the 9th policy year, he is diagnosed with critical illness and a benefit of ₹10 lakhs is paid to him under critical illness benefit and the policy terminates.



Example 3: Ankit has a policy in force with a Sum Assured of ₹20 lakhs. He is diagnosed with Critical Illness during 4th Policy year before his 5th instalment premium is paid. He receives a benefit of ₹10 lakhs under critical illness claim and all his future premiums are waived off. The policy continues with balance Sum Assured of ₹10 lakhs for the rest of the policy term.





DEFINITIONS:

A. Definitions of Terms used: -

- a) Accident** – An accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b) Injury** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- c) 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 the scope and jurisdiction of his license; but excluding:
- Insured/Policyholder himself or an agent of the Insured
 - Insurance Agent, business partner(s) or employer/employee of the Insured or
 - A member of the Insured's immediate family.

d) Definition of Accidental Total and Permanent Disability

Accidental Total Permanent Disability means, disability of the Life assured as a result of bodily Injury caused by an Accident and such Injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be permanent and total and must result in one of the following:

- Loss of both eyes
- Loss of one arm and one leg
- Loss of one hand and one foot
- Loss of both legs
- Loss of one limb and one eye
- Loss of both arms or both hands
- Loss of one arm and one foot
- Loss of one hand and one leg
- Loss of both feet

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent and if required, the Company shall subject the insured to an independent medical assessment





Little privileges just for you

1. Free Look Period

If you disagree with the terms and condition of the Policy, you can return the Policy within 30 days of receipt of the Policy Document (whether received electronically or otherwise). To cancel the Policy, you can send us a request for cancellation along with the reason for cancellation. We will cancel this Policy if You have not made any claims and refund the Instalment Premium received after deducting proportionate risk Premium for the period of cover, stamp duty charges and expenses incurred by us on the medical examination of the Life Assured (if any).

If the policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below: -

- For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e-mail confirming the credit of the Insurance policy by the IR.
- For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the eInsurance Account (eIA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

2. Grace period

You get a grace period of 30 days for Yearly Premium Payment Frequency from the due date, to pay your missed premium. During these days, you will continue to be covered and be entitled to receive all the benefits subject to the deduction of due premiums. If any Instalment Premium remains unpaid at the end of the Grace Period, the policy shall Lapse. For Single Pay, grace period is not applicable.

3. Riders

There are no riders available in this policy.

4. Loan

There are no loans available under this policy.

5. Tax Benefits

- You may be eligible for tax benefits on the premium(s) you pay and benefit proceeds, according to the provisions of Income Tax laws. These benefits are subject to change as per the prevailing tax laws.
- For further details, consult your tax advisor. Tax benefits are subject to change from time to time.





Terms and Conditions

1. Exclusions

Exclusion under Death Benefit:

a) **Suicide Exclusion**

In case of death of Life Assured due to suicide within 12 months from the date of commencement of risk under the Policy or from the date of Revival of the Policy, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the policy cancellation value available as on the date of death whichever is higher, provided the Policy is in-force.

b) **Other Exclusions:**

The Company shall not be under any obligation to provide cover and We shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the insurer to any sanction, prohibition or restriction under OFAC, United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America or as directed by the Government of India, from Time to time.

c) **Exclusion under Accidental Total and Permanent Disability Benefit:**

You will not be entitled to any accidental death benefit directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- i. Disability occurs as a result of any pre-existing condition.
- ii. Disability occurs as a result of participation by the insured person in a criminal or unlawful act
- iii. Disability occurs as a consequence of the insured person being under the influence of alcohol, drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a qualified & registered medical practitioner.
- iv. Disability occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane
- v. Disability occurs as a result of taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation.



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- vi. Disability occurs as a result of the person engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to any kind of race; diving or underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping etc.
 - vii. Disability occurs as a result of participation by the insured person in any flying activity, except as a bona fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.
 - viii. Disability occurs as a result of 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.
 - ix. Disability occurs as a result of nuclear or radio-active contamination.

d) Exclusions under Critical Illness Benefit:

You will not be entitled to any Critical Illness benefit directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Product;
- ii. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising therefrom.

Pre-existing Disease: It means any condition, ailment, injury or disease:

That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued or its reinstatement by the insurer 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 or its reinstatement.

Reinstatement means the revival of policy post expiry of grace period.

No Critical Illness benefits shall be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later, and the Company has accepted the same.

- iii. Any Critical Illness caused due to use or misuse of alcohol, drugs or any addictive substance and consequences thereof.
 - iv. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner.
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- v. Any Critical Illness caused due to intentional self-Injury, suicide or attempted suicide
- vi. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
- vii. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel or caused by nuclear, chemical or biological attack.
- viii. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
- ix. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving etc.
- x. Any Critical Illness caused by any treatment necessitated due to participation by the Life Assured in any flying activity, except as a bona fide, fare- paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.
- xi. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xii. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xiii. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- xiv. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- xv. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.





- xvi. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
- a) Surgery to be conducted is upon the advice of the Medical Practitioner
 - b) The Surgery / Procedure conducted should be supported by clinical protocols.
 - c) The member has to be 18 years of age or older and
 - d) Body Mass Index (BMI):
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities
 - Obesity related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type 2 Diabetes
- xvii. Any Critical Illness caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
- xviii. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions.
- xix. Any Critical Illness caused by sterility and infertility. This includes:
- a) Any type of contraception, sterilization
 - b) Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization





2. Lapse

- i. If any due premiums have not been paid within the grace period, the policy shall lapse and will have no value.
- ii. All risk cover ceases while the policy is in the lapsed status.
- iii. The policyholder has the option to revive the policy within 5 years from the due date of the first unpaid premium, subject to policy term not being over.
- iv. In case the Policy is not revived during the revival period, no benefit shall be payable at the end of the revival period and the policy will terminate thereafter.

3. Revival

- i. You have the option to revive a lapsed policy within five (5) years from the date of the first unpaid due premium.
 - ii. A policy cannot be revived once the policy term is over.
 - iii. The revival will be considered on the receipt of the application from the policyholder along with the proof of continued insurability of life assured and on payment of all overdue premiums with interest. The Company, however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy. The revival of the discontinued policy shall take effect only after the same is approved by the Company and is specifically communicated to the Policyholder.
 - iv. The revival will be as per the Board approved underwriting policy.
 - v. If a lapsed policy is not revived within the revival period but before the Date of Maturity, the policy will automatically terminate. In case of Regular Premium policies, nothing shall be payable.
 - vi. Upon Revival, the simple interest rate of 9% p.a. (applicable for FY 2025-26) may be charged. The revival interest rate shall be determined by the company from time to time based on the current market interest rate on 10-year Government securities (G-Sec) yield as on 31st March every year + 2% rounded to nearest 1%. The interest rate applicable for the financial year will be declared at start of the financial year. 10-year G-Sec rates are as declared by FIMMDA (Fixed Income Money Market and Derivatives Association of India). However, We reserve the right to revise the interest rate, charged on revival, from time to time with prior approval from IRDAI. The company may also offer revival campaigns during which interest may be fully waived or capped to a specified amount or percentage, applicable to all policies eligible for revival during the campaign period.
 - vii. Revival of Rider, if opted for, will only be considered along with the revival of the Base Policy and not in isolation
 - viii. The Policy shall be considered to be revived only when a confirmation to this effect is issued by the Company to You.
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4. Paid Up

There is no Paid Up benefit available under this product.

5. Surrender Value

There is no surrender value available under this product.

6. Policy Cancellation Value

There is no policy cancellation value available under this product.

7. Initial Waiting Period

Only applicable for Critical Illness Benefit

- a) A Waiting Period of 90 days is applicable from the Policy Commencement Date or date of Revival or reinstatement which is later.
- b) No benefit will be payable if there is diagnosis of any Critical Illness or any signs or symptoms related to any Critical Illness occurs within the Waiting Period as applicable from either the Policy Commencement Date or date of Revival whichever is later.
- c) The Waiting Period is not applicable if a covered Critical Illness condition happens due to Accident

8. Nomination and Assignment

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

Assignment shall be in accordance with Section 38 of Insurance Act, 1938 as amended from time to time.





Grievance Redressal Processes

In case you have any grievances on the solicitation process or on the Product sold or any of the Policy servicing matters, you may approach the Company in one of the following ways:

- (a) Calling the Customer helpline number 1800-102-2355 for assistance and guidance
- (b) Mailto: care@generalicentral.com
- (c) You may also visit us at the nearest Branch Office. Branch locator - [https:// www.generalicentrallife.com/branch-locator/](https://www.generalicentrallife.com/branch-locator/)
- (d) Senior citizens may write to us at the following id: senior.citizens@generalicentral.com for priority assistance
- (e) You may write to us at:

Customer Services Department

Generali Central Life Insurance Company Limited

Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S Marg, Vikhroli (W), Mumbai - 400083

We will provide a resolution at the earliest. For further details please access the link:

<https://www.generalicentrallife.com/customer-service/grievance-redressal-procedure>





Prohibition of rebates:

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to ten lakh rupees.

Fraud and Misstatement

Section 45 of the Insurance Act, 1938, as amended from time to time states that:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after the expiry of 3 years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of Life Insurance may be called in question at any time within 3 years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud.

Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details.





Annexure I:

Definitions of Critical Illness (CI) conditions

1. 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 leukaemia, lymphoma, and sarcoma.
- II. The following are excluded –
 1. 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 CIN3.
 2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
 3. Malignant melanoma that has not caused invasion beyond the epidermis.
 4. 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.
 5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
 6. Chronic lymphocytic leukaemia less than Rai stage 3
 7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
 8. 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. 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:

1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)
 2. New characteristic electrocardiogram changes
 3. Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers.
- II. The following are excluded:
1. Other acute Coronary Syndromes
 2. Any type of angina pectoris
 3. 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 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.
- II. The following are excluded:
Angioplasty and/or any other intra-arterial procedures.

4. 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.
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5. 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:
 - 1. No response to external stimuli continuously for at least 96 hours;
 - 2. Life support measures are necessary to sustain life; and
 - 3. 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.

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke Resulting In Permanent Symptoms

- 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:
 - 1. Transient ischemic attacks (TIA)
 - 2. Traumatic Injury of the brain
 - 3. Vascular disease affecting only the eye or optic nerve or vestibular functions.





8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- 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, provided that the procedure is confirmed by a specialist medical practitioner.

The following are excluded:

- I Any other type of stem-cell transplants.
- II Procedures where only islets of Langerhans are transplanted

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease with Permanent Symptoms

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

11. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - 1. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - 2. 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. Other causes of neurological damage such as SLE are excluded.





12. Benign Brain Tumor

- I. 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.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 1. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 2. Undergone surgical resection or radiation therapy to treat brain tumors.
- III. 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

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. Blindness is evidenced by:
 1. Corrected visual acuity being 3/60 or less in both eyes or;
 2. 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.

14. Deafness

- I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

15. End Stage Lung Failure

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
 4. Dyspnea at rest.





16. End Stage Liver Failure

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

17. 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.
- II. All psychiatric related causes are excluded.

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level as a result of Injury or disease. This will include medically necessary amputation necessitated by Injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted Injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

- 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.
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III. The Activities of Daily Living are:

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

IV. The following are excluded:

1. Spinal cord Injury.

20. 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:
 1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 2. 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



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