

Reliance Nippon Life Indus CI Plus Rider  
A Non-Linked, Non-Participating, Individual Health Savings Rider

**1. Part A**

**Forwarding Letter**

As per Base Policy and Endorsement Letter, if any

**1.1. Rider Policy Preamble**

This Rider Policy Document is the evidence of the contract between Reliance Nippon Life Insurance Company Limited (hereinafter called “Company”) and the Policyholder referred to in the Base Policy Document. The terms listed in Part B (Definitions) of this Rider Policy Document and which have been used elsewhere in the Policy Document in Initial Capital letters shall have the meaning set out against them in Part B, wherever they appear in the Rider Policy Document.

The Company agrees to pay the Benefits, as stipulated in the Rider Policy to the Claimant on the basis of the statements, Proposal, declarations and Premium along with taxes as applicable from the Policyholder on the assurance that the Policyholder has agreed to all the Policy Terms & Conditions referred to in this Rider Policy Document. The Claimant needs to submit applicable documents to the Company for claiming the Benefit.

It is hereby further agreed that this Rider Policy shall be subject to the terms, conditions and Exclusions in this Rider Policy Document and that the Base Policy Schedule and every endorsement placed on Base Policy by the Company shall be deemed to be a part of this Rider Policy Document.

This Rider is not a stand-alone insurance product and is available only with Base Policy. This Rider Policy Document should be read in conjunction with the Base Policy Document.

**Policy Schedule – Reliance Nippon Life Indus CI Plus Rider**

As per Base Policy and Endorsement Letter, if any

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## 2. Part B

### 2.1. Definitions

“**Annualized Rider Premium**” means the premium amount payable in a year excluding taxes, underwriting extra premiums and loadings for modal premiums.

“**Assignment**” is the process of transferring the rights and benefits to an Assignee. Assignment should be in accordance with the provisions of Section 38 of Insurance Act, 1938 as amended from time to time.

“**Base Policy**” means the life insurance product issued to You by Us to which this Rider is attached.

“**Benefits**” means the critical illness benefit, death benefit, maturity benefit, surrender benefit or any other benefit, as the case may be, as per the as per the Rider Terms and Conditions.

“**Company/Us/We/Our**” means Reliance Nippon Life Insurance Company Limited (RNLIC).

“**Cooling-off Period**” means a period of 180 days between the date of diagnosis of two minor critical illnesses during which no claim shall be payable related to minor critical illness.

“**Diagnosis**” means a process of determining by examination of the causes of illnesses. It is an investigative analysis made by a physician based upon various medical tests including but not limited to radiological, clinical, and histological or laboratory tests acceptable to the Company. In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for the Life Insured’s examination and/or the evidence used in arriving at such Diagnosis, by a Medical Practitioner or an independent expert selected by Us. The opinion of such an expert as to such Diagnosis shall be binding on both You and Us.

“**Free look/Free look cancellation of the Policy**” means a period of 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, to review the terms and condition of the Policy. If the Policyholder disagrees to any of the Policy terms and conditions, or otherwise has not made any claim, he/she shall have the option to return the Policy to the Company for cancellation, stating the reasons for the same.

“**Hospital**” means any institution established for in-patient care and day care treatment of Illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified Medical Practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel

“**Illness**” means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition - Acute condition is a disease, illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ Injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

“**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.

“**Life Assured/Life Insured**” means the person, named as such in the Policy Schedule of the Base Policy, on whose life, the insurance cover is effected as per the terms & conditions of this Policy.

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“**Medical Advice**” means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

“**Medical Practitioner**” means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family.

“**Policyholder/Policy Owner/Proposer/You**” means the person specified as such in the Policy Schedule of Base Policy or such other person, who may become the holder of this Policy in respect of the terms and conditions of this contract or by virtue of operation of law.

“**Pre-existing Disease**” means any condition, ailment, Injury or disease:

- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Company or its reinstatement; or
- b) for which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy issued by the Company or its reinstatement.

“**Return of Premium Paid**” means Total Rider Premium Paid less minor critical illness claim already paid, if any, subject to minimum zero.

“**Rider/Rider Policy/Policy**” means this rider contract containing these terms and conditions.

“**Rider Premium Payment Term**” means the period or the term during which the Policyholder is required to pay the premium for this Rider to the Company.

“**Rider Sum Assured**” means the Sum Assured opted by the Policyholder for this Rider as specified in the Policy Schedule of the Base Policy and/or Endorsement Letter.

“**Rider Term/Rider Policy Term**” means entire term opted for this rider as specified in the Policy Schedule of the Base Policy and/or Endorsement Letter.

“**Surgery or Surgical Procedure**” means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, Diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

“**Survival Period**” means a period of 30 days from the date of Diagnosis of the covered critical illness and fulfilment of conditions under covered critical illness definition, during which the Life Insured must survive before any critical illness benefit is payable.

“**Total Rider Premium Paid**” means total of all the Rider premium paid under this Rider Policy, excluding any extra premium and taxes if collected explicitly.

“**Waiting Period**” means the time period within which no Policy claims are admissible. Waiting period of 90 days in case of major critical illness / 180 days in case of minor critical illness, from the date of commencement of rider risk and from the date of revival for every subsequent revival during the Rider Policy Term is applicable under the Rider Policy.

The Terms not defined here, shall have the same meaning, as defined in the Base Policy.

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### 3. Part C

#### 3.1. Key Benefits

##### 3.1.1. Critical Illness Benefit

The following benefits would be payable basis the rider variant chosen by Policyholder:

##### 3.1.1.1. Silver Variant:

Subject to the Rider Policy being in force i.e. all due premiums have been paid, on diagnosis of any one of the 25 covered critical illnesses and fulfilment of conditions under covered critical illness definition, an amount equal to Rider Sum Assured shall be payable, subject to applicable Survival Period and Waiting Period. The Rider Policy would terminate upon payment of critical illness claim.

##### 3.1.1.2. Gold Variant:

Subject to the Rider Policy being in force i.e. all due premiums have been paid, on diagnosis of any one of the 40 covered critical illnesses and fulfilment of conditions under covered critical illness definition, an amount equal to Rider Sum Assured shall be payable, subject to applicable Survival Period and Waiting Period. The Rider Policy would terminate upon payment of critical illness claim.

##### 3.1.1.3. Platinum Variant:

Subject to the rider policy being in force i.e. all due premiums have been paid, on diagnosis of any one of the 64 covered critical illnesses and fulfilment of conditions under covered critical illness definition, the following benefit shall be payable, subject to applicable Survival Period and Waiting Period.

- On diagnosis of a Minor Critical Illness: An amount equal to 25% of the Rider Sum Assured or INR 500,000, whichever is lower shall be payable. In addition, a maximum of three claims are payable for minor conditions during the Rider Policy Term, subject to applicable condition of Cooling-off Period. However, only one claim is payable for the same minor condition i.e for a minor condition no repeat claims are payable.
- On diagnosis of a Major Critical Illness: An amount equal to Rider Sum Assured less minor critical illness claim already paid, if any shall be payable.

#### The Rider Policy would terminate on payment of a major critical illness claim.

Below is the list of critical illnesses covered under the three variants of the Rider:-

List of Major Critical Illnesses			
Sr. No.	Silver Variant	Gold Variant	Platinum Variant
1	Cancer of Specified Severity	Cancer of Specified Severity	Cancer of Specified Severity
2	Myocardial Infarction (First Heart Attack of Specific Severity)	Myocardial Infarction (First Heart Attack of Specific Severity)	Myocardial Infarction (First Heart Attack of Specific Severity)
3	Open Chest CABG	Open Chest CABG	Open Chest CABG
4	Open Heart Replacement or Repair of Heart Valves	Open Heart Replacement or Repair of Heart Valves	Open Heart Replacement or Repair of Heart Valves
5	Coma of Specified Severity	Coma of Specified Severity	Coma of Specified Severity
6	Kidney Failure Requiring Regular Dialysis	Kidney Failure Requiring Regular Dialysis	Kidney Failure Requiring Regular Dialysis
7	Stroke Resulting in Permanent Symptoms	Stroke Resulting in Permanent Symptoms	Stroke Resulting in Permanent Symptoms
8	Major Organ /Bone Marrow Transplant	Major Organ /Bone Marrow Transplant	Major Organ /Bone Marrow Transplant
9	Permanent Paralysis of Limbs	Permanent Paralysis of Limbs	Permanent Paralysis of Limbs
10	Motor Neuron Disease with Permanent Symptoms	Motor Neuron Disease with Permanent Symptoms	Motor Neuron Disease with Permanent Symptoms

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11	Multiple Sclerosis with Persisting Symptoms	Multiple Sclerosis with Persisting Symptoms	Multiple Sclerosis with Persisting Symptoms
12	Benign Brain Tumor	Benign Brain Tumor	Benign Brain Tumor
13	Blindness	Blindness	Blindness
14	Apallic Syndrome	Apallic Syndrome	Apallic Syndrome
15	End Stage Lung Failure	End Stage Lung Failure	End Stage Lung Failure
16	End Stage Liver Failure	End Stage Liver Failure	End Stage Liver Failure
17	Loss of Speech	Loss of Speech	Loss of Speech
18	Systemic Lupus Erythematosus with Lupus Nephritis	Systemic Lupus Erythematosus with Lupus Nephritis	Systemic Lupus Erythematosus with Lupus Nephritis
19	Major Head Trauma	Major Head Trauma	Major Head Trauma
20	Primary (Idiopathic) Pulmonary Hypertension	Primary (Idiopathic) Pulmonary Hypertension	Primary (Idiopathic) Pulmonary Hypertension
21	Third Degree Burns	Third Degree Burns	Third Degree Burns
22	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease
23	Parkinson's Disease	Parkinson's Disease	Parkinson's Disease
24	Major Surgery of Aorta	Major Surgery of Aorta	Major Surgery of Aorta
25	Aplastic Anaemia	Aplastic Anaemia	Aplastic Anaemia
26		Deafness	Deafness
27		Amputation of Feet Due to Complications from Diabetes	Amputation of Feet Due to Complications from Diabetes
28		Infective Endocarditis	Infective Endocarditis
29		Loss of Independent Existence (Cover up to Insurance Age 74)	Loss of Independent Existence (Cover up to Insurance Age 74)
30		Cardiomyopathy	Cardiomyopathy
31		Chronic Adrenal Insufficiency (Addison's Disease)	Chronic Adrenal Insufficiency (Addison's Disease)
32		Medullary Cystic Disease	Medullary Cystic Disease
33		Muscular Dystrophy	Muscular Dystrophy
34		Myasthenia Gravis	Myasthenia Gravis
35		Dissecting Aortic Aneurysm	Dissecting Aortic Aneurysm
36		Other Serious Coronary Artery Disease	Other Serious Coronary Artery Disease
37		Elephantiasis	Elephantiasis
38		Poliomyelitis	Poliomyelitis
39		Progressive Scleroderma	Progressive Scleroderma
40		Loss of Limbs	Loss of Limbs
41			Ebola
42			Multiple System Atrophy
43			Bacterial Meningitis
44			Brain Surgery
45			Loss of One Limb and One Eye
46			Chronic Relapsing Pancreatitis
47			Creutzfeldt-Jacob Disease (CJD)
48			Severe Crohn's Disease

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49			Myelofibrosis
50			Necrotising Fasciitis
51			Eisenmenger's Syndrome
52			Pheochromocytoma
53			Encephalitis
54			Fulminant Hepatitis
55			Progressive Supranuclear Palsy
56			Severe Rheumatoid Arthritis
57			Severe Ulcerative Colitis
58			Hemiplegia
59			Pneumonectomy
60			Tuberculosis Meningitis
<b>List of Minor Critical Illnesses</b>			
61	NA	NA	Angioplasty
62	NA	NA	CIS / Early Stage Cancer
63	NA	NA	Small Bowel Transplant
64	NA	NA	Brain Aneurysm Surgery or Cerebral Shunt Insertion

A comprehensive list of definitions of each of the above critical illness and the relevant exclusions are covered in Annexure 1.

### 3.1.2. Death Benefit

In case of an unfortunate death of the Life Assured during the Rider Policy Term, provided the Rider Policy is in force i.e. all due premiums have been paid, an amount equal to Return of Premium Paid (RoP) shall be payable and the Rider Policy shall terminate.

Return of Premium Paid (RoP) is equal to Total Rider Premium Paid less minor critical illness claim already paid, if any, subject to minimum zero.

### 3.1.3. Maturity Benefit

On survival of the Life Assured till the end of the Rider Policy Term, provided the Rider Policy is in force i.e. all due premiums have been paid, an amount equal to Return of Premium Paid (RoP) shall be payable and the Rider Policy shall terminate.

Return of Premium Paid (RoP) is equal to Total Rider Premium Paid less minor critical illness claim already paid, if any, subject to minimum zero.

### 3.2. Survival Period

A Survival Period of 30 days is applicable from the date of Diagnosis of covered critical illness and fulfilment of conditions under covered critical illness definition, during which the Life Insured must survive before any critical illness benefit is payable. Claim payment will only be made with confirmatory Diagnosis of the conditions covered while the insured is alive i.e., a claim would not be admitted if the diagnosis is made post-mortem.

If the Diagnosis is made within the Rider Policy Term and the Survival Period crosses the end of Rider Policy Term, a valid claim arising as a result of such a Diagnosis shall not be denied.

### 3.3. Waiting Period

The below mentioned Waiting Period are applicable from the date of commencement of rider risk and from the date of revival for every subsequent revival during the Rider Policy Term.

Condition	Waiting Period
Major Critical Illness	90 days
Minor Critical Illness	180 days

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In case the insured event happens during the Waiting Period, no benefit shall be payable. However, in such case, the Rider Policy will terminate and an amount equal to Return of Premium Paid (RoP) shall be payable without interest. No Waiting Period is applicable for critical illness claims arising solely due to an accident.

Return of Premium Paid (RoP) is equal to Total Rider Premium Paid less minor critical illness claim already paid, if any, subject to minimum zero.

### **3.4. Cooling-off Period**

A Cooling-off Period of 180 days is applicable between the date of diagnosis of two minor critical illnesses. No claim shall be payable during Cooling-off Period related to the minor critical illness conditions. There is no Cooling-off Period between minor and major claim.

### **3.5. Premium Details**

#### **3.5.1. Payment of Premium**

- Rider premium is payable over and above the premium under the Base Policy and shall be paid along with the premium under the Base Policy.
- Premium payment frequency of the Rider shall be same as premium payment frequency of the Base Policy. For monthly mode, the first two month's premium will be collected in advance at the time of issuance of the policy.

When the frequency of payment is half yearly, quarterly or monthly, loading on Rider premium will be applicable as per the below table:

Frequency	Yearly	Half- yearly	Quarterly	Monthly
Frequency loading as % of Annualized Rider Premium	0%	1%	2%	4%

- In case the Policyholder exercises the option to reduce premium/sum assured under Base Policy, then such reduced premium/sum assured of the Base Policy cannot be less than the Rider premium/Rider Sum Assured.
- Taxes (along with cess) at the rate as declared by the Government from time to time shall be collected along with the rider premium.

#### **3.5.2. Grace Period**

The grace period will be same as applicable for the Base Policy.

On occurrence of the insured event during the grace period, the eligible benefit amount will be paid to the claimant after deducting the due unpaid premium at the time of such occurrence, provided the Base Policy is in-force.

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#### 4. Part D

##### 4.1. Free Look

You are provided with free look period of 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, to review the terms and conditions stipulated in the Policy Document. In the event You disagree to any of the Policy terms or conditions, or otherwise and have not made any claim, You shall have the option to return the Policy to the Company for cancellation, stating the reasons for the same. You are requested to take appropriate acknowledgement of Your request letter and return of Policy. Irrespective of the reasons mentioned, the Company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover, if any and the expenses incurred by the Company on the medical examination, if any, and stamp duty charges. The Policy shall terminate on Free Look cancellation.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free look Period will be from the date of the email informing Policy credit in IR.

Any request received for Free look cancellation of the Policy shall be processed and premium refunded within 7 days of receipt of the request.

##### 4.2. Surrender Benefit

The Rider Policy shall acquire surrender value after completion of first policy year provided one full year premium has been paid. The surrender value payable during the Rider Policy Term is defined as below.

- For Silver Variant and Gold Variant:  
Surrender Value is equal to higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV)
- For Platinum Variant:  
Surrender Value is equal to higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV) less minor critical illness claim already paid, if any, subject to minimum zero

##### ○ Guaranteed Surrender Value

The Policy shall acquire a Guaranteed Surrender Value if all due premiums have been paid for at least first two consecutive Policy Years in full.

Guaranteed Surrender Value is calculated as below:

(GSV Premium Factor multiplied by Total Rider Premium Paid)

The GSV Premium Factors are provided in Annexure 2.

##### ○ Special Surrender Value (SSV)

Special Surrender Value shall become payable after completion of first Policy Year provided one full year premium has been paid.

The applicable SSV shall be reviewed annually based on the prevailing yield on 10 Year G Sec and the underlying experience. You are requested to get in touch with Us for the applicable SSV for Your Policy.

##### 4.3. Premium Discontinuance

If the Rider premium for first policy year is not paid in full, the Rider Policy shall lapse at the end of the Grace Period. No benefits will be paid when the Rider is in lapsed status. If the lapsed Rider is not revived at the end of revival period, the Rider will be terminated, and no further benefits shall be payable.

If the Rider premium for first policy year have been paid and the Policyholder voluntarily opts to discontinue paying the Rider premium while the Base Policy is still in-force, the Rider Policy shall be converted into a reduced paid-up Rider Policy with paid-up benefits as defined in the section 4.3.1.

Notwithstanding above, the discontinuance of the Rider Policy shall be consistent with the Base Policy's discontinuance provision as provided below:

<<If Base Policy premium is discontinued during or after lock-in period (as defined in the Base Policy), the Rider risk coverage would cease and surrender value of the Rider, if any, shall be payable along with the benefit payable

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under the Base Policy on such discontinuation or at the end of the Rider Policy Term or at the end of the revival period, whichever is earlier. However, if the Policyholder voluntarily opts to terminate the Rider, the surrender value of Rider, if any shall be payable with immediate effect.

>> To be printed where Base Policy is issued in accordance with IRDAI (Unit Linked Insurance Products) Regulations, 2019 and IRDAI (Insurance Products) Regulations, 2024.

<<If Base Policy premium is discontinued during lock-in period (as defined in the Base Policy), the Rider risk coverage would cease and surrender value of the Rider, if any, shall be payable along with the benefit payable under the Base Policy on such discontinuation or the end of the Rider Policy Term or at the end of revival period, whichever is earlier. However, if the Policyholder voluntarily opts to terminate the Rider, the surrender value of Rider, if any shall be payable with immediate effect.

If Base Policy premium is discontinued after lock-in period (as defined in the Base Policy), the treatment of the Rider Policy shall be as follows:

- i) If the Policyholder opts to revive the Base Policy within the revival period, the Rider Policy shall be converted into a reduced paid-up Rider Policy with paid-up benefits as defined in the section 4.3.1.
- ii) If the Policyholder opts for complete withdrawal of the Base Policy, then the applicable surrender value for Rider, if any, shall be payable along with the benefit payable under the Base Policy on such discontinuation.
- iii) If the Policyholder opts to convert the Base Policy into reduced paid-up policy, the Rider Policy shall be converted into a reduced paid-up Rider Policy with paid-up benefits as defined in the section 4.3.1.

However, if the Policyholder voluntarily opts to terminate the Rider, the surrender value of Rider, if any shall be payable with immediate effect.

>> To be printed where Base Policy is issued in accordance with IRDA (Linked Insurance Products) Regulations, 2013

#### **4.3.1. Reduced Paid-up / Paid-up Benefits**

For a reduced paid-up Rider Policy, the benefits shall be reduced as given below:

<b>Events</b>	<b>How and when benefits are payable</b>	<b>Size of such benefits/policy monies</b>
Death	Benefit payable on death of the Life Assured during the Rider Policy Term, provided the Rider Policy is paid-up.	<p>Silver Variant, Gold Variant and Platinum Variant: Return of Premium Paid (RoP)</p> <p>The Rider Policy will terminate on payment of the paid-up Death Benefit to the claimant(s).</p>
Critical Illness Benefit	Benefit payable on diagnosis of a covered critical illness and fulfilment of conditions under covered critical illness definition on or before the end of the Rider Policy Term, provided the Rider Policy is paid-up.	<p><b>Silver Variant and Gold Variant:</b> Reduced Rider Sum Assured</p> <p><b>Platinum Variant:</b> Minor Critical Illness: 25% of the Reduced Rider Sum Assured or INR 5,00,000, whichever is lower shall be payable. In addition, maximum of three claims are payable for minor conditions during the Rider Policy Term, subject to applicable condition of Cooling-off Period. However, only 1 claim is payable for the same minor condition i.e for a minor condition no repeat claims are payable.</p> <p>Major Critical Illness: Reduced Rider Sum Assured less minor critical illness claim already paid, if any subject to minimum of zero, shall be payable.</p>

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		<p>The total benefit payout during the Rider Policy Term shall not exceed 100% of Reduced Rider Sum Assured.</p> <p>The Rider Policy will terminate on payment of major critical illness claim.</p>
Maturity	Benefit payable on survival of the Life Assured to the end of the Rider Policy Term, provided the Rider Policy is Paid-up.	<p>Silver Variant, Gold Variant and Platinum Variant: Return of Premium Paid (RoP)</p> <p>The Rider Policy will terminate on payment of the paid-up Maturity Benefit.</p>

Where,

Reduced Rider Sum Assured = Rider Sum Assured x Paid-up Factor

Paid-up Factor = Number of Premiums Paid/ Total Number of Premiums Payable

Return of Premium Paid (RoP) = Total Rider Premium Paid less minor critical illness claim already paid, if any, subject to minimum zero.

#### 4.3.2. Policy Revival

Rider Policy in lapse or paid-up status can be revived during the revival period as applicable to the Base Policy by paying the outstanding premiums along with interest, if any, at prevailing revival interest rate subject to satisfactory evidence of continued insurability. Revival will be based on Company's Board Approved Underwriting Policy. All terms and conditions applicable under the Base Policy shall also be applicable to the Rider Policy. The revival of the Rider Policy shall take effect only if the Base Policy is in-force or it has been revived, as applicable. On revival, the Rider Policy will be eligible for all benefits as applicable for an in-force Rider Policy.

The prevailing revival interest rate applicable on revival shall be equal to 10 year benchmark G-sec interest rate as on last working day of previous financial year, rounded up to the nearest multiple of 25 basis points subject to minimum revival interest of 6.50% p.a.. The revival interest rate will be declared on 1st April and will be applicable for the financial year. The Company reserves the right to revise the applicable revival rate of interest at an interval other than annual and/or change in basis of determination of revival interest rate subject to approval from approving authority. The revival interest rate for FY 24-25 is 7.25% p.a. compounded yearly. Please contact Us to know the prevailing rate of interest for revival of policies.

#### 4.4. Termination of Rider Policy

The Rider Policy shall terminate upon the happening of the first of the following events:

- on date of maturity of the Rider Policy;
- on date of death of Life Assured;
- on Diagnosis of any of the covered critical illness within the Waiting Period, in which case an amount equal to Return of Premium (RoP) shall be payable without interest;
- on payment of major critical illness claim;
- on date of payment of surrender value;
- on the expiry of the revival period, if the lapsed policy has not been revived;
- upon cancellation of the policy under the free look option;
- on the maturity date or the date on which the Base Policy is surrendered, terminated or cancelled for any reason;
- on cancellation/ termination of this policy by us on grounds of fraud, misstatement and suppression of a material fact established in terms of Section 45 of the Insurance Act, 1938 as amended from time to time.

**5. Part E**

Not Applicable

SAMPLE

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## 6. Part F

### 6.1. General Terms and Conditions

Please refer Base Policy Document for common Terms & Conditions applicable on this Rider. Such general/common Terms & Conditions shall be deemed part of Rider Policy Document also and shall have effect accordingly. Terms & Conditions contained under Part F of the Base Policy Document shall apply to this Rider Policy Document.

### 6.2. Claims

#### Requirements for Maturity, Surrender and Death Benefit payout

As per the Base Policy.

#### Requirements for Critical Illness Benefit payout

On Diagnosis of any one the covered critical illnesses of the Life Insured, the claimant should intimate the Company in writing within 60 days, from the date of Diagnosis. The claim shall be payable on survival of the Life Insured for 30 days after diagnosis of any of the covered critical illness and fulfilment of conditions under covered critical illness definition, subject to the rider benefit being in-force / paid-up. We shall be provided the following necessary information and documents of all claims of such Diagnosis or Surgery or treatment, as applicable:

List of documents required in the event of a claim for critical illness benefit:

- a. Certificate from the attending Medical Practitioner of the Life Insured confirming, inter alia,
  - i. Name of the Life Insured;
  - ii. Name, date of occurrence and medical details confirming the event giving rise to the Claim.
  - iii. Written confirmation from the treating Medical Practitioner that the event giving rise to the claim does not relate to any Pre-Existing Disease or any Illness or Injury which was diagnosed by physician within 36 months prior to the date of commencement of the rider policy issued by the Company or its reinstatement or for which Medical Advice or treatment was recommended by, or received from, a Physician not more than 36 months prior to the date of commencement of the Rider Policy issued by the Company or its reinstatement.
- b. Original Policy Document;
- c. Duly completed claim form;
- d. Original Discharge Certificate/Death Summary/Discharge Card from the Hospital/Medical Practitioner/Indoor case papers;
  - i. Hospital Discharge Card photocopy
  - ii. Hospital Bills photocopy
  - iii. Pharmacy/Investigations Bills
  - iv. Investigations Reports
  - v. Details of the treatment received by the Life Insured from the inception of the ailment
  - vi. Letter from treating consultant stating presenting complaints with duration and past medical history
  - vii. Histopathology / Cytology / FNAC / Biopsy /Immuno- histochemistry reports
  - viii. X-Ray / CT scan / MRI scan / USG /Radioisotope / Bone scan Reports
  - ix. Blood Tests
  - x. Any other specific investigation done to support the Diagnosis like the PAP Smear / Mammography, etc.
- e. Photo ID Proof of Insured/ Nominee;
- f. Address Proof of Insured / Nominee;
- g. KYC documents and 2 recent coloured passport size photographs of Insured/ Nominee as per the Anti Money Laundering (AML) Policy of the Company
- h. Signed NEFT mandate along cancelled cheque copy of Insured/Nominee
- i. Any other documents as may be required by Us

In case of Diagnosis of any one the covered critical illness in a jurisdiction outside India, We will honour the claim subject to providing satisfactory evidence of Diagnosis and treatment (if required) and submission of necessary information and documents of all claims of such Diagnosis or Surgery or treatment as applicable.

Company reserves the right to call for any additional / other document which may be relevant, including documents/ information concerning the title of the person claiming Benefits under this Policy, as may be required by the Company.

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If the claim is not notified to Us within the time period specified above, then We shall be provided the reasons for the delay in writing. We shall condone such delay on merits where the delay has been proved to be for reasons beyond the Claimant's control.

### **6.3. Nomination**

Nomination for this Rider shall be as per the Nomination Schedule under the Base Policy as per Section 39 of the Insurance Act, 1938 as amended from time to time.

### **6.4. Assignment**

As per Base Policy.

### **6.5. Limitation of Liability**

The maximum liability of the Company under this rider shall not, in any circumstances, exceed the aggregate amount of the relevant Benefits payable hereunder.

### **6.6. Exclusion**

No benefit under this policy will be payable in respect of a covered critical illness, resulting from or in respect of any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Pre-existing Disease, unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later, and the Company has accepted the same.  
Where, Pre-existing Disease means any condition, ailment, injury or disease:
  - a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Company or
  - b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy issued by the Company or its reinstatement.
3. Any Critical Illness caused due to treatment for Alcoholism or any addictive condition and consequences thereof.
4. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, but excluding HIV / AIDS.
5. Drugs or substances or narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
6. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide.
7. Any Critical Illness, caused by 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 defence, rebellion, revolution, insurrection, military or usurped power.
8. 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, nuclear, chemical or biological attack.
9. Congenital External Anomalies or any complications or conditions therefrom including any developmental conditions of the Insured.
10. 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.
11. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
12. 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 due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
13. Any Critical Illness caused by any unproven treatment, service and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

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14. 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 is licensed for.
15. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
16. 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.
17. 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 Doctor
  - 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);
    - 1) greater than or equal to 40 or
    - 2) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      - i) Obesity related cardiomyopathy
      - ii) Coronary heart disease
      - iii) Severe Sleep Apnea
      - iv) Uncontrolled Type 2 Diabetes
18. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
19. Any Critical Illness directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
20. In the event of the death of the Insured Person within the stipulated survival period as set out above.
21. Any Critical Illness caused by treatment related to Birth Control, 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
22. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.

#### **6.7. Fraud Misstatement of a Material Fact and Forfeiture**

In the event of a fraud, the Policy shall be cancelled immediately and all the premiums paid till date shall be forfeited, subject to fraud being established as per Section 45 of the Insurance Act, 1938, as amended from time to time. In the event of a misstatement or suppression of a material fact, not amounting to fraud, by the insured, the Policy shall be declared "Null and Void" and premiums paid shall be refunded, subject to misstatement or suppression of fact being established, in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time. (Please refer to the Base Policy for simplified version of the provisions of Section 45).

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**7. Part G**

Grievance Redressal Mechanism and Ombudsman Details  
As per Base Policy.

**About Reliance Nippon Life Insurance Company Limited**

Reliance Nippon Life Insurance Company Limited, is a licensed life insurance Company registered with the Insurance Regulatory & Development Authority of India (IRDAI) Registration No. 121. Reliance Nippon Life Insurance Company Limited offers You products that fulfil Your savings and protection needs. Our aim is to emerge as a transnational Life Insurer of global scale and standard.

**CIN: U66010MH2001PLC167089**

**Registered and Corporate Office:** Reliance Nippon Life Insurance Company Limited, Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051

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For more information or any grievance,

1. Call Us between 8am to 8pm, Monday to Saturday (except business holiday), on Our Toll-Free Call Centre Number 1800 102 1010
2. Visit Us at [www.reliancenipponlife.com](http://www.reliancenipponlife.com) or
3. Email Us at: [rnlife.customerservice@relianceada.com](mailto:rnlife.customerservice@relianceada.com)
4. Chat with us on Whatsapp number (+91) 7028852700

**BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS**

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

## **Annexure 1: Definitions & Exclusions of covered critical illnesses**

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

### **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:
  - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
  - ii. New characteristic electrocardiogram changes
  - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
  - i. Other acute Coronary Syndromes
  - ii. Any type of angina pectoris
  - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

### **3. OPEN CHEST CABG**

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

### **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.

## 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:
  - i. no response to external stimuli continuously for at least 96 hours;
  - ii. life support measures are necessary to sustain life; and
  - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

## 6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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

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

## 8. MAJOR ORGAN /BONE MARROW TRANSPLANT

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

## 9. PERMANENT PARALYSIS OF LIMBS

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

## 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

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

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

#### 12. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
  - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
  - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are **excluded**:  
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

#### 13. BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
  - i. corrected visual acuity being 3/60 or less in both eyes or ;
  - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

#### 14. APALLIC SYNDROME

- I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

#### 15. END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
  - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
  - iv. 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:
  - i. Permanent jaundice; and
  - ii. Ascites; and
  - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is **excluded**.

### **17. LOSS OF SPEECH**

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

### **18. SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS**

- I. 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 Doctor specialising in Rheumatology and Immunology.
- II. The WHO Classification of Lupus Nephritis:
  - i. Class I Minimal Change Lupus Glomerulonephritis
  - ii. Class II Mesangial Lupus Glomerulonephritis
  - iii. Class III Focal Segmental Proliferative Lupus Glomerulonephritis
  - iv. Class IV Diffuse Proliferative Lupus Glomerulonephritis
  - v. Class V Membranous Lupus Glomerulonephritis

### **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.
- 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:
  - i. 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:

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- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

**21. THIRD DEGREE BURNS**

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

**22. ALZHEIMER'S DISEASE (before age 61)**

- I. Clinically established diagnosis of Alzheimer's Disease (pre-senile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

**23. PARKINSON'S DISEASE (before age 61)**

- I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below.
  - 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.

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

**24. MAJOR SURGERY OF AORTA**

- I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

**25. APLASTIC ANAEMIA**

- I. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
  - i. Blood product transfusion;
  - ii. Marrow stimulating agents;
  - iii. Immunosuppressive agents; or
  - iv. Bone marrow transplantation.

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- II. The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
  - i. Absolute neutrophil count of less than 500/mm<sup>3</sup> or less
  - ii. Platelets count less than 20,000/mm<sup>3</sup> or less
  - iii. Reticulocyte count of less than 20,000/mm<sup>3</sup> or less
- III. Temporary or reversible Aplastic Anaemia is excluded

**26. 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 90decibels across all frequencies of hearing” in both ears.

**27. AMPUTATION OF FEET DUE TO COMPLICATIONS FROM DIABETES**

- I. Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

**28. INFECTIVE ENDOCARDITIS**

- I. Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
  - i. Positive result of the blood culture proving presence of the infectious organism(s);
  - ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
  - iii. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

**29. LOSS OF INDEPENDENT EXISTENCE (COVER UP TO INSURANCE AGE 74)**

- I. The Insured person is physically incapable of performing at least three (3) of the “Activities of Daily Living” as defined below (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 Registered Doctor who is a specialist.
- II. Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.
- III. Activities of daily living are:
  - i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
  - 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;

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- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

### **30. CARDIOMYOPATHY**

- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor 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.
- II. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.
- III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

### **31. CHRONIC ADRENAL INSUFFICIENCY (ADDISON'S DISEASE)**

- I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through one of the following:
  - i. ACTH simulation tests;
  - ii. Insulin-induced hypoglycaemia test;
  - iii. Plasma ACTH level measurement;
  - iv. Plasma Renin Activity (PRA) level measurement.
- II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

### **32. MEDULLARY CYSTIC DISEASE**

- I. Medullary Cystic Disease where all of the following criteria are met:
  - i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
  - ii. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
  - iii. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

### **33. MUSCULAR DYSTROPHY**

- I. A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor 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.
- II. Activities of daily living:

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

#### **34. MYASTHENIA GRAVIS**

- I. An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:
  - i. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
  - ii. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.
- II. 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.

#### **35. DISSECTING AORTIC ANEURYSM**

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

#### **36. OTHER SERIOUS CORONARY ARTERY DISEASE**

- I. 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).

#### **37. ELEPHANTIASIS**

- I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Doctor 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.
- II. 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.

### **38. POLIOMYELITIS**

- I. The occurrence of Poliomyelitis where the following conditions are met:
  - i. Poliovirus is identified as the cause,
  - ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

### **39. PROGRESSIVE SCLERODERMA**

- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following are excluded:
  - i. Localized scleroderma (linear scleroderma or morphea);
  - ii. Eosinophilic fasciitis; and
  - iii. CREST syndrome.

### **40. LOSS OF LIMBS**

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

### **41. EBOLA**

- I. Infection with the Ebola virus where the following conditions are met:
  - i. Presence of the Ebola virus has been confirmed by laboratory testing;
  - ii. There are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
  - iii. The infection does not result in death.

### **42. MULTIPLE SYSTEM ATROPHY**

- I. 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:
  - i. Motor function with associated rigidity of movement; or
  - ii. The ability to coordinate muscle movement; or
  - iii. Bladder control and postural hypotension

### **43. BACTERIAL MENINGITIS**

- I. 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.
- II. This diagnosis must be confirmed by:
  - i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
  - ii. A consultant neurologist.
- III. The Activities of Daily Living are:

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- 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.

**44. BRAIN SURGERY**

- I. 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 embolizations, 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 Doctor who is a qualified specialist.

**45. LOSS OF ONE LIMB AND ONE EYE**

- I. Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.
- II. The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by visual aides or surgical procedures.

**46. CHRONIC RELAPSING PANCREATITIS**

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing 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.
- II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

**47. CREUTZFELDT-JACOB DISEASE (CJD)**

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

**48. SEVERE CROHN'S DISEASE**

- I. 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:
  - i. Stricture formation causing intestinal obstruction requiring admission to hospital, and
  - ii. Fistula formation between loops of bowel, and
  - iii. At least one bowel segment resection.
- II. The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

#### 49. MYELOFIBROSIS

- I. 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 Doctor who is a specialist.

#### 50. NECROTISING FASCIITIS

- I. Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

#### 51. EISENMENGER'S SYNDROME

- I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:
  - i. Mean pulmonary artery pressure > 40 mm Hg;
  - ii. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
  - iii. Normal pulmonary wedge pressure < 15 mm Hg.

#### 52. PHEOCHROMOCYTOMA

- I. Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.
- II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

#### 53. ENCEPHALITIS

- I. 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 Doctor 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 or more Activities for Daily Living (listed below).
- II. 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.

#### **54. FULMINANT HEPATITIS**

- I. 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:
  - i. Rapid decreasing of liver size;
  - ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
  - iii. Rapid deterioration of liver function tests;
  - iv. Deepening jaundice; and
  - v. Hepatic encephalopathy.
- II. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

#### **55. PROGRESSIVE SUPRANUCLEAR PALSY**

- I. Confirmed by a Registered Doctor 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.

#### **56. SEVERE RHEUMATOID ARTHRITIS**

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
  - i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
  - ii. Permanent inability to perform at least two (2) "Activities of Daily Living" listed in this document;
  - iii. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
  - iv. The foregoing conditions have been present for at least six (6) months.

#### **57. SEVERE ULCERATIVE COLITIS**

- I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:
  - i. The entire colon is affected, with severe bloody diarrhea; and
  - ii. The necessary treatment is total colectomy and ileostomy; and
  - iii. The diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.

#### **58. HEMIPLEGIA**

- I. 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.

#### **59. PNEUMONECTOMY**

- I. The undergoing of surgery on the advice of an appropriate Medical Specialist 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

#### **60. TUBERCULOSIS MENINGITIS**

- I. 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 Doctor who is a

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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.

**61. ANGIOPLASTY**

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

**62 (a) CARCINOMA IN-SITU (CIS)**

- I. Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated:
  - i. Breast, where the tumor is classified as Tis according to the TNM Staging method
  - ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0
  - iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0
  - iv. Ovary –include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B
  - v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus
  - vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.
- II. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- III. Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

**62. (b) SPECIFIED EARLY-STAGE CANCERS**

- I. Specified Early Stage Cancers shall mean first ever presence of one of the following malignant conditions:
  - i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
  - ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
  - iii. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
  - iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
  - v. Malignant melanoma that has not caused invasion beyond the epidermis.
  - vi. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
  - vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

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- II. Pre - malignant lesions and conditions, unless listed above, are excluded.

**63. SMALL BOWEL TRANSPLANT**

- I. The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

**64. BRAIN ANEURYSM SURGERY OR CEREBRAL SHUNT INSERTION**

- I. The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy. The surgical intervention must be certified to be absolutely necessary by a specialist in the relevant field. Endovascular repair or procedures are not covered, or The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a specialist in the relevant field.

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