SHRIRAM LIFE

Waiver of Premium RIDER

A Non-Linked, Non- Participating/Participating, Individual, Pure Risk Premium, Life / Health rider

(UIN: 128B035V01)

KEY FEATURES

- Future premiums waived on **death**, **disease** or **disability**
- Choose from **Life**, **Health**, or **Life & Health** options
- **Premium waiver** Including Riders and Underwriting Extras

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Securing your family's long-term financial future through a life insurance policy is a crucial step. However, to fully benefit from it, maintaining the policy for its entire term is essential. But how do you ensure your policy stays intact, especially during challenging times?

At **Shriram Life Insurance,** we offer the **Waiver of Premium Rider (UIN: 128B035V01) A Non-Linked, Non- Participating/Participating, Individual, Pure Risk Premium, Life / Health rider,** designed to keep your policy active even when the unexpected happens. Whether facing a critical illness, disability, or the loss of a loved one, this rider waives future premium payments, allowing you to focus on recovery without worrying about your policy.

With flexible options, comprehensive coverage, and added benefits, this rider ensures that your financial goals stay on track—no matter what life throws your way.

Secure your future with confidence and peace of mind. Life's uncertainties should never stand in the way of your dreams.

Eligibility Criteria

Eligibility Criteria	Limits
Age at Entry*	**Min:** 18 years **Max:** 65 years
Age at Maturity*	**Min:** 23 years **Max:** 85 years
Rider Policy Term	**Min:** 3 years **Max:** 50 years Rider Term shall always be equal to the outstanding premium payment term of the base policy or any other subsisting rider(s), as applicable, as on the date of attachment
Rider Premium Payment Term	Same as Rider Term
Premium Payment Mode	Yearly, Half-yearly, Quarterly and Monthly
Premium Payment Frequency	Same as chosen under the base policy
Minimum offered	The minimum rider sum assured offered is ₹15,000
Maximum offered	The maximum rider sum assured offered is ₹50,00,000 subject to Board approved underwriting policy.
Basic Sum Assured	The Rider Sum Assured for any of the benefit options chosen under the WOP rider will be equal to the sum of total outstanding [annualized premium and annualized underwriting extra premiums (if any) of the base policy or subsisting other rider(s)] payable under each benefit option.

**All ages are age last birthday*

#Applicable Goods and Services Tax will be charged separately, as per applicable rates. The tax laws are subject to amendments from time to time.

Note:

1. This rider can be opted at inception or subsequently on any premium due date of the base plan subject to limits specified above.
2. In case the rider is attached at any subsequent policy anniversary of the base policy, the base policy / rider(s) should be in-force and premium paying as on the date of attachment.
3. Rider will not be offered if the term of the rider exceeds outstanding term under the base policy.
4. The Rider premium shall be collected in addition to the premium payable under the Base Policy.
5. Additional WoP will be attached if other subsisting rider(s) are being attached at renewal
6. Premium will vary depending upon the Option chosen.
7. If there is an overlapping benefit between the base policy / other subsisting rider(s) and the benefit option of the WOP rider, that benefit option shall not be offered.
8. In options 2 & 3 where, rider is provided upon diagnosis of Critical Illness and Disability, the cover will cease for critical illness and disability on reaching the age of 70

Benefits under the Rider

The Waiver of Premium (WoP) Benefit helps safeguard your goals, such as your children's education, wedding, or retirement.

In the event of death, accidental total and permanent disability, terminal illness, or critical illness, this rider waives future premiums on your base policy and any attached riders, ensuring that your loved ones continue to receive the planned benefits without interruption.

The WoP rider waives premiums for:

- Waiver of all future premiums payable under the base policy including any underwriting extra premiums.
- Waiver of all future premiums payable under the applicable subsisting rider(s) (if any) including any underwriting extra premiums.

In case the WOP rider is attached to cover multiple subsisting riders, the above rider benefit will be applicable for each of those riders individually.

Flexibility to opt for any one out of the three benefit options available:

- **Life**
- **Health**
- **Life and Health**

Option 1: Life

(Policyholder & Life Insured are different)

Under this option waiver of premiums will be applicable in the event of earlier of Death or Terminal Illness of the individual identified as the life assured in the WOP rider during the rider term.

A Life Assured covered under the WOP rider will be considered terminally ill only if he/she is diagnosed as suffering from a condition, which, in the opinion of two independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months.

For this option, the individual named as the Life Assured under the WOP rider must be different from the Life Assured covered under the base policy or any existing riders associated with this WOP rider.

The Terminal Illness must be diagnosed and confirmed by registered medical practitioners.

Option 2: Health

(Policyholder & Life Insured are same)

Under this option waiver of premiums will be applicable in the event of first occurrence of any of the following events for the Life assured covered under the WOP rider:

- Terminal Illness
- Accidental Total Permanent Disability or Partial Permanent Disability
- Diagnosis of any of the covered 24 Critical Illnesses

Option 3: Life and Health Option

(Policyholder & Life Insured are different)

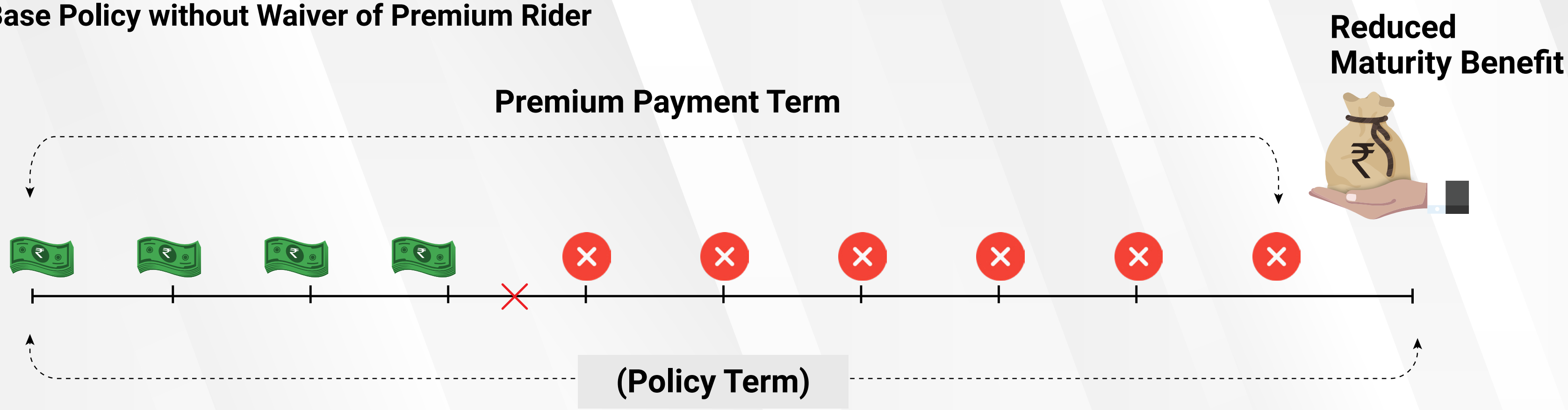
Under this option waiver of premiums will be applicable in the event of first occurrence of any of the following events for the Life assured covered under the WOP rider:

- The earlier of death or terminal illness
- Accidental Total Permanent Disability or Partial Permanent Disability
- Total Diagnosis of any of the covered 24 Critical Illnesses

The Terminal Illness must be diagnosed and confirmed by registered medical practitioner

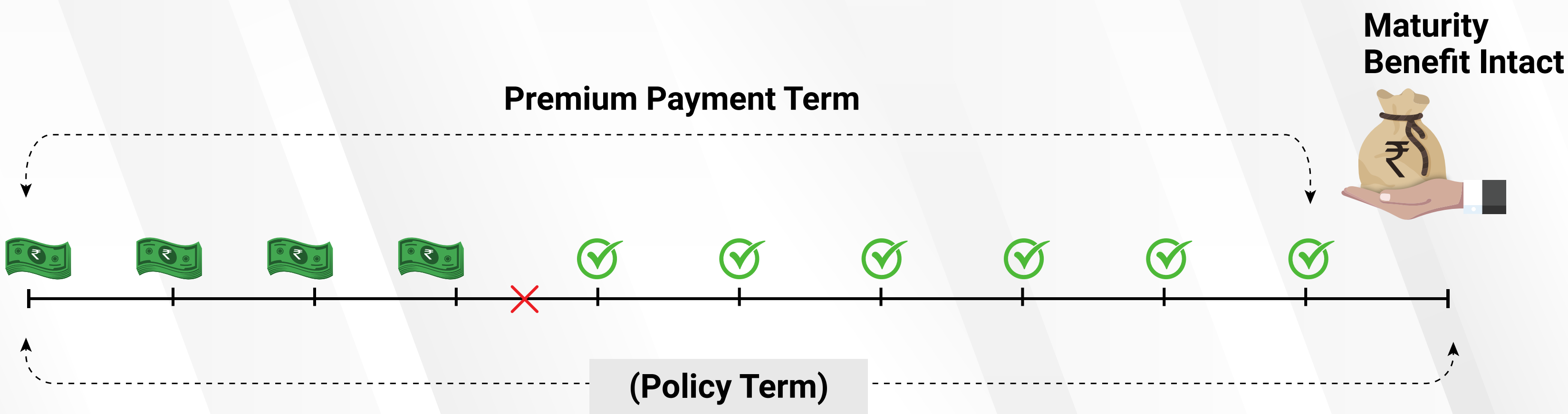
Illustration:

Scenario 1: Base Policy without Waiver of Premium Rider



Policy holder dies during the premium payment term before payment of all due premiums. The remaining **premiums are still due** and will have to borne by other family member to keep the policy in force, if not paid, the policy will moved to being a paid up policy. **Benefits when due are significantly reduced** proportionate to the number of premiums paid.

Scenario 2: Base Policy with Waiver of Premium Rider



Policy holder dies after payment of four premiums. The **remaining premiums due are waived off.** The **benefits due remains intact** at the end of the policy term.

The above illustration is with respect to the base policy with which the rider will be attached.

Accidental Total and Permanent Disability or Partial and Permanent Disability

Disability means disability of a member as a result of an accident where accident is sudden, unforeseen and involuntary event caused by external, visible and violent means occurring independently of any other causes and within 180 days of such trauma, subject to conditions for Partial/Total and Permanent Disability being met the Company shall pay to the Life assured the rider benefits.

In the event of accident during the currency of the policy results into partial/total disability after the next annual renewal date but before 180 days from the date of accident, the rider claim will be paid.

The rider claim will also be paid in case of accident occurring while the rider is in force but Partial/Total and Permanent Disability occurs while the rider is in lapsed condition but within 180 days from the date of accident.

The rider benefit will be applicable if the Life assured named under the rider has become permanently disabled as a result of accident within the rider term and satisfy at least one condition defined in the following two definitions of the disability.

1. Accidental Permanent Partial Disability is defined as an event that must result in any of the following
   i. Loss of one leg
   ii. Loss of one arm
   iii. Removal of jaw
2. Accidental Permanent Total Disability is defined as an event that must result in any of the following
   i. Loss of both eyes
   ii. Loss of both feet
   iii. Loss of both hands
   iv. Loss of one hand and one foot
   v. Loss of one eye and one hand
   vi. Loss of one eye and one foot

Loss of both eyes means total and permanent loss of vision in both eyes as certified by a medical practitioner.

Loss of hand means amputation/dismemberment above wrist

Loss of arm means amputation/dismemberment above elbow

Loss of feet means amputation/ dismemberment above ankle

Loss of leg means amputation/dismemberment above knee

Removal of jaw means removed through a surgical procedure due to an accident

Critical Illness (CI) covered:

1. Cancer of Specified Severity
2. Myocardial Infarction (First Heart Attack of Specific Severity)
3. Stroke Resulting in Permanent Symptoms
4. Kidney Failure Requiring Regular Dialysis
5. Major Organ/Bone Marrow Transplant
6. Open Chest CABG
7. Permanent Paralysis of Limbs
8. Open Heart Replacement or Repair of Heart Valves
9. Coma of Specified Severity
10. Multiple Sclerosis with Persisting Symptoms
11. Benign Brain Tumour
12. Blindness
13. Third Degree Burns
14. Alzheimer's Disease
15. End Stage Lung Failure
16. End Stage Liver Failure
17. Surgery of Aorta (Aorta Graft Surgery)
18. Motor Neuron Disease with Permanent Symptoms
19. Major Head Trauma
20. Primary (Idiopathic) Pulmonary Hypertension
21. Apallic Syndrome
22. Deafness
23. Loss of Limbs
24. Parkinson's Disease

Please refer to Appendix for definitions of Critical Illnesses Covered.

Maturity Benefit

This rider does not offer any maturity benefit.

Inclusions of Rider

- In case the WOP rider is attached to cover multiple subsisting riders, the rider benefit will be applicable for each of those riders individually.
- The rider can be attached to an applicable base policy or rider(s) at the inception of such policy / rider(s) or at any subsequent policy anniversary.
- In case the rider is attached at any subsequent policy anniversary of the base policy, the base policy / rider(s) should be in-force and

premium paying as on the date of attachment.

- If there is an overlapping benefit between the base policy / other subsisting rider(s) and the benefit option of the WOP rider, that benefit option shall not be offered.
- For the base policy, Waiver of all future premiums payable under the base policy including any underwriting extra premiums.
- For the subsisting, other rider(s) Waiver of all future premiums payable under the applicable subsisting rider(s) (if any) including any underwriting extra premiums.
- The cover will cease for critical illness and disability on reaching the age of 70 years and rider cover will continue for remaining risks if any e.g. death and terminal illness depending on the option chosen by the proposer/life assured
- Additional WOP will be attached if other subsisting rider(s) are being attached at renewal. If any rider is added during the policy term or if the instalment premiums payable are changed under the policy on account of underwriting, the WOP rider premiums payable from the date of change shall be revised based on age and outstanding PPT at the effective date of change.

Grace Period

Grace Period under the rider will be as per the Base Policy.

Paid up Value

This rider does not acquire any paid up value

Revival

Rider cannot be revived separately from base plan and revival procedure will be as per Base Policy.

Surrender Value

This rider does not offer any surrender benefit

Loan

Not available under the rider

Terms & Conditions

Exclusions under rider

A. Applicable for Waiver of Premium on Death:

Suicide Exclusion: Suicide Exclusion In case of death due to suicide within 12 months from the Risk commencement date of under the Rider or from the date of revival of the Rider, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total

Rider Premiums Paid till the date of death, provided the Rider is in force.

B. The following exclusions shall apply for Waiver of Premium on Critical Illness

No CI benefit will be payable in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

1. Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded.
   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 insurer 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 insurer or its reinstatement.
   Self-inflicted injury, suicide, insanity, and deliberate participation of the life insured in an illegal or criminal act.
2. Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV)
3. Self-inflicted injury, suicide, insanity, and deliberate participation of the life insured in an illegal or criminal act.
4. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
5. War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence. A congenital condition of the insured.
6. Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
7. Taking part in any act of a criminal nature.
8. Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
9. Radioactive contamination due to nuclear accident.
10. Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
11. Any treatment of a donor for the replacement of an organ.
12. Any critical illness or its signs or symptoms having occurred within 90 days of policy issue date or 90 days of reinstatement date.
13. A congenital condition of the insured.

A. The following exclusions shall apply for Waiver of Premium on Disability

The life assured will not be entitled to any accidental death or disability benefits directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Suicide or attempted suicide or self-inflicted injury, whether the life assured is medically sane or insane.
2. Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded.
   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 insurer 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 insurer or its reinstatement.
3. War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
4. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
5. Engaging in or taking part in hazardous pursuits, including, diving or riding and racing; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
6. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
7. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Disability due to psychiatric illness, post-traumatic stress disorder, chronic fatigue, chronic pain and fibromyalgia.

At the point of sale if any condition is noticed which shall lead to exclusion, the rider shall not be offered.

“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

Waiting Period: Waiting period is a period of first 90 days from the date of acceptance of risk. During this period the TI and CI benefit is not payable.

The Critical Illness benefit will be payable only if the incidence of any of the covered critical illness condition after policy issuance is the first incidence of that covered critical illness in the lifetime of the policyholder.

No waiting period applies for critical illness arising solely due to accident.

Survival Period: 30 days from date of first confirmed Diagnosis.

Rider benefit can only be claimed if the critical illness is diagnosed at least 90 days after the date of commencement or the date of revival/reinstatement whichever is later and the life insured survives the specified illness for a period of at least 30 days from the date of first confirmed diagnosis

Terminal Illness: Terminal Illness is defined as an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners specializing in treatment of such illness, has greater than 50% chance of death of the Life Assured within six months of the date of diagnosis of illness.

Free Look Period

If you are not satisfied with the 'Terms and Conditions' of the policy, the policy can be returned to the Company for cancellation with reasons thereof within 30 days from the date of receipt of the policy bond. However, the Company will refund the premium after deducting proportionate rider premium for the period the Company has provided rider cover, expenses incurred on medical examination, if any, and stamp duty charges.

Minor Lives

If the life assured is a minor at the time of base policy inception, the rider can be chosen on attaining majority.

Other conditions:

1. Benefits under the rider are payable only if the base plan is in force.
2. Rider can be opted at the time of proposal or at any policy anniversary during the policy term. If the Life Assured under the base policy is minor at the time of base policy inception, the rider can be chosen on attaining majority. The rider can be allowed only if the outstanding term of the policy is at least 5 years in the case of existing policies.
3. If CI occurs just before end of the term and survival period goes beyond the term, rider payment will be made at the end of survival period.

The rider will be terminated depending on the option chosen in case of

1. Diagnosed with any of the covered 24 critical illnesses
2. The earlier of death or terminal illness of the Life Assured
3. In the event of the Accidental Total and Permanent Disability or total or partial disability of the Life assured Completion of policy or rider term as applicable
4. The base policy is lapsed, surrendered or made paid up
5. Cancellation through Free Look Provision

Tax Benefits

Tax benefits may be available as per prevailing tax laws. Tax benefits are subject to changes according to the tax laws from time to time; please consult your tax advisor for details.

Taxes (GST)

Premiums are exclusive of taxes.

All Premiums are subject to applicable taxes, cesses and levies which shall be paid by you along with the Premium. If any additional Taxes/Cesses/Levies are imposed by any statutory or administrative body of this country under this Policy, we reserve the right to claim the same from policyholder.

Fraud or Misrepresentation

In case of fraud or misrepresentation, action shall be initiated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

Grievance Redressal

At Shriram Life, our customers are our top priority. We pride ourselves on being a service-oriented company that responds quickly to your needs. We understand that there may be times when things don't go as expected, but rest assured, we're here to help. We offer an accessible and responsive mechanism for addressing your grievances and suggestions. You can always reach us at:

Toll-Free Numbers: 1800-103-6116

Email--customercare@shriramlife.in

Grievance Redressal Officer: 040-23009400

Email: grievance.redressal@shriramlife.in For more touchpoints and details,

visit https://www.shriramlife.com/services/grievance-redressal.

<u>**Important Sections of Insurance Act**</u>
Prohibition of Rebates
Section 41 of the Insurance Act, 1938 as amended from time to time -

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take 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.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.

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

Section 45 of the Insurance Act, 1938 as amended from time to time –

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three 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 three 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.
   Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:
   Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive
4. A policy of life insurance may be called in question at any time within three 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 that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:
   Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:
   Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Appendix

1. **Cancer of Specified Severity**

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

ii. The following are excluded –

I. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

II. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

III. Malignant melanoma that has not caused invasion beyond the epidermis;

IV. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

V. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

VI. Chronic lymphocytic leukaemia less than RAI stage 3

VII. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

VIII. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of Specific Severity)

A. 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:

B. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

C. New characteristic electrocardiogram changes

D. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

E. 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. **Stroke Resulting in Permanent Symptoms**
   A. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
   B. 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.
4. **Kidney Failure Requiring Regular Dialysis**
   A. 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.
5. **Major Organ/Bone Marrow Transplant**
   A. 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.
   B. The following are excluded:
      I. Other stem-cell transplants
      II. Where only islets of langerhans are transplanted
6. **Open Chest CABG**
   A. 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 asternotomy (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. .
   B. The following are excluded:

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

7. **Permanent Paralysis of Limbs**
   A. 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

8. **Open Heart Replacement or Repair of Heart Valves**
   A. 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.

9. **Coma of Specified Severity**
   A. 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.
   B. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

10. **Multiple Sclerosis with Persisting Symptoms**
   A. 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 an
      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.
   B. Neurological damage due to SLE is excluded.

11. **Benign Brain Tumor**
   A. 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.
   B. 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.

C. 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.

12. Blindness

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

B. 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

13. Third Degree Burns

A. 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

14. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:

Activities of Daily Living are defined as:

A. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

B. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances

C. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;

D. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

E. Feeding - the ability to feed oneself once food has been prepared and made available.
Psychiatric illnesses and alcohol related brain damage are excluded.

15. End Stage Lung Failure

A. 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 (PaO2 < 55mmHg); and

IV. Dyspnea at rest.

16. End Stage Liver Failure

A. 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.

B. Liver failure secondary to drug or alcohol abuse is excluded.

17. Surgery of Aorta (Aorta Graft Surgery)

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Minimally invasive grafting is excluded.

18. Motor Neuron Disease with Permanent Symptoms

A. 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.

19. Major Head Trauma

A. 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.

B. 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.

C. The Activities of Daily Living are defined as:

   I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

   II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

   III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

   IV. 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.

D. The following are excluded:

   I. Spinal cord injury;

20. Primary (Idiopathic) Pulmonary Hypertension

A. 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 Cauterization. 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.

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

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

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

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

21. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month with no scope of recovery.

22. Deafness

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

23. Loss of Limbs

A. 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.

24. Parkinson's Disease

A. The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:
   - I. The disease cannot be controlled with medication; and
   - II. There are objective signs of progressive deterioration; and
   - III. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

B. Activities of Daily Living are defined as:
   - I. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   - II. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   - III. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
   - IV. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   - V. Feeding - the ability to feed oneself once food has been prepared and made available.

C. Drug-induced or toxic causes of Parkinsonism are excluded.

About the Company

With a pan-India presence and over 700+ offices, Shriram Life is your trusted partner for prosperity. At Shriram Life, we strive to provide our customers with elegant solutions tailored to individual needs.

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- Call our toll free number : 1800 103 6116
- Phone : +91 40 23009400 (Board)
- Mail us at customercare@shriramlife.in
- Write to Shriram Life Insurance Company Limited
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