

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Part B

1. **Definitions:** (meaning of technical words used in the Rider Policy Document)
 - a) **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
 - b) **Age** means the Age at last birthday in completed years.
 - c) **Annualized Rider Premium** means the premium payable in a year by You, excluding the taxes, underwriting extra premiums and loading for modal premiums, if any.
 - d) **Base Policy** means the life insurance product issued to You by Us to which this Rider is attached.
 - e) **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
 - f) **Cooling-Off Period** means a period of 6 months between two Minor claims/two early stage/CIS claims (different organs) specified under this Rider during which no benefit amount shall be payable related to Minor conditions.
 - g) **Date of Commencement of Rider** means the date specified in the Rider Schedule from which the insurance coverage under this Rider commences for the Life Insured.
 - h) **Date of Inception of Rider** means the date specified in the Rider Schedule on which the Rider is first issued.
 - i) **Diagnosis** means the conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence, as applicable.
 - j) **Expiry Date** means the date specified in the Rider Schedule on which the Rider Term concludes.
 - k) **Grace Period** means the time extended by us to facilitate you to pay the unpaid Rider Regular Premium/Rider Limited Premium in accordance with Part C, in case the Rider Regular Premium/Rider Limited Premium(s) had not been paid as on the due date, during which time the Rider is considered to be in-force with the risk cover.
 - l) **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.
 - m) **Insured Events** means Accidental Death Benefit (ADB), Accidental Total & Permanent Disability (ATPD), Accidental Permanent & Partial Disability (APPD), Standard Critical Illness (SCI), Comprehensive Critical Illness (CCI) and Cancer Care.
 - n) **Life Insured** means the person named in the Rider Schedule who is covered under the Rider.
 - o) **Lapse** means the status of the Rider where the Rider Regular Premium/Rider Limited Premium due is not received on the due date or before the expiry of the Grace Period.
 - p) **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
 - q) **Partial and Permanent Disability** means when the Life Assured is partially, continuously and permanently disabled as a result of accident i.e. Accidental Partial Permanent Disability and meets any of the conditions mentioned below
 - a. The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.
 - b. Use of a hand or a foot without physical separation
 - c. Loss of toes – all
 - d. Loss of toes great - both phalanges
 - e. Loss of toes great - one phalanx
 - f. Loss of toes other than great, if more than one toe lost: each
 - g. Loss of hearing - one ear
 - h. Loss of four fingers and thumb of one hand
 - i. Loss of four fingers of one hand
 - j. Loss of thumb - both phalanges
 - k. Loss of thumb – one phalanx
 - l. Loss of index finger – three phalanges
 - m. Loss of index finger – two phalanges
 - n. Loss of index finger - one phalanx
 - o. Loss of middle finger or ring finger or little finger – three phalanges
 - p. Loss of middle finger or ring finger or little finger – two phalanges
 - q. Loss of middle finger or ring finger or little finger - one phalanx
 - r) **Paid Up** means the status of the Rider if after completion of first policy year the Rider Regular Premium/Rider Limited Premiums for one full year has been received, and further premiums have not been paid within the Grace Period.
 - s) **Pre-existing Disease** means any condition, ailment, injury or disease / critical illness /disability:
 - a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b) For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatementIn case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
 - t) **Rider** means this Bharti AXA Life Linked Complete Shield Rider which is purchased along with the Base Policy. It provides additional benefits in respect to the Life Insured. It is not a standalone document and should be read along with Base Policy.
 - u) **Rider Option** means the options in force under the Rider for You as chosen by You at inception and as specified in the Rider Schedule.
 - v) **Rider Limited Premium** means the premium specified in the Rider Schedule which is payable for this Rider at the frequency specified in the Rider Schedule for the Rider Premium Payment Term. The Rider Schedule will specify if Rider Limited Premium is payable under this Rider.
 - w) **Rider Policy Document** means and includes the proposal form for insurance submitted by You, the Rider Schedule, any attached endorsements or supplements together with all the addendums provided by Us from time to time, the medical examiner's report and any other document/s called for by Us and submitted by You to enable Us to process request for Rider, along with the unique policy number issued to You as mentioned in the Policy Schedule.
 - x) **Rider Premium Payment Term** means the number of Years for which You are required to pay the Rider Premium due under the Rider.
 - y) **Rider Regular Premium** means the regular premium specified in the Rider Schedule which is payable for this Rider at the frequency specified in the Rider Schedule for the Rider Premium Payment Term. The Rider Schedule will specify if Rider Regular Premium is payable under this Rider.
 - z) **Rider Schedule** means the schedule attached to the Base Policy which contains, amongst others, Your details, the Life Insured's details and other details pertaining to this Rider and which forms an integral part of the Rider.
 - aa) **Rider Sum Assured** means the amount specified in the Rider Schedule against a Rider Option which is applicable under this Rider which represents Our maximum, total and complete liability for any and all claims arising in respect of the Life Insured under that Rider Option.
 - ab) **Rider Sum Assured on Maturity** means the absolute amount specified in the Rider Schedule which becomes payable on the Life Insured surviving on the Expiry Date in accordance with the terms and conditions of the Rider.
 - ac) **Rider Term** means the number of years specified in the Rider Schedule commencing from the Date of Commencement of Rider and ending on the Expiry Date.
 - ad) **Rider Year** means calculated from the Date of Commencement of Rider and is a period of twelve consecutive calendar months and includes every subsequent twelve consecutive calendar months.
 - ae) **Rider Single Premium** means the lumpsum amount payable by You as rider premium at the inception of the Rider, excluding the taxes and underwriting extra premiums, if any. The Rider Schedule will specify if Single Rider Premium is payable under this Rider.
 - af) **Surgery** 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.
 - ag) **Surrender** means complete withdrawal of the Rider resulting in the termination of the Rider.
 - ah) **Survival Period** means a period of 15 days from the Diagnosis of a covered Critical Illness which the Life Insured must survive before any benefit amount under the Standard Critical Illness Rider Option or Comprehensive Critical Illness Rider Option under this Rider becomes payable.
 - ai) **Total and Permanent Disability** means when the Life Assured is totally, continuously and permanently disabled as a result of accident i.e. Accidental Total Permanent Disability and meets any of the conditions mentioned below: The Life Assured suffers an injury/Accident due to which there is total and irrecoverable loss of:
 - a. The use of two limbs; or
 - b. The sight of both eyes; or
 - c. The use of one limb and the sight of one eye; or
 - d. Loss by severance of two or more limbs at or above wrists or ankles; or
 - e. Sight of one eye and loss by severance of one limb at or above wrist or ankle.The disabilities as stated above must have lasted, without interruption for at least 180 days and must in the opinion of a Medical practitioner, be deemed permanent. However, for the disabilities mentioned in (d) and (e) under point 2 (i.e. physical severance), such 180 days period would not be applicable and the benefit shall commence immediately.
 - aj) **Total Rider Premiums Paid** means total of all the premiums paid under this Rider product for the chosen insured event, excluding any extra premium and taxes, if collected explicitly

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



ak) **Us/We/Our/Company** means Bharti AXA Life Insurance Company Limited.

al) **Waiting Period** means a period during which specified diseases/treatments which have been diagnosed and/or have received medical advice/treatment are not covered. In the event of occurrence of any of such scenarios during the applicable Waiting Period:

- No benefit shall be payable;
- the premium paid towards the Insured Event(s) during the Waiting Period will be refunded without any interest; and
- the Insured Event(s) shall terminate and no future premiums and benefits shall be payable.

Waiting Period as per the chosen Insured Event(s) shall be as under:

Insured Event	Waiting Period applicable**^
SCI, WoP on SCI	180 days
CCI, WoP on CCI and Cancer Care	180 days for Major Illness 90 days for Minor Illness
All other Insured Event(s) (ADB, ATPD and APPD)	Not Applicable

*The waiting period shall be applicable from date of first Diagnosis of any of the illness covered under the respective Insured Event(s). Further, no Waiting Period shall be applicable for claims arising solely due to accident.

^The Waiting Period for all benefits shall be applicable from later of:

- Date of Commencement of Risk, if Insured Event(s) is opted at inception;
- Policy Anniversary at which Insured Event(s) is opted (If Insured Event(s) is opted for on the Policy Anniversary); or
- Date of revival (in case of revival of the Insured Event(s)).

No waiting period applies for Critical Illness claims arising solely due to an accident.

mm) **You/Your/Yours** means to the Policyholder.

The terms defined above shall also act as a reference guide to the Policy Document in terms of IRDAI Master Circular on Life Insurance Products (Ref: IRDAI/ACTL/MSTCIR/MISC/89/6/2024Circular)



Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Part C

1. Rider Options

The Rider Schedule will specify which of the following Rider Options are in force for the Life Insured under this Rider. Multiple rider options can be opted under one policy. Once opted, the Rider Options in force cannot be changed for the duration of the Rider Term. Standard Critical Illness and Comprehensive Critical Illness Rider Options cannot be opted together. Only one option between with return of premium and without return of premium option can be chosen to avoid overlapping of benefits.

In the event that there is an overlapping benefit between the Base Policy and the Rider Option, the Rider Option shall not be offered.

The Rider Options in force under this Rider will be payable in accordance with these Terms & Conditions subject to this Rider and the Base Policy being in force and subject always to the availability of the Rider Sum Assured for the Rider Option under which the claim arises.

Upon death of the life assured, other than accidental death, no benefit shall be payable and the policy shall terminate thereafter. If multiple Rider Options are chosen, on occurrence of Insured Event(s), respective Rider Sum Assured(s) shall be payable subject to maximum 100% of the Rider Sum Assured and the respective Insured Event(s) shall terminate thereafter. Further, the policy shall continue to remain in force for other active Insured Event(s), if any.

a. Accidental Death

Upon death of the Life Insured solely and directly due to an Accident which occurs during the Rider Term when the Rider is in force and which solely and directly results in the Life Insured's death within 180 days of the Accident, we will pay the Rider Sum Assured specified against this Rider Option in the Rider Schedule.

If the accidental death of the Life Insured occurs during the Grace Period, then the due Rider Regular Premium/Rider Limited Premiums shall be deducted from the Rider Sum Assured payable.

Once a claim has been accepted and paid under this Rider Option, then cover under this Rider shall immediately and automatically cease for the Life Insured.

b. Accidental Total and Permanent Disability

Upon the Life Insured suffering an Injury solely and directly due to an Accident which occurs during the Rider Term when the Rider is in force and which Injury solely and directly results in the total and permanent disablement of the Life Insured of the nature specified in the table below within 180 days of the Accident, we will pay the percentage specified in the table below of the Rider Sum Assured specified against this Rider Option in the Rider Schedule:

Total and Permanent Disability	% of the Rider Sum Assured for this Rider Option
Loss of 2 Limbs	100
Total and irrevocable loss of sight of both eyes	100
Total and irrecoverable loss of sight of one eye and loss of a Limb	100
Loss by physical separation of two or more Limbs at or above wrists or ankles	100
Loss by physical separation of one Limb or wrist or ankle and loss of sight of one eye	100

c. Accidental Permanent and Partial Disability

Upon the Life Insured suffering an Injury solely and directly due to an Accident which occurs during the Rider Term when the Rider is in force and which Injury solely and directly results in the permanent and partial disablement of the Life Insured of the nature specified in the table below within 180 days of the Accident, we will pay the percentage specified in the table below of the Rider Sum Assured specified against this Rider Option in the Rider Schedule:

Permanent and Partial Disability	% of the Rider Sum Assured for this Rider Option
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50
Use of a hand or a foot without physical separation	50
Loss of toes – all	20
Loss of toes great - both phalanges	5
Loss of toes great - one phalanx	2
Loss of toes other than great, if more than one toe lost: each	2
Loss of hearing - one ear	30
Loss of four fingers and thumb of one hand	50

Loss of four fingers of one hand	40
Loss of thumb - both phalanges	25
Loss of thumb – one phalanx	10
Loss of index finger – three phalanges	15
Loss of index finger – two phalanges	10
Loss of index finger - one phalanx	5
Loss of middle finger or ring finger or little finger – three phalanges	10
Loss of middle finger or ring finger or little finger – two phalanges	7
Loss of middle finger or ring finger or little finger - one phalanx	3

Once a claim has been accepted and paid under this Rider Option, then the Rider Sum Assured for this Rider Option shall be proportionately reduced to the extent of the claim payment made and cover as well as future rider premiums under this Rider Option shall continue for the Life Insured subject to availability of the Rider Sum Assured for this Rider Option.

d. Standard Critical Illness Benefit

Upon the Life Insured's first Diagnosis with any of the Critical Illness conditions & Surgeries listed in the table below during the Rider Term when the Rider is in force or Life Insured is undergoing Surgery of the nature specified in the table during the Rider Term and when the Rider is in force, we will pay the Rider Sum Assured specified against this Rider Option in the Rider Schedule provided that the Life Insured is alive after the completion of the Survival Period:

Sr. No.	List of covered Critical Illnesses & Surgeries
1.	Cancer of Specified Severity
2.	Myocardial Infarction (First Heart Attack of specific severity)
3.	Open Chest CABG
4.	Open Heart Replacement Or Repair Of Heart Valves
5.	Coma of Specified Severity
6.	Kidney Failure Requiring Regular Dialysis
7.	Stroke Resulting In Permanent Symptoms
8.	Major Organ / Bone Marrow Transplant
9.	Permanent Paralysis Of Limbs
10.	Motor Neuron Disease With Permanent Symptoms
11.	Multiple Sclerosis With Persisting Symptoms
12.	Benign Brain Tumor
13.	Third Degree Burns
14.	Systemic Lupus Erythematosus with lupus Nephritis
15.	Severe Rheumatoid Arthritis

• CI 1 to 12 will be available for both male and female

• CI 13 to 15 will be available only for female

Please refer to Annexure IV for detailed definitions of the covered Critical Illnesses and Surgeries for the purpose of this Rider Option.

Once a claim has been accepted and paid under this Rider Option, then cover under this Rider shall immediately and automatically cease for the Life Insured.

e. Comprehensive Critical Illness Benefit

Upon the Life Insured's first Diagnosis with any of the Critical Illness conditions & Surgeries listed in the table below during the Rider Term when the Rider is in force or Life Insured undergoing Surgery of the nature specified in the table below during the Rider Term and when the Rider is in force, We will pay an amount equal to 25% of the rider sum assured or INR 500,000, whichever is lower, on the diagnosis of any of the listed minor conditions, provided that the Life Insured is alive after the completion of the Survival Period. An amount equal to Rider Sum Assured less any minor claim already paid is payable on diagnosis of major critical illness provided that the Life Insured is alive after the completion of the Survival Period:

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



List of Major Critical Illness/Surgery			
S No	List of covered Critical Illnesses & Surgeries	S No	List of covered Critical Illnesses & Surgeries
1	Cancer of Specified Severity	30	Chronic Adrenal Insufficiency (Addison's Disease)
2	Myocardial Infraction (First Heart Attack of Specific Severity)	31	Cardiomyopathy
3	Open Chest CABG	32	Infective Endocarditis
4	Open Heart Replacement or Repair of Heart Valves	33	Medullary Cystic Disease
5	Coma of Specified Severity	34	Apallic Syndrome
6	Kidney Failure Requiring Regular Dialysis	35	Creutzfeldt-Jacob Disease (CJD)
7	Stroke Resulting in Permanent Symptoms	36	Brain Surgery
8	Major Organ /Bone Marrow Transplant	37	Severe Ulcerative Colitis
9	Permanent Paralysis of Limbs	38	Progressive Supranuclear Palsy
10	Motor Neuron Disease with Permanent Symptoms	39	Bacterial Meningitis
11	Multiple Sclerosis with Persisting Symptoms	40	Loss of One Limb and One Eye
12	Benign Brain Tumour	41	Chronic Relapsing Pancreatitis
13	Blindness	42	Necrotising Fasciitis
14	Deafness	43	Muscular Dystrophy
15	End Stage Lung Failure	44	Hemiplegia
16	End Stage Liver Failure	45	Tuberculosis Meningitis
17	Loss of Speech	46	Encephalitis
18	Loss of Limbs	47	Myelofibrosis
19	Major Head Trauma	48	Pheochromocytoma
20	Primary (Idiopathic) Pulmonary Hypertension	49	Systemic Lupus Erythematosus with Lupus Nephritis
21	Third Degree Burns	50	Eisenmenger's Syndrome
22	Alzheimer's Disease	51	Amputation of Feet Due to Complications from Diabetes
23	Parkinson's Disease	52	Other Serious Coronary Artery Disease
24	Aorta Graft Surgery	53	Severe Rheumatoid Arthritis
25	Dissecting Aortic Aneurysm	54	Crohn's Disease
26	Myasthenia Gravis	55	Fulminant Hepatitis
27	Elephantiasis	56	Pneumonectomy
28	Aplastic Anaemia	57	Poliomyelitis
29	Progressive Scleroderma	58	Loss of Independent Existence (Cover up to Age 74)
List of Covered Minor Critical Illnesses/Surgery			
59	Carcinoma in situ	64	Carotid Artery Surgery
60	Early-Stage Cancer	65	Keyhole Coronary Surgery (Age 18 - 80 only)
61	Angioplasty	66	Pericardiectomy (irrespective of technique)
62	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy	67	Brain Aneurysm Surgery or Cerebral Shunt Insertion (Age 18 - 70 only)
63	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion	68	Small Bowel Transplant

Please refer to Annexure IV for detailed definitions of the covered Critical Illnesses and Surgeries for the purpose of this Rider Option.

Once a claim has been accepted and paid under this Rider Option, then cover under this Rider shall immediately and automatically cease for the Life Insured.

The policyholder is entitled to opt for either Standard Critical Illness or Comprehensive Critical Illness.

Note –

- In case of claim under minor conditions, The Rider Sum Assured shall be reduced to the extent of the benefit paid and the benefit will continue for balance rider sum assured, if any and subject to the cooling off period. The benefit shall terminate upon payment of a cumulative 100% of the Rider Sum Assured under this benefit.
- The benefit payable on Major condition shall be payable only once during the Policy Term and the cover shall terminate upon payout of the benefit. The benefit further shall be payable only if the diagnosis/procedure of any of the covered condition is the first diagnosis/procedure of that condition in the lifetime of the Life Assured.

f. Cancer Care

Upon the Life Insured's first Diagnosis with any of the stages of Cancer listed in the table below during the Rider Term when the Rider is in force or Life Insured undergoing Surgery of the nature specified in the table below during the Rider Term and when the Rider is in force, We will pay an amount equal to 25% of the Rider Sum Assured or INR 500,000, whichever is lower, is payable on the diagnosis of any of the listed minor conditions. An amount equal to Rider Sum Assured less any minor claim already paid is payable on diagnosis of major cancer provided that no payment will be made until the completion of any applicable Cooling-off Period:

S. No	Name of Cancer condition/ Surgery	Major/ Minor	% of Rider Sum Assured for this Rider
1	Cancer of Specified Severity	Major	100
2	Bone Marrow Transplant	Major	100
3	Aplastic Anemia	Major	100
4	Specified Early-Stage Cancer	Minor	25
5	Carcinoma in situ	Minor	25

Please refer to Annexure IV for detailed definitions of the covered Cancer conditions/Surgery for the purpose of this Rider Option.

Once a claim has been accepted and paid under this Rider Option, then the Rider Sum Assured for this Rider Option shall be proportionately reduced to the extent of the claim payment made and cover under this Rider Option shall continue for the Life Insured subject to availability of the Rider Sum Assured for this Rider Option subject to the cooling off period. We will accept a maximum of 2 claims under this Rider Option in respect of Minor Cancer Conditions suffered by the Life Insured during the Rider Term and subject always to the completion of the applicable Cooling-Off Period.

No claim will be paid for the same CIS or the specified Early-Stage Cancer. The policy terminates on claim pay-out due to a major condition.

2. Additional Option: Waiver of Premium Benefit

If this Additional Option is in force under this Rider as specified under the Rider Schedule, then upon the Life Insured suffering from a total and permanent disablement covered under Accidental Total and Permanent Disability Rider Option or Life Insured's first Diagnosis of a Critical Illness covered under Standard Critical Rider Option or Comprehensive Critical Illness Rider Option (only major conditions) during the Rider Term, We will waive all the future premiums for the base cover along with other opted Rider options and the policy will continue to operate as an inforce policy with premium being payable by the company for base cover along with the other opted Rider options till the end of the Premium Payment Term.

This option can be opted by either:

Policyholder – only if life insured and policyholder are different or

Life insured –only if life insured and policyholder are same.

3. Maturity Benefit (Applicable only for ADB - ROP, ATPD – ROP, APPD – ROP)

In the event that the Life Insured survives until the Expiry Date and all due Rider Regular Premium/Rider Limited Premiums/Rider Single Premiums have been received, the Maturity Benefit equal to the Rider Sum Assured on Maturity will be payable as a lump sum on the Expiry Date.

Rider Sum Assured on Maturity is calculated as 105% of the sum of Total Rider Premiums Payable till the date of Maturity (excluding tax and underwriting extra).

4. Rider Payout options

In case of happening of an insured event of the Life Insured, provided the rider is in-force and all due premiums till the date of Insured event have been paid, the Insured Amount shall be paid out as per one of the below mentioned option chosen by the policyholder at inception:

- Lumpsum:** Under this mode, 100% of the Benefit will be paid immediately on happening of the Insured Event as lumpsum.
- Monthly Income:** Under this mode, the Benefit amount will be paid as 1.85% of the Rider Sum Assured every month in the form of Monthly Income, payable for 5 years (60 installments) with the first installment being payable immediately on happening of the Insured event.

The Policyholder (nominee in case of Accidental death benefit option) shall have an option to take the Monthly Income as a lump sum. This option is only available before the payment of the first installment. The lump sum shall be

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



calculated as a Present Value of Monthly Incomes discounted at 4.5% pa. This rate may be revised subject to prior approval from IRDAI. The payout option cannot be changed once the monthly income commences. The income option is not applicable for the Accidental Partial & Permanent Disability option & Minor Illnesses/Surgeries applicable for Cancer Care and Comprehensive Critical Illness benefit option.

5. Payment of Premium

- i. You are required to pay Rider Regular Premiums or Rider Limited Premiums on the due dates and for the amount specified in the Rider Schedule.
- ii. You are required to pay Rider Regular Premiums or Rider Limited Premiums for the entire Rider Premium Payment Term.
- iii. Rider Regular Premiums or Rider Limited Premium payment modes available under the Rider are annual, half yearly, quarterly and monthly. The mode applicable to You will be specified in the Rider Schedule.
- iv. If You discontinue the payment of the Rider Regular Premiums or Rider Limited Premiums, the Rider will be treated as Lapsed or Paid-up as per the conditions under Part D.

6. Grace Period

Grace Period is the time extended by Us to allow You to pay the unpaid Rider Regular Premiums or Rider Limited Premium, in case the Rider Regular Premiums or Rider Limited Premium/s had not been paid as on the due date. You get a Grace Period (30 days for annual/ semi-annual/quarterly premium payment modes and 15 days for monthly mode) to pay the unpaid Rider Regular Premiums or Rider Limited Premium due under the Rider and the benefits under the Rider will remain unaltered during this period.

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Part D

1. Free Look Period

The Policyholder has a period of 30 days from the date of receipt of the Policy Document in case of offline solicitation and within 30 days of receipt of the Policy in case of Policy sourced through electronic or distance marketing to review the terms and conditions of the Policy and if Policyholder disagrees with any of the terms and conditions of the Policy, there is an option to return the original Policy along with a letter stating reasons for objection. The Policy will accordingly be cancelled and the Policyholder shall be entitled to a refund of the Premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the Company on medical examination of the proposer, if any and the stamp duty charges. All rights under this Policy shall stand extinguished immediately on cancellation of the Policy under the free look option.

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

For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

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

2. Discontinuance of Premiums (Not Applicable to Single Pay Policies)

In case the Base Policy has lapsed due to discontinuance of premium, the benefits under the Rider shall automatically cease to exist immediately from the date of such unpaid premium.

You can also opt to discontinue the Rider, anytime during the Rider Term. If You discontinue the payment of Rider Regular Premiums or Rider Limited Premiums, the Rider will be treated as Lapsed or Paid-Up in accordance with the following section:

i. Lapse

If at least one Rider Year's Annualized Rider Premiums have not been paid in full within the Grace Period (as defined in Part C) allowed, then the Rider will Lapse with effect from the date of such unpaid premium. Lapsed Rider shall immediately and automatically extinguish all Your rights and benefits under the Rider.

ii. Paid Up Status

No Paid-up is applicable for Without return of premium policies.

Under With return of premium options, If at least one Rider Year's Annualized Rider Premiums have been paid in full and the further Rider Regular Premiums or Rider Limited Premiums (as applicable) have not been paid within the grace period allowed before completion of first Policy Year, the Rider will automatically be converted into Paid Up status. Once the Rider becomes Paid-Up, all the benefits under the Rider would be reduced and calculated as given below:

Paid Up Benefits	Paid Up Benefits Payable
Death	No benefit shall be payable.
Insured Event (ADB-ROP, ATPD-ROP, APPD-ROP)	(No of Rider Regular Premiums or Rider Limited Premiums paid and received/ No of Rider Regular Premiums or Rider Limited Premiums payable) X Rider Sum Assured
Maturity	Total Rider Premiums Paid till date of Paid-Up, excluding any underwriting extra and any applicable taxes
Surrender	Higher of: 1. Guaranteed Surrender Value Factor * Total Rider Premiums Paid till the date of Paid-Up, excluding any underwriting extra and any applicable taxes 2. Special Surrender Value Factor X Paid- Up Sum Assured on Maturity

Refer Annexure V for Guaranteed Surrender Value Factor

3. Surrender Benefits

Without return of premium option

The Rider shall acquire Unexpired Risk Premium immediately on payment of the Single Rider Premium for Single Pay option and after payment of two full years' Annualized Rider Premium for Limited Pay option. No Unexpired Risk Premium shall be payable for Regular Pay Policies.

On Surrender during the Rider Term, the unexpired Risk Premium shall be payable as follows:

Single Pay Policies: Unexpired Risk Premium = (URPF) X P X (U/T)

Limited Pay Policies: Unexpired Risk Premium = (URPF) X P X (U/T) X (P/PP)

Where,

URPF = The Unexpired Risk Premium Factor (URPF) of 70%

P = Premiums paid till date of Surrender

U = Outstanding Rider Term (in months)

T = RiderTerm (in months)

PP = Total Rider Premiums payable

With Return of Premium option

The Rider acquires a Surrender Value immediately on receipt of the Single Rider Premium for single pay policies and after completion of first policy year provided one full year Rider premium has been received for Limited Pay and Regular pay option.

The SSV shall become payable after completion of first policy year provided one full year rider premium has been received.

The policy acquires GSV after the payment of rider premium for at least two consecutive years. The surrender benefit will be payable immediately on surrender.

On Surrender of the Rider, the Surrender Value (SV) shall be payable to You. The Surrender Value shall be higher of GSV and SSV wherein

For Single Pay Policies: GSV = GSV Factor * Single Rider Premium (excluding any underwriting extra and any applicable taxes).

For Limited/Regular Pay Policies: GSV = GSV Factor * Annualized Rider Premium (excluding any underwriting extra and any applicable taxes).

The GSV factors are as mentioned in the Annexure V.

Special Surrender Value (SSV) = SSV Factor x Sum Assured on Maturity x (Number of Premium Paid/Number of Premiums Payable)

Any change in SSV shall be only after prior approval from the Authority.

The Surrender Value payable will be subject to any statutory or any other restrictions as may be applicable. Surrender of the Rider shall extinguish all Your rights and benefits under the Rider.

4. Revival

Revival of the Rider shall be only along with the revival of the Base Policy and shall be as per the Board Approved Underwriting guidelines. The Revival Period and revival rate applicable to the rider will be same as that of the base product.

5. Suicide

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

6. Exclusions

Any claim in respect of any Life Insured, arising out of or directly or indirectly due to any of the exclusions contained in Annexure IV shall not be admissible unless expressly stated to the contrary elsewhere in the Rider terms and conditions.

7. Expiry of Rider

The Rider will terminate on the earliest of the following:

- On the Life Insured attaining Age 85;
- When the Base Policy ceases to exist or is Lapsed;
- When You discontinue to pay the Rider Regular Premium/Rider Limited Premiums, but continue to pay the Base Policy premiums;
- On the date of Surrender of this Rider;
- On the Expiry Date or payment of the Maturity Benefit (as applicable);
- Acceptance of Free Look request by Us; or
- Benefits in accordance with Part C under the Rider are paid which result in the termination of cover for the Life Insured under this Rider.

8. Loan

Not available under the Rider.

Rider Policy Document
Bharti AXA Life Linked Complete Shield Rider
A Non-Linked Non-Participating Individual Health Insurance Rider



PART E
Part E is not applicable to this Rider



Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Part F

General Terms and Conditions

1. Fraud and Misrepresentation

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure– III to the base policy for reference]

2. Claims

Upon the occurrence of an Accident or Injury, Diagnosis of covered Critical Illness or Cancer condition that may give rise to a claim under this Rider, then as a Condition Precedent to Our liability under the Rider, You or the Life Insured (or the Nominee or legal heir if the Life Insured is deceased) shall submit all the following in addition to any specific requirements communicated by Us from time to time:

For Maturity Benefit: Claimant's Statement, KYC Documents and personalized cancelled cheque of the Claimant or beneficiary, acceptable to Us.

For Death Benefit (death due to Accident/Unnatural death):

- Claim intimation form,
- First Information Report (FIR), Panchnama, Inquest report and final investigation report,
- Valid age proof (driving license in case of road accident),
- Treating Medical Practitioner's certificate duly filled and signed in original
- Medical records such as original discharge summary, attested true copy of indoor case sheets, final hospital bill, test reports.

For CI and Cancer benefits:

- Claim Form: Critical Illness Claim Form
- Treating Medical Practitioner's Certificate duly filled and signed in original.
- Attested True Copy of Indoor Case Papers of the Hospital. The evidence of "full histopathological diagnosis" of the cancer, including stage and grading.
- Original Discharge Summary of Present and Past Hospitalizations
- Certificate of Diagnosis
- Medical Examination Certificate (First Consultation Notes).
- Hospital Bills (bills exceeding Rs.5000/- should be affixed with revenue stamp)
- Hospital Registration Certificate
- All follow-up Consultation Notes in relation to the hospitalized condition
- All related clinical Reports pertaining to the claim event - Laboratory test reports
 - X-Ray / CT Scan / MRI Reports &
 - Plates Ultrasonography Report
 - Histopathology Report
 - Clinical / Hospital Reports
 - Angiography Reports & Plates.
 - Others (please specify).
- Bank Details of the Life Insured – Personalized Cancelled cheque /bank passbook (with printed name and account number)
- Photo Identity of Life Insured with age and address proof.

For Disability benefits:

- Claim Form: Critical Illness Claim Form
- Attested True Copy of Indoor Case Papers of the Hospital
- Original Discharge Summary of Present and Past Hospitalizations
- Hospital Registration Certificate
- Disability Certificate by attending Physician / Institute for disabled
- Rehabilitation Certificate - if applicable
- Employer's written confirmation / statement (wherever applicable)
- All related Medical Examination Reports, e.g. Laboratory test reports X-Ray / CT Scan / MRI Reports & Plates, Ultrasonography Report Clinical/Hospital Reports
- Clinical Photographs showing the injured areas - if available
- Photo Identity of Life Insured with age and address proof
- Bank Details of the Life Insured – Personalized Cancelled cheque /bank passbook (with printed name and account number)

We are entitled to call for additional documents, if in Our opinion such additional documents are warranted to process the claim.

Easy ways of claim intimation

- Walk in to your nearest Bharti-AXA Life Branch
- Call us Toll Free: 1800-102-4444*
- E-mail us: lifeclaims@bharti-axa.com
- Have us call you*
- Submit online claim through our website www.bharti-axa.com

*Claims intimated through these modes will be considered as verbal intimation. Claim will be formally registered only when written intimation is received at branch or directly to claims team at Head Office.

3. Misstatement of Age and Gender

- If the correct Age of the Life Insured is different from that mentioned in the proposal form, We will assess the eligibility of the Life Insured for the Rider in accordance with the correct Age of the Life Insured.
- If on the basis of correct Age, the Life Insured is not eligible for the Rider, the Rider shall be cancelled immediately by refunding the premium received by Us under the Rider as per the provisions of Section 45 of Insurance Act as amended from time to time.
- If the Life Insured is eligible for the Rider as per his / her correct Age, then We will calculate the applicable charges basis the correct Age of Life Insured.

4. Assignment and Nomination

Assignment: Assignment shall be in accordance with the provisions of sec 38 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Annexure– I to the base policy for reference]

Nomination: Nomination shall be in accordance with the provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Annexure– II to the base policy for reference]

5. Incorrect information and Non-Disclosure

You and the Life Insured under the Rider have an obligation to disclose every fact material for assessment of the risk in connection with issuing the Rider.

In case of fraud, misrepresentation and suppression of material facts the Rider contract shall be treated in accordance with the Section 45 of the Insurance Act, 1938 as amended from time to time.

6. Rider alterations / Modifications

Only Our duly authorized officer has the power to effect changes on the Rider at Your request, subject to Our rules and within the regulatory parameters.

7. Taxation

Same as Base Policy.

8. Notices

Same as Base Policy.

9. Currency and Place of Payment

Same as Base Policy.

10. Mode of communication

Same as Base Policy.

11. Governing Laws & Jurisdiction

Same as Base Policy.

12. Term used and its meaning

If a particular term is not defined or otherwise articulated either in the Rider Document or under the base Policy, endeavor shall be to impart the natural meaning to the said term in the context in which it is used.

13. Issuance of duplicate Policy

The Policyholder can make an application for duplicate Policy with no additional charges upon loss of policy document along with other requirements as may be prescribed by the Company.

14. Legislative Changes

The Terms and Conditions including the premiums and benefits payable under this policy are subject to variation in accordance with the applicable laws and regulations.

Rider Policy Document
Bharti AXA Life Linked Complete Shield Rider
A Non-Linked Non-Participating Individual Health Insurance Rider



Part G

Grievance Redressal

Same as Base Policy.

List of Ombudsman

(For the updated list You may refer to IRDAI website)

Same as Base Policy.

BEWARE OF SPURIOUS/FRAUD PHONE CALLS!

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.



Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Annexure 1: Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. This Policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the Policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance Policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the PolicySuch conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person:
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the Policy
 - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment), 2014 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment), Act 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated March 23, 2015 for complete and accurate details]

Annexure 2: Section 39 - Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
02. Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

03. Nomination can be made at any time before the Maturity of the Policy.
04. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
05. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of themthe nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
14. If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment), 2014 (i.e 26.12.2014).
16. If Policyholder dies after Maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) 2014, a nomination is made in favor of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment), Act 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated March 23, 2015 for complete and accurate details]

Annexure 3: Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time.

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
 - a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of revival of Policy or
 - d. the date of rider to the Policywhichever is later.
02. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of revival of Policy or
 - d. the date of rider to the Policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



- representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
 04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
 05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
 06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
 07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
 08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.
 09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment), Act 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated March 23, 2015 for complete and accurate details]

Annexure IV – List of Definitions and Exclusions

A. Definitions of the covered Critical Illnesses and Surgeries for the purpose of Critical Illness Rider Option

The definitions and exclusions given in this appendix are applicable to Critical Illness and WoP due to CI benefit.

For the purpose of this Policy, Critical Illness shall mean any Illness, medical event or Surgical Procedure as specifically defined below whose signs or symptoms first commence at least 90 days after the Inception of Policy Period.

- I. List of Critical Illness conditions under Comprehensive Critical Illness Benefit option

S No	Name of CI / Surgery	S No	Name of CI / Surgery
1	Cancer of Specified Severity	30	Chronic Adrenal Insufficiency (Addison's Disease)
2	Myocardial Infraction (First Heart Attack of Specific Severity)	31	Cardiomyopathy
3	Open Chest CABG	32	Infective Endocarditis
4	Open Heart Replacement or Repair of Heart Valves	33	Medullary Cystic Disease
5	Coma of Specified Severity	34	Apallic Syndrome
6	Kidney Failure Requiring Regular Dialysis	35	Creutzfeldt-Jacob Disease (CJD)
7	Stroke Resulting in Permanent Symptoms	36	Brain Surgery
8	Major Organ /Bone Marrow Transplant	37	Severe Ulcerative Colitis
9	Permanent Paralysis of Limbs	38	Progressive Supranuclear Palsy
10	Motor Neuron Disease with Permanent Symptoms	39	Bacterial Meningitis
11	Multiple Sclerosis with Persisting Symptoms	40	Loss of One Limb and One Eye
12	Benign Brain Tumour	41	Chronic Relapsing Pancreatitis
13	Blindness	42	Necrotising Fasciitis
14	Deafness	43	Muscular Dystrophy
15	End Stage Lung Failure	44	Hemiplegia
16	End Stage Liver Failure	45	Tuberculosis Meningitis
17	Loss of Speech	46	Encephalitis
18	Loss of Limbs	47	Myelofibrosis
19	Major Head Trauma	48	Pheochromocytoma
20	Primary (Idiopathic) Pulmonary Hypertension	49	Systemic Lupus Erythematosus with Lupus Nephritis
21	Third Degree Burns	50	Eisenmenger's Syndrome
22	Alzheimer's Disease	51	Amputation of Feet Due to Complications from Diabetes
23	Parkinson's Disease	52	Other Serious Coronary Artery Disease
24	Aorta Graft Surgery	53	Severe Rheumatoid Arthritis
25	Dissecting Aortic Aneurysm	54	Crohn's Disease
26	Myasthenia Gravis	55	Fulminant Hepatitis
27	Elephantiasis	56	Pneumectomy
28	Aplastic Anaemia	57	Poliomyelitis
29	Progressive Scleroderma	58	Loss of Independent Existence (Cover up to Age 74)
List of Covered Minor Critical Illnesses/Surgery			
59	Carcinoma in situ	64	Carotid Artery Surgery
60	Early-Stage Cancer	65	Keyhole Coronary Surgery (Age 18 - 80 only)
61	Angioplasty	66	Pericardiectomy (irrespective of technique)
62	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy	67	Brain Aneurysm Surgery or Cerebral Shunt Insertion (Age 18 - 70 only)
63	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion	68	Small Bowel Transplant

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



1. Cancer of Specified Severity

A malignant tumor 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 leukemia, lymphoma and sarcoma.

The following are excluded –

- 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- 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

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

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Coma of specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (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

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.

The following are excluded:

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

8. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

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

The following are excluded:

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

9. Permanent Paralysis of Limbs

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

10. Motor Neuron Disease with Permanent Symptoms

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:

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

12. Benign Brain Tumor

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.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

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

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

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

The Blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or;
- the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. 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 90 decibels across all frequencies of hearing" in both ears.

15. End Stage Lung Failure

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

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO2 < 55 mmHg); and
- Dyspnea at rest.

16. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

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- i. permanent jaundice; and
- ii. ascites; and
- iii. hepatic encephalopathy.

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. Loss of Limbs

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

19. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by 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.

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.

Activities of daily living:

- 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.

The following is excluded:

- i. Spinal cord injury.

20. Primary (Idiopathic) Pulmonary Hypertension

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.

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.

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

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

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living[®] or must require the

need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

The following conditions are however not covered:

- a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease;
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease.

Activities of daily living:

- 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.

23. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- a. the disease cannot be controlled with medication;
- b. signs of progressive impairment; and
- c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

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

24. Aorta Graft Surgery

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

The insured person understand and agrees that we will not cover:

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

Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

25. Dissecting Aortic Aneurysm

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.

26. Myasthenia Gravis

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

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

27. Elephantiasis

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.

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.

28. Aplastic Anaemia

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

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

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:

- Absolute neutrophil count of less than 500/mm³ or less
- Platelets count less than 20,000/mm³ or less
- Reticulocyte count of less than 20,000/mm³ or less Temporary or reversible Aplastic Anaemia is excluded.

29. Progressive Scleroderma

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.

The following are excluded:

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

30. Chronic Adrenal Insufficiency (Addison's Disease)

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:

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

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

31. Cardiomyopathy

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.

The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

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

32. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s);
- 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
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

33. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and

- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

34. Apallic Syndrome

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.

35. Creutzfeldt-Jacob Disease (CJD)

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 exam along with severe progressive dementia.

36. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as 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.

37. Severe Ulcerative Colitis

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

- the entire colon is affected, with severe bloody diarrhoea; and
- the necessary treatment is total colectomy and ileostomy; and
- the diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.

38. Progressive Supranuclear Palsy

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.

39. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living.

This diagnosis must be confirmed by:

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

Activities of daily living:

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

40. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.

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 aides or surgical procedures.

41. Chronic Relapsing Pancreatitis

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.

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

42. Necrotising Fasciitis

Necrotising 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

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Bharti AXA Life Linked Complete Shield Rider

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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.

43. Muscular Dystrophy

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.

Activities of daily living:

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

44. Hemiplegia

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

45. Tuberculosis Meningitis

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

46. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered 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).

Activities of daily living:

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

47. Myelofibrosis

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

48. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

49. Systemic Lupus Erythematosus with Lupus Nephritis

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

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

50. Eisenmenger's Syndrome

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:

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

51. Amputation of Feet due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered 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.

52. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

53. Severe Rheumatoid Arthritis

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

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- 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
- The foregoing conditions have been present for at least six (6) months.

Activities of daily living:

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

54. Severe Crohn's Disease

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

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

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.

55. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

56. Pneumonectomy

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:

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

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

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57. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

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

58. Loss of Independent Existence (cover up to Insurance Age 74)

The insured personal 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.

Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

Activities of daily living:

- 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.

II. Definitions for Minor Conditions

59. Specified Early-Stage Cancers

Specified Early 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.

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

60. Carcinoma In-Situ (Cis)

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.

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.

Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

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. Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy

The actual undergoing of Valvotomy or Valvuloplasty where the treatment is performed totally via intravascular procedure necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available. For purpose of this Benefit, procedures done for treatment of Congenital Heart Disease are excluded.

63. Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion

Insertion of a Permanent Cardiac Pacemaker, Implantable Cardioverter-defibrillatory (ICD) or Cardiac resynchronisation therapy with defibrillator (CRT-D) that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of such device must be certified as absolutely necessary by a consultant cardiologist and evidence of surgery to be provided.

Cardiac arrest secondary to illegal drug abuse is excluded.

64. Carotid artery surgery

The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified Specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks (TIA).

Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

65. Keyhole Coronary Surgery

The undergoing for the first time for the correction of the narrowing or blockage of one or more major coronary arteries with bypass grafts via "Keyhole" surgery. All intra-arterial catheter based techniques are excluded from this benefit. The surgery must be considered medically necessary by a consultant cardiologist. Major coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

66. Pericardiectomy (irrespective of technique)

The actual undergoing of surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium, which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist and supported by 2D echo findings.

67. Brain Aneurysm Surgery or Cerebral Shunt Insertion

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.

68. Small Bowel Transplant

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

B. Permanent Exclusions for Critical Illness Benefit (including Cancer and WOP due to CI benefits)

We shall not be liable to make any payment under this Policy towards a covered Critical Illness, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any Pre-existing Disease or any complication arising therefrom.
Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

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Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. 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.
8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;
9. 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
10. 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.
11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. 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.
16. 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):
 - greater than or equal to 40 or
 - 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
17. 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 reason.
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

C. Permanent Exclusions for Personal Accident Cover (ADB/ATPD/APPD/WoP due to ATPD)

We shall not be liable to make any payment for any claim in respect of any Insured Person, for accidental death or disability caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:

- a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
- b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Any payment in case of more than one claim under the Policy during any one Policy Period by which our maximum liability in that period would exceed the Sum Insured.
3. Death or disablement caused due to Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to 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), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Congenital external diseases, defects or anomalies or in consequence thereof.
7. Death or disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
8. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial

Disablement and Emergency Ambulance Cover arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

9. Death or disablement caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
10. Death or disablement caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
11. Death or disablement resulting caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any death or disablement resulting due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Death or disablement caused by participation of 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.
13. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Rider Schedule.
14. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
15. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
16. Any physical, medical condition or treatment or service that is specifically excluded in the Policy.

Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Annexure VI – Guaranteed Surrender Value Rates Guaranteed Surrender Value Factors for Limited Pay and Regular Pay

Rider Year/ Rider Term	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6		90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7			90%	90%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8				90%	90%	70%	65%	60%	60%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
9					90%	90%	75%	70%	65%	65%	60%	60%	60%	60%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
10						90%	90%	80%	75%	70%	65%	65%	65%	60%	60%	60%	60%	60%	60%	60%	55%	55%	55%	55%	55%	55%	55%	55%
11							90%	90%	80%	75%	75%	70%	70%	65%	65%	65%	60%	60%	60%	60%	60%	60%	60%	60%	60%	55%	55%	55%
12								90%	90%	85%	80%	75%	70%	70%	65%	65%	65%	65%	65%	65%	65%	60%	60%	60%	60%	60%	60%	60%
13									90%	90%	85%	80%	75%	75%	70%	70%	70%	65%	65%	65%	65%	65%	65%	65%	60%	60%	60%	60%
14										90%	90%	85%	80%	80%	75%	75%	70%	70%	70%	70%	65%	65%	65%	65%	65%	65%	65%	60%
15											90%	90%	85%	80%	80%	75%	75%	75%	70%	70%	70%	70%	65%	65%	65%	65%	65%	65%
16												90%	90%	85%	85%	80%	80%	75%	75%	75%	70%	70%	70%	70%	65%	65%	65%	65%
17													90%	90%	85%	85%	80%	80%	75%	75%	75%	75%	70%	70%	70%	70%	65%	65%
18														90%	90%	85%	85%	80%	80%	80%	80%	75%	75%	75%	70%	70%	70%	70%
19															90%	90%	85%	85%	80%	80%	80%	80%	75%	75%	75%	75%	70%	70%
20																90%	90%	85%	85%	85%	85%	80%	80%	75%	75%	75%	75%	70%
21																	90%	90%	85%	85%	85%	85%	80%	80%	80%	75%	75%	75%
22																		90%	90%	90%	85%	85%	85%	80%	80%	80%	75%	75%
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26																						90%	90%	90%	85%	85%	85%	80%
27																							90%	90%	90%	85%	85%	85%
28																								90%	90%	90%	85%	85%
29																									90%	90%	90%	85%
30																										90%	90%	90%
31																											90%	90%
32																												90%



Rider Policy Document

Bharti AXA Life Linked Complete Shield Rider

A Non-Linked Non-Participating Individual Health Insurance Rider



Guaranteed Surrender Value Factors for Single Pay

Rider Year/ PPT	Single Pay
1	75%
2	75%
3	75%
4	90%
5	90%
6	90%
7	90%
8	90%
9	90%
10	90%
11	90%
12	90%
13	90%
14	90%
15	90%
16	90%
17	90%
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66	90%
67	90%

