

Critical Illness Policy

Frequently Asked Questions (FAQs)

1. What is a Critical Illness Policy?

The Critical Illness policy is a benefit policy. If an insured person is first diagnosed with a critical illness, the symptoms (and/or treatment) of which were not present at any time prior to the policy's inception, the insurer shall pay the benefit defined to the insured person.

2. What illnesses are covered?

Critical Illness includes the following illness/ surgeries	
Cancer of Specified Severity	Progressive Scleroderma
Myocardial Infarction (First Heart Attack of Specified Severity)	Aorta Graft Surgery
Open Chest Coronary Artery Bypass Graft Surgery (CABG)	Pneumonectomy
Open Heart Replacement or Repair of Heart Valves	Primary (Idiopathic) Pulmonary Hypertension
Coma of Specified Severity	Primary Parkinson's Disease
Kidney Failure requiring Regular Dialysis	Alzheimer's Disease
Stroke Resulting in Permanent Symptoms	Benign Brain Tumour
Major Organ/Bone Marrow Transplant	Cardiomyopathy
Permanent Paralysis of Limbs	End Stage Lung Failure
Motor Neurone Disease with Permanent Symptoms	Brain Surgery
Multiple Sclerosis with Persisting Symptoms	Progressive Supranuclear Palsy
End Stage Liver Failure	Creutzfeldt-Jakob Disease (CJD)
Third Degree Burns	Major Head Trauma
Good pasture's Syndrome	Encephalitis
Apallic Syndrome	Blindness
Aplastic Anaemia	Deafness
Systemic Lupus Erythematosus with Lupus Nephritis	Loss of Speech
Bacterial Meningitis	Loss of Limbs
Multiple System Atrophy	

3. How is the claim paid?

Unlike regular health insurance, this policy pays a **fixed lump sum** upon diagnosis of a covered illness, regardless of actual hospital bills.

4. Can I use the claim money for anything?

You can use it for Medical Treatment etc.

5. Is it the same as health insurance?

No. Key differences are:

- Health insurance reimburses hospital bills
- Critical illness insurance gives a **one-time lump sum payout**

Both are complementary and often recommended together.

6. Is there a waiting period?

Yes, Initial waiting period is for 90 days after purchase.

7. What is the required survival period?

Survival period is 30 days (e.g, one must survive 30 days after diagnosis to claim)

8. Can I buy it for my family?

You can buy it for yourself & your spouse.

9. Are pre-existing diseases covered?

Pre-existing diseases, illnesses, ailments are not covered.

10. How much coverage can I take?

You can choose from the Sum Insured below

Sum Insured	Premium Per Life
5 lakhs	INR 1,725 + GST
10 lakhs	INR 2,800 + GST

11. What happens after a claim is paid?

The policy terminates after payout.

12. Are there tax benefits?

This policy operates like a Group Health Insurance (GHI). Accordingly, any applicable tax benefits will align with those generally available for such group health policies, as per prevailing income tax regulations.

13. Can I renew the policy even after my exit from the organization?

Yes, but the premium and coverage will be as per the retail plan.

16. Do I need medical tests?

No, medical tests are not required.

17. Can I have multiple critical illness policies?

Yes, and you can claim from **all policies** upon diagnosis (subject to terms).

14. What is not covered?

Non-Payable Conditions: Any Critical Illness resulting out of the following:

1. Congenital, Genetic Disorders
2. Sterility, Infertility, Assisted Conception
3. Pregnancy
4. Non-Prescribed Drug
5. Drug Addiction
6. Self-Inflicted Injury
7. AIDS, HIV
8. Cosmetic Treatment, Plastic Surgery, Sex Change, Hormone Replacement Therapy
9. Massages, Spa, Steam Bath, Naturopathy, Experimental Treatment
10. Breach of Law
11. War Group Perils
12. Radioactivity

Critical Illness: Coverage and Exclusion in detail.

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

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to:

Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN-2 & CIN-3.

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

iii. Malignant melanoma that has not caused invasion beyond the epidermis.

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

v. All Thyroid cancers histologically classified as T1N0M0 (TNM classification) or below.

vi. Chronic lymphocytic leukemia less than RAI stage 3

vii. Non-invasive Papillary cancer of bladder histologically described as TaN0M0 (TNM Classification) or of a lesser classification.

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

ix. All tumors in the presence of HIV infection.

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

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

criteria:

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

The following are excluded

- i. Other acute Coronary Syndromes.
- ii. Any type of angina pectoris.
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest Coronary Artery Bypass Graft Surgery (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 sternotomy (cutting through 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

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

4. Open Heart Replacement or Repair of Heart Valve

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, because 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.

The following are excluded

- i. 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:

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

The condition must be confirmed by a specialist Medical Practitioner.

The following are excluded

- i. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, because of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis must 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, hemorrhage and embolization from an extra cranial source. Diagnosis must 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 must be produced.

The following are excluded

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

8. Major Organ/ Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ, or
- ii. Human bone marrow using hematopoietic stem cells.

The undergoing of a transplant must be confirmed by a specialist medical practitioner.

The following are excluded

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

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs because 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 the following

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

The following are excluded

- i Other causes of neurological damage such as SLE and HIV.

12. End Stage Liver Failure

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

- i. Permanent jaundice
- ii. Ascites and
- iii. Hepatic encephalopathy

The following are excluded

- i. Liver disease secondary to alcohol or drug misuse

13. 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 that the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface.

14. Good pasture's Syndrome

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

15. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month with no hope of recovery.

16. Aplastic Anaemia

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

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation

A certified hematologist must make the diagnosis of severe irreversible aplastic anaemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- i. Absolute neutrophil count of less than $500/\text{mm}^3$
- ii. Platelets count less than $20,000/\text{mm}^3$
- iii. Reticulocyte count of less than $20,000/\text{mm}^3$

The following are excluded

Temporary or reversible Aplastic Anaemia is excluded.

17. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system, multifactorial, autoimmune disease characterized by the development of autoantibodies directed against various self-antigens. 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 certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody tests.

The following are excluded

Other forms, discoid lupus, and those forms with only haematological and joint involvement.

WHO Classification of Lupus Nephritis:

- i. Class I: Minimal change Lupus Glomerulonephritis- Negative, normal urine.
- ii. Class II: Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment

- iii. Class III: Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment
- iv. Class IV: Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome.
- v. Class V: Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria\

18. 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. This diagnosis must be confirmed with/by:

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

The following are excluded

- i. Bacterial Meningitis in the presence of HIV infection is excluded

19. Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

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

20. 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

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

21. 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 definition aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:

- i. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
- ii. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

22. 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 insured person.

The following are excluded

- i. Removal of a lobe of the lungs (lobectomy)

ii. Lung resection or incision

23. Primary (Idiopathic) Pulmonary Hypertension

An equivocal 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 Hg on Cardiac Cauterisation.

There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association (NYHA) 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.

The following are excluded

- i. 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.

24. Primary Parkinson's Disease

Unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 65 that must be confirmed by a Consultant Neurologist.

The disease cannot be controlled with medication; Objective sign of progressive impairment; and

The disease must result in a permanent inability to perform independently three or more Activities of Daily Living, as defined in para 3.2 above. These conditions must be medically documented for at least 90 days.

The following are excluded

- i. Drug-induced or toxic causes of Parkinsonism.

25. Alzheimer's Disease

The Unequivocal diagnosis of Alzheimer's Disease (presenile dementia) before age 65 that has to be confirmed by a specialist Medical Practitioner and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more Activities of Daily Living, as defined in para 3.2.

These conditions must be medically documented for at least 90 days.

The following are excluded

- i. Non-organic diseases such as neurosis and psychiatric illnesses; and
- ii. Alcohol related brain damage.
- iii. Any other type of irreversible organic disorder / dementia.

26. Benign Brain Tumour

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

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

The following are excluded

i. Cysts, Granulomas, malformations in the arteries or veins of the brain, haematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

27. Cardio Myopathy

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class

3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following are excluded

- i. Cardiomyopathy secondary to alcohol or drug abuse.
- ii. All other forms of heart disease, heart enlargement and myocarditis.

28. End Stage Lung Failure

End Stage Lung Disease, causing chronic respiratory failure, as confirmed and evidenced by all the following.

- i. FEV 1 test results consistently less than one liter measured on 3 occasions 3 months apart:
- ii. Requiring continuous Permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 < 55 \text{ mm Hg}$); and
- iv. Dyspnea at rest.

29. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

The following are excluded

- i. Burr Hole
- ii. Brain surgery as a result of an accident.

30. Progressive Supranuclear Palsy

A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

31. Creutzfeldt-Jakob Disease (CJD)

A diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

32. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised 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 causes.

The Accidental Head Injury must result in an inability to perform at least three (3) of Activities of Daily Living, defined in para 3.2, 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.

The following are excluded

i Spinal cord injury

33. Encephalitis

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 30 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three (3) of the Activities of Daily Living, as defined in para 3.2, either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

The following are excluded

i Encephalitis as a result of HIV infection

34. Blindness

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

The blindness is evidenced by:

- i. Corrected visual acuity being 3/60 or less in both eyes or;
- ii. The field of vision being less than 10 degrees in both eyes.

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

35. Deafness

Total and irreversible hearing loss in both ears as 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.

36. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal chords. 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.

The following are excluded

i All psychiatric related causes are excluded.

37. 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 permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

38. How do I notify a claim?

1. The employee shall notify the HR/Broker/Insurer in writing over an email to regarding the occurrence of a Critical Illness that may give rise to a claim under the Policy, within 15 days of diagnosis or undergoing the procedure.
2. The notification should contain full particulars like, name of the employee suffering Critical Illness, date of diagnosis or undergoing procedure, name of the Critical Illness suffered to check on admissibility and register the claim.
3. Once the claim is admissible and registered, broker will share a claim form, if required, which shall be filled in all respects, signed and submitted to broker along with the required documents.

39. What documents are required for a claim?

Documents supporting the claim shall be submitted, along with the completed claim form to Marsh team within 30 days from



the survival period. The documents required in support of the claim include:

- i. Medical practitioner's certificate confirming diagnosis of the Critical Illness or undergoing the procedure along with the date of diagnosis or undergoing procedure.
- ii. Original discharge summary, if any
- iii. Pathological/ radiological/other diagnostic test reports confirming the diagnosis of the Critical Illness.
- iv. Any other document required by the Insurer in support of the claim.

40. How long does claim settlement take?

- i. Any admissible claim arising under the Policy will be processed and settled by the insurer.
- ii. The Insurer shall settle or reject a claim, as may be the case, within 30 days from the date of receipt of last necessary document.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Insurer, it shall initiate and complete such investigation at the earliest. In such cases, the Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. Claim will be settled directly by Insurer to insured member/nominee.